

**IRS e-file Signature Authorization**

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>SASIDHAR REDDY BHUMIREDDY</b>	Social security number <b>780-26-1261</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>4,851.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>0.</b>
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a) . . . . .	<b>3</b>	<b>841.</b>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>841.</b>
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

6	1	2	6	1
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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2017 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 

5	8	7	2	7	8					
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 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

Form  
**1040EZ**

**Income Tax Return for Single and Joint Filers With No Dependents** (99)

**2017**

OMB No. 1545-0074

Your first name and initial <b>SASIDHAR REDDY</b>	Last name <b>BHUMIREDDY</b>	<b>Your social security number</b> 780 26 1261
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>112 LAKE STREET</b>		Apt. no. <b>▲</b> Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>JERSEY CITY NJ 07306</b>		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

<b>Income</b>  <b>Attach Form(s) W-2 here.</b>  Enclose, but do not attach, any payment.	<b>1</b> Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	<b>1</b>	<b>4,851.</b>
	<b>2</b> Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	<b>2</b>	
	<b>3</b> Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	<b>3</b>	
	<b>4</b> Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	<b>4</b>	<b>4,851.</b>
	<b>5</b> If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,400 if <b>single</b> ; \$20,800 if <b>married filing jointly</b> . See back for explanation.	<b>5</b>	<b>10,400.</b>
<b>6</b> Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	<b>6</b>	<b>0.</b>	

<b>Payments, Credits, and Tax</b>	<b>7</b> Federal income tax withheld from Form(s) W-2 and 1099.	<b>7</b>	<b>841.</b>
	<b>8a</b> <b>Earned income credit (EIC)</b> (see instructions) <span style="float:right">No</span>	<b>8a</b>	
	<b>b</b> Nontaxable combat pay election. <span style="float:right">8b</span>		
	<b>9</b> Add lines 7 and 8a. These are your <b>total payments and credits</b> .	<b>9</b>	<b>841.</b>
	<b>10</b> <b>Tax</b> . Use the amount on <b>line 6 above</b> to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	<b>10</b>	<b>0.</b>
<b>11</b> Health care: individual responsibility (see instructions) <span style="float:right">Full-year coverage <input checked="" type="checkbox"/></span>	<b>11</b>		
<b>12</b> Add lines 10 and 11. This is your <b>total tax</b> .	<b>12</b>	<b>0.</b>	

<b>Refund</b>  Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	<b>13a</b> If line 9 is larger than line 12, subtract line 12 from line 9. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>13a</b>	<b>841.</b>
	<b>b</b> Routing number <u>0 2 1 2 0 0 3 3 9</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number <u>3 8 1 0 4 6 9 1 9 3 7 9</u>		

<b>Amount You Owe</b>	<b>14</b> If line 12 is larger than line 9, subtract line 9 from line 12. This is the <b>amount you owe</b> . For details on how to pay, see instructions.	<b>14</b>
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<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>
Designee's name <b>▶</b>	Phone no. <b>▶</b> Personal identification number (PIN) <b>▶</b>

<b>Sign Here</b>  Joint return? See instructions. <b>▶</b>  Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
	Your signature	Date	Your occupation <b>SOFTWARE ENGINEER</b>	Daytime phone number
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	Preparer's signature <b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b>	Date <b>05/31/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P02090332</b>
	Firm's name <b>▶</b> <b>GLOBAL TAXES LLC</b>	Firm's EIN <b>▶</b> <b>30-1017196</b>			
	Firm's address <b>▶</b> <b>2530 Pebble Creek Ln Cumming GA 30041</b>	Phone no. <b>(678)965-9729</b>			

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

SASIDHAR REDDY BHUMIREDDY

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					4,851.
Adjustments to income					
Adjusted gross income					4,851.
Tax expense . . . . .					289.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					6,350.
Exemption amount . .					4,050.
Taxable income . . . .					0.
Tax . . . . .					
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					841.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					841.
Effective tax rate % . .					0.00
**Tax bracket % . . . .					10.0

\*\*Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (SASIDHAR REDDY BHUMIREDDY) and Social Security Number (780-26-1261)

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkbox (X)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 61261 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/21/2018

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . BHUMIREDDY  
 First name . . . . . SASIDHAR REDDY  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 780-26-1261  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 05/11/1989 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 28  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . Sasi.sai99@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (551) 227-0670  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . \_\_\_\_\_  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . \_\_\_\_\_

**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (551) 227-0670  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 112 LAKE STREET Apt no. . . . . \_\_\_\_\_  
 City . . . . . JERSEY CITY State . . . . . NJ ZIP code . . . . . 07306

**Foreign Address:** Check this box to use foreign address . . .

Address . . . . . \_\_\_\_\_ Apt no. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_  
 Foreign code . . . . . \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign phone . . . . . \_\_\_\_\_

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (see Help)
- 4** Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . . \_\_\_\_\_
- 5** Qualifying widow(er)
  - Year spouse died  2015  2016
  - If the 'qualifying person' is your child but **not** your dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . . \_\_\_\_\_

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017  Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

► Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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INCOME	Federal Amount	NY Amount
1 Wages, salaries, tips, etc. . . . . T	4,851.	4,851.
2 Taxable interest . . . . . T		
3 Dividends . . . . . T		
4 State/local tax refunds . . . . . T		
5 Alimony received . . . . . T		
6 Business income or loss . . . . . T		
7 Capital gain or loss . . . . . T		
8 Other gains and losses . . . . . T		
9 Taxable IRA distribution . . . . . T		
10 Taxable pension and annuities . . . . . T		
11 Rentals, royalties, partnerships, S corporations, trusts . . . . . T		
12 Farm income or loss . . . . . T		
13 Unemployment compensation . . . . . T		
14 a Taxable social security benefits . . . . . T		
b Taxable railroad retirement benefits . . . . . T		
15 Other income . . . . . T		
16 Total income . . . . . T	4,851.	4,851.

## Nonresident State Allocation Worksheet

SASIDHAR REDDY BHUMIREDDY

780-26-1261

<b>ADJUSTMENTS</b>		Federal Amount	NY Amount
17 Educator expenses . . . . .	T		
	S		
18 Certain business expenses . . . . .	T		
	S		
19 Health savings account deduction . . . . .	T		
	S		
20 Moving expenses . . . . .	T		
	S		
21 Self-employment tax deduction . . . . .	T		
	S		
22 Self-employed SEP, SIMPLE, and qualified plans . . . . .	T		
	S		
23 Self-employed health insurance deduction . . . . .	T		
	S		
24 Penalty on early withdrawal of savings. . . . .	T		
	S		
25 Alimony paid . . . . .	T		
	S		
26 IRA deduction . . . . .	T		
	S		
27 Student loan interest deduction . . . . .	T		
	S		
28 Tuition/fees deduction . . . . .	T		
	S		
29 Domestic production activities deduction . . . . .	T		
	S		
30 Total other adjustments . . . . .	T		
	S		
31 <b>Total adjustments</b> . . . . .	T		
	S		
32 <b>Adjusted gross income</b> . . . . .	T	4,851.	4,851.
	S		

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SASIDHAR REDDY BHUMIREDDY) and Social Security Number (780-26-1261)

Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below or select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

Note: Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

All identity verification information should be entered here and will automatically flow to the state return.

Taxpayer/Spouse does not have a driver's license or state id

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

Taxpayer/Spouse did not provide driver's license or state id information

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . . . [ ]

Note: Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

Driver's License Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, License number, Issue date, Expiration date, Does not expire, and NY Document number.

State Identification Card Detail

Table with 2 columns: Taxpayer and Spouse. Fields include Issuing state, Identification number, Issue date, Expiration date, Does not expire, and NY Document number.

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, and Returning client to same firm



**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: SASIDHAR REDDY BHUMIREDDY; Social Security Number: 780-26-1261

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer (checkboxes)

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
\* Select the state and/or city amended return(s) to file electronically.

Table with columns for State/City selection and list of states: New York, Vermont

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .  \_\_\_\_\_

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		4,851.	841.	9,851.	250.
<b>Totals</b> . . . . .		<u>4,851.</u>	<u>841.</u>	<u>9,851.</u>	<u>250.</u>

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	4,851.		4,851.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	841.		841.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	4,851.		4,851.
<b>4</b>	Total social security tax withheld . . . . .	301.		301.
<b>5</b>	Total Medicare wages and tips . . . . .	4,851.		4,851.
<b>6</b>	Total Medicare tax withheld . . . . .	70.		70.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	376.		376.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	376.		376.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	2.		2.
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	9,851.		9,851.
<b>17</b>	Total state tax withheld . . . . .	250.		250.
<b>19</b>	Total local tax withheld. . . . .			

Name as shown on return  
 SASIDHAR REDDY BHUMIREDDY

Social Security Number  
 780-26-1261

**Employer EIN** . . . . . 58-1760235  
**Employer Name** . . . . . INFOSYS LIMITED  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6100 TENNYSON PKWY 200  
**City** PLANO **State** TX **ZIP** 75024  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	4,851.	<b>2</b> Federal tax withheld . . . . .	841.
<b>3</b> Social security wages . . . . .	4,851.	<b>4</b> Social sec tax withheld . . . . .	301.
<b>5</b> Medicare wages and tips . . . . .	4,851.	<b>6</b> Medicare tax withheld . . . . .	70.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:
C	1.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	375.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NJ	581760235/000	5,000.	
NY	58-1760235	4,851.	250.

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

<b>9</b> Verification Code . . . . .		<b>9</b> e46f-9703-4879-2026
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . . <input type="checkbox"/>		<b>10</b> _____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .		<b>10</b> _____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b> _____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SDI	2.	New Jersey SDI tax

Keep for your records

SASIDHAR REDDY BHUMIREDDY	780-26-1261	Page 2
Employer Name . . . . . INFOSYS LIMITED		

Part I Statutory employees

A	<input type="checkbox"/> Box 13a. Statutory employee	
B	<input type="checkbox"/> Deducting expenses in connection with this income	
C	<input type="checkbox"/> If deducting expenses, double click to link to Schedule C . . . . .	C

Part II Clergy, church employees, members of recognized religious sects

<b>Clergy only:</b>		
D	<input type="checkbox"/> Designated housing or parsonage allowance . . . . .	D
E	<input type="checkbox"/> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .	E
F	<b>If no FICA was withheld</b> , check the applicable box below	
1	<input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only	
2	<input type="checkbox"/> Pay self-employment tax on W-2 income only	
3	<input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance	
4	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361	
<b>Non-Clergy only:</b>		
G	<b>If no FICA was withheld</b> , check the applicable box below	
1	<input type="checkbox"/> Pay self-employment tax on this W-2 income	
2	<input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029	

Part III Unreported Tip Income

H 1	<input type="checkbox"/> Tips \$20 or more in a month which were not reported to employer . . . . .	H1
2	<input type="checkbox"/> Tips less than \$20 in a month which were not required to be reported . . . . .	H2
3	<input type="checkbox"/> Value of non-cash tips, such as tickets or passes, not reported . . . . .	H3
4	<input type="checkbox"/> Actual amount of allocated tips if different than the amount in box 8 . . . . .	H4
5	<input type="checkbox"/> Tips paid out through a tip-sharing arrangement . . . . .	H5
6	<input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax	

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

d QuickZoom to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution . . . . .

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c  Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) . . . . . \_\_\_\_\_

Employee information: Correct to match employee information on W-2

Employee's SSN. . . . . 780-26-1261

First name M.I. Last name Suff.

SASIDHAR REDDY BHUMIREDDY

Address City St ZIP code

112 LAKE STREET JERSEY CITY NJ 07306

Foreign Province/County Foreign Postal Code

Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	841.	250.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .			
20 <b>Total Tax Payments for 2017</b> . . . . .	841.	250.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions . . . . .				
22 2016 estimated tax paid after 12/31/2016 . . . . .				
23 Balance due paid with 2016 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				



## Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>SASIDHAR REDDY BHUMIREDDY</u>	Social Security Number <u>780-26-1261</u>
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<b>Part I – Earned Income Credit Wks Computation</b>	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

### Part II – Form 2441 and Standard Deduction Worksheet Computations

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	4,851.		4,851.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	4,851.		4,851.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	4,851.		4,851.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	4,851.		4,851.

### Part III – IRA Deduction Worksheet Computation

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	4,851.		4,851.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	4,851.		4,851.

### Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	4,851.		4,851.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	4,851.		4,851.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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**2016 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2016 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2016 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		289.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		4,851.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		0.
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017 . . . . .
		b	2016 . . . . .
		c	2015 . . . . .
		d	2014 . . . . .
		e	2013 . . . . .
		f	2012 . . . . .

# Tax Summary Report

2017

Name(s) Shown on Return  
 SASIDHAR REDDY BHUMIREDDY

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	4,851.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	4,851.

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 4,851.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	289.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	289.
Standard deduction . . . . .	6,350.
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 0.

Income tax . . . . .	0.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	0.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 0.

Withholding . . . . .	841.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	841.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 841.

**Refund** . . . . . 841.

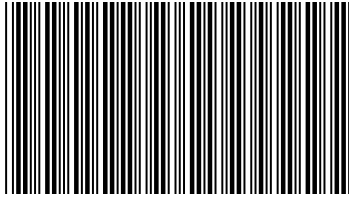
**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	10.0 %
Effective tax rate . . . . .	0.00 %

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040  
2017  
Page 1



040MP01170

For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2017 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_ Month Ending \_\_\_\_\_, 20\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

BHUMIREDDY SASIDHAR REDDY

112 LAKE STREET

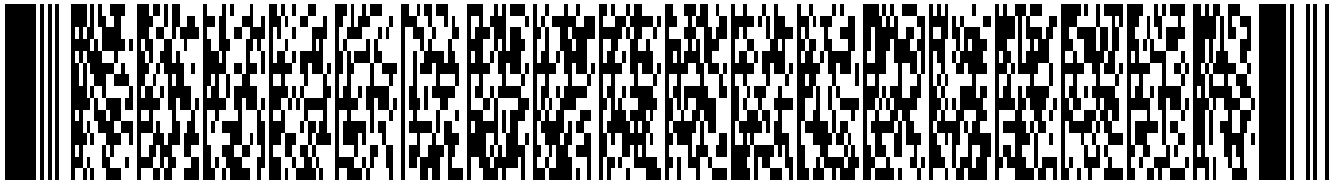
JERSEY CITY NJ 07306

1555

780261261

P02090332 301017196

B36956920005891



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse/CU Partner's Signature (If filed jointly both must sign)

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

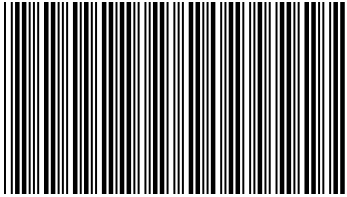
If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI K Federal Identification Number P02090332

Firm's Name GLOBAL TAXES LLC Federal Employer Identification Number 30-1017196



040MP02170

BHUMIREDDY SASIDHAR REDDY

780261261

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

EXEMPTIONS

- 6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

1

1

CHECKBOXES FOR EXEMPTIONS

Table with 3 columns: REGULAR, SPOUSE/CU PARTNER, DOMESTIC PARTNER, AGE 65 OR OLDER, YOURSELF, SPOUSE/CU PARTNER, BLIND OR DISABLED, YOURSELF, SPOUSE/CU PARTNER, VETERAN EXEMPTION, YOURSELF, SPOUSE/CU PARTNER

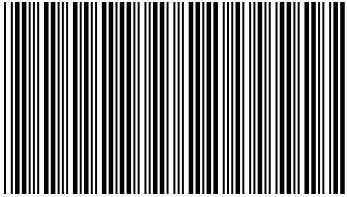
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows and 3 columns: Line number, Description, Amount



040MP03170

BHUMIREDDY SASIDHAR REDDY

780261261

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	.
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	.
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	.
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	.
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	.
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	.
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	.
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	.
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	0 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	.
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	.
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	.
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	.
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	0 .
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	.
58.	YOUR 2018 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	.
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	.

**DIRECT DEPOSIT INFORMATION**

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	
dd5.	ACCOUNT NUMBER	dd5.	
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.  
▶ See instructions.

2017

▶ Do not mail the NJ-8879 to New Jersey

Taxpayer's name <b>BHUMIREDDY, SASIDHAR REDDY</b>	Social security number <b>780-26-1261</b>
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

**Part I Tax Return Information—Tax Year Ending December 31, 2017 (Whole Dollars Only)**

1 New Jersey Taxable income		1	
2 Total tax		2	0.
3 New Jersey income tax withheld		3	
4 Refund		4	
5 Amount you owe		5	0.

**Part II Declaration and Signature Authorization of Taxpayer**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter my PIN 

6	1	2	6	1
---	---	---	---	---

 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ 05/31/2018

**Spouse's PIN: check one box only**

(or Civil Union Prtnr's PIN)

I authorize \_\_\_\_\_ to enter my PIN 

--	--	--	--	--	--

 as my signature  
ERO firm name do not enter all zeros  
on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_  
or Civil Union Prtnr's

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication—Practitioner PIN Method**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

						5	8	7	2	7	8
--	--	--	--	--	--	---	---	---	---	---	---

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 05/31/2018

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to New Jersey Unless Requested To Do So**



# New Jersey Information Worksheet

**2017**

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last Name . . . . . BHUMIREDDY  
 First Name . . . . . SASIDHAR REDDY  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . 780-26-1261  
 Date of Birth . . . . . 05/11/89  
 Age as of 12/31/2017 . . . . . 28  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*   
 Home Phone . . . . . \_\_\_\_\_ \*

### Spouse:

Last Name . . . . . \_\_\_\_\_  
 First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 12/31/2017 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*

\* Check one of these boxes to designate daytime phone number.

c/o (care of) . . . . . \_\_\_\_\_  
 Street Address . . . . . 112 LAKE STREET Apt. No. . . . . \_\_\_\_\_  
 City . . . . . JERSEY CITY State NJ ZIP Code 07306  
 County/Municipality Code (residents only) . . . . . \_\_\_\_\_

- Check this box if taxpayer's name is different on last year's NJ tax return  
 Check this box if taxpayer's address is different on last year's NJ tax return

## Part II – Main Form

- Form NJ-1040: Resident Tax Return . . . . . ▶ \_\_\_\_\_  
 Form NJ-1040NR: Nonresident Tax Return . . . . . ▶ \_\_\_\_\_  
 Enter state of residency . . . . . \_\_\_\_\_  
 Form NJ-1040: Part-Year Resident Tax Return . . . . . ▶ \_\_\_\_\_  
 Enter dates of New Jersey residency. . . . . From \_\_\_\_\_ To \_\_\_\_\_  
**Yes No**  
  Did you receive any income from New Jersey sources during your period of nonresidence?  
 If **Yes**, both NJ-1040 and NJ-1040NR will be prepared.  
**QuickZoom** to Allocation Worksheet for Part-Year and Nonresidents . . . . . ▶ \_\_\_\_\_

## Part III – Filing Status

- Single  
 Married/Civil Union Couple, filing joint return  
 Married/Civil Union Partner, filing separate return  
**Yes No**  
  Did the taxpayer maintain the same residence as the spouse?  
 If Yes, enter the gross income reported on spouse's/CU partner's NJ-1040, line 28 . . . . . \_\_\_\_\_  
 Head of household  
 Qualifying widow(er)/Surviving Civil Union Partner

## Part IV – Exemptions

	You	Spouse/CU Partner	Domestic Partner
Regular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or over	<input type="checkbox"/>	<input type="checkbox"/>	
Blind	<input type="checkbox"/>	<input type="checkbox"/>	
Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran exemption	<input type="checkbox"/>	<input type="checkbox"/>	
Number of qualifying dependent children . . . . . _____			
Number of other dependents. . . . . _____			
Number of dependents attending colleges (must be under age 22) . . . . . _____			

**Part V – Other Information**

- 1 At least two-thirds of gross income is derived from farming or fishing
  - 2 You do not need forms mailed to you next year
  - 3 Presidential Disaster Relief
  - 4 Death certificate attached for deceased taxpayer
- Yes      No**
- 5 a Do you wish to designate \$1 of your taxes for the Gubernatorial Elections Fund?
  - b If joint return, does your spouse wish to designate \$1?
  - 6 Is the Division of Taxation authorized to discuss this return and enclosures with the paid preparer?

**Part VI – Preparer Code**

1 Paid preparer code . . . 1

**Part VII – Electronic Filing Information**

**New! State e-file disclosure consent:**

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the State of New Jersey, Division of Revenue and Enterprise Services.

- 1 The state return will be filed electronically
- Yes      No**
- 2 Will federal PIN(s) be used? (See Help)
  - 3 Date return was EFiled . . . . . \_\_\_\_\_
  - 4 Date return was accepted by the state. . . . . \_\_\_\_\_
  - 5 Date Form NJ-1040-V or Form NJ-1040-NR-V was given to client . . \_\_\_\_\_

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information**

**Direct Deposit:**

- Yes      No**
- Do you want direct deposit of state tax refund? (EF - All filers; Print filers - residents filers only)

**Electronic Funds Withdrawal:**

- Yes      No**
- Do you want electronic funds withdrawal of state tax payment? (Electronic Filing Only)

**Bank Information:**

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . BANK OF AMERICA

Checking account

Savings account

Routing number . . . . . 021200339

Account number. . . . . 381046919379

Payment date to withdraw from the account above . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

**Yes**   **No**

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

\_\_\_\_\_ Bank name for International ACH Transaction

**Part IX - Extension Status**

**Yes**   **No**

Has the tax return due date been extended for a six month extension?

Is the extension due to a natural disaster declared by the state?

Extended due date . . . \_\_\_\_\_

**QuickZoom** to Form NJ-630: Application for Extension of Time to File . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form NJ-1040 . . . . . ▶

**QuickZoom** to Form NJ-1040NR . . . . . ▶

# Total Wages Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <u>BHUMIREDDY, SASIDHAR REDDY</u>	Social Security No. <u>780-26-1261</u>
--	---

**Important Information**

**Note:** Use this worksheet ONLY if you have multiple state wage entries on Box 16 of a Form W-2 and the sum of those entries exceeds actual wages paid. Since New Jersey requires wages to pull from the Box 16 field, there is the possibility wage income could be overstated if duplicate Box 16 amounts are not excluded by use of this worksheet.

**Note:** Typically, the New Jersey wages should not be excluded, and are usually higher than wages reported to New York (for example).  
see <http://www.state.nj.us/treasury/taxation/pdf/current/njwt.pdf>

**Note:** Multiple Forms W-2 reporting multiple states' wages should be entered on a single Federal Form W-2 in the program.

**Note:** If NJ Family Leave Insurance (FLI) was reported on Form W-2, boxes 15-17, and was entered in the program in boxes 15-17, return to the Form W-2 and remove it from boxes 15-17. Enter the FLI in box 14

See *Tax Help* for more details

A Employer's name	B State name	C Federal wages tips, etc from Form W-2 Box 1	D State wages tips, etc from Form W-2 Box 16	E Check box to exclude duplicate state wages
<u>INFOSYS LIMITED</u>		<u>4,851.</u>		<input type="checkbox"/>
<u>- State Wages</u>	<u>NJ</u>		<u>5,000.</u>	<input type="checkbox"/>
<u>- State Wages</u>	<u>NY</u>		<u>4,851.</u>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
Total federal wages from column C . . . . .		4,851.		
Total state wages from column D . . . . .			9,851.	
Less wages excluded from New Jersey return (by checking box in column E). . . . .				
Wages from all sources . . . . .			9,851.	

# Smart Worksheets from your 2017 New Jersey Tax Return

SMART WORKSHEET FOR: Form NJ-1040: Income Tax Resident Return

## Property Tax Information Smart Worksheet F

- 1 Did you live in more than one qualifying New Jersey residence during 2017? . . . . .  Yes  No
- 2 Did you share ownership of a principal residence during 2017 with anyone other than your spouse? . . . . .  Yes  No
- 3 Did a principal residence you owned during 2017 consist of multiple units? . . . . .  Yes  No
- 4 Did anyone, other than your spouse, occupy and share rent with you for an apartment or other rental dwelling unit? . . . . .  Yes  No
- 5 Were you both a homeowner and a tenant during 2017? . . . . .  Yes  No

**If the answer to any of the above questions is Yes, complete Schedule G-1.**

**QuickZoom** to Schedule G-1 . . . . . \_\_\_\_\_

**A** Total property tax paid in 2017 . . . . . \_\_\_\_\_

**Part-year residents:** Enter the amount while a resident of New Jersey . . . . . \_\_\_\_\_

**B** Total rent paid in 2017 . . . . . \_\_\_\_\_

**Part-year residents:** Enter the amount while a resident of New Jersey . . . . . \_\_\_\_\_

**C** If your filing status is **married filing separate return**, did you maintain the same residence as your spouse?

Answer this question on NJ Information Wks (if Yes, reduce by 50%). . . . .  Yes  No

**D** You were a New Jersey homeowner on October 1, 2017 and you are eligible and file for a 2017 Homestead Benefit . . . . .  Yes  No



New York State E-File Signature Authorization for Tax Year 2017
For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Electronic return originator (ERO): Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: SASIDHAR REDDY BHUMIREDDY

Spouse's name: (jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our website at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return, IT-201-X, Amended Resident Income Tax Return, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-203-X, Amended Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, NYC-208, Claim for New York City Enhanced Real Property Tax Credit, or NYC-210, Claim for New York City School Tax Credit.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2017 Form IT-370 and Tax Year 2018 Form IT-2105.

Part A - Tax return information

- 1 Federal adjusted gross income (from applicable line) 1. 4851.
2 Refund 2. 250.
3 Amount you owe 3.
4 Financial institution routing number 4. 021200339
5 Financial institution account number 5. 381046919379
6 Account type: [X] Personal checking [ ] Personal savings [ ] Business checking [ ] Business savings

Part B - Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2017 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2017 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2017 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

Taxpayer's signature: Date:
Spouse's signature: Date:
(jointly filed return only)

Part C - Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2017 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2017 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2017 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2017 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: Date:
Print name: GLOBAL TAXES LLC
Paid preparer's signature: Date:
Print name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR



# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-203

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning ..... and ending ..... **17**

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial SASIDHAR REDDY		Your last name (for a joint return, enter spouse's name on line below) BHUMIREDDY		Your date of birth (mmddyyyy) 05111989	Your social security number 780261261
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) 112 LAKE STREET				Apartment number	New York State county of residence NR
City, village, or post office JERSEY CITY		State NJ	ZIP code 07306	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

### A Filing status (mark an X in one box):

- ①  Single
- ②  Married filing joint return (enter both spouses' social security numbers above)
- ③  Married filing separate return (enter both spouses' social security numbers above)
- ④  Head of household (with qualifying person)
- ⑤  Qualifying widow(er) with dependent child

**B** Did you itemize your deductions on your 2017 federal income tax return? Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D1** Did you have a financial account located in a foreign country? (see page 14) Yes  No

**D2 Yonkers part-year residents only:**

(1) Did you receive a property tax relief credit? (see pg. 14) Yes  No

(2) Enter the amount .....  .00

**D3** Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes  No

### E New York City part-year residents only (see page 14)

(1) Number of months you lived in NY City in 2017 .....

(2) Number of months your spouse lived in NY City in 2017 .....

**F** Enter your 2-character special condition code(s) if applicable (see page 15) .....

### G New York State part-year residents (see page 15)

Enter the date you moved into or out of NYS (mmddyyyy) .....

On the last day of the tax year (mark an X in one box):

1) Lived in NYS .....

2) Lived outside NYS; received income from NYS sources during nonresident period .....

3) Lived outside NYS; received no income from NYS sources during nonresident period .....

### H New York State nonresidents (see page 15)

Did you or your spouse maintain living quarters in NYS in 2017? ..... Yes  No

(if Yes, complete Form IT-203-B)



### I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 6 dependents, mark an X in the box.



203001173555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number  
780261261

**Federal income and adjustments** (see page 17)

**Federal amount**  
Whole dollars only

**New York State amount**  
Whole dollars only

1	Wages, salaries, tips, etc. ....	1	4851 .00	1	4851 .00
2	Taxable interest income .....	2	.00	2	.00
3	Ordinary dividends .....	3	.00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	.00	4	.00
5	Alimony received .....	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) .....	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) <b>12</b> .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040) .....	13	.00	13	.00
14	Unemployment compensation .....	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26) .....	15	.00	15	.00
16	Other income (see page 23) Identify: .....	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	4851 .00	17	4851 .00
18	Total federal adjustments to income (see page 23) Identify: .....	18	.00	18	.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	4851 .00	19	4851 .00

**New York additions** (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities) .....	20	.00	20	.00
21	Public employee 414(h) retirement contributions .....	21	.00	21	.00
22	Other (Form IT-225, line 9) .....	22	.00	22	.00
23	Add lines 19 through 22 .....	23	4851 .00	23	4851 .00

**New York subtractions** (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	.00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26) .....	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ...	26	.00	26	.00
27	Interest income on U.S. government bonds .....	27	.00	27	.00
28	Pension and annuity income exclusion .....	28	.00	28	.00
29	Other (Form IT-225, line 18) .....	29	.00	29	.00
30	Add lines 24 through 29 .....	30	.00	30	.00
31	<b>New York adjusted gross income</b> (subtract line 30 from line 23) .....	31	4851 .00	31	4851 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 4851 .00

**Standard deduction or itemized deduction** (see page 28)

33	Enter your <b>standard deduction</b> (table on page 28) or your <b>itemized deduction</b> (from Form IT-203-D). Mark an <b>X</b> in the appropriate box: ... <input checked="" type="checkbox"/> <b>Standard</b> – or – <input type="checkbox"/> <b>Itemized</b>	33	8000 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28) .....	35	000.00
36	<b>New York taxable income</b> (subtract line 35 from line 34) .....	36	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





**Tax computation, credits, and other taxes**

37 New York taxable income (from line 36 on page 2).....	<b>37</b>	.00
38 New York State tax on line 37 amount (see page 29) .....	<b>38</b>	.00
39 New York State household credit (page 29, table 1, 2, or 3).....	<b>39</b>	75 .00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank).....	<b>40</b>	.00
41 New York State child and dependent care credit (see page 30) .....	<b>41</b>	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank).....	<b>42</b>	.00
43 New York State earned income credit (see page 30) .....	<b>43</b>	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	<b>44</b>	.00
45 Income percentage (see page 30) <input type="text"/> New York State amount from line 31 <input type="text"/> 4851 .00 ÷ Federal amount from line 31 <input type="text"/> 4851 .00 = Round result to 4 decimal places	<b>45</b>	1.0000
46 Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	.00
49 Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	.00
50 Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	.00

**New York City and Yonkers taxes, credits, and surcharges, and MCTMT**

51 Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	.00
52 Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52</b>	.00
52a Subtract line 52 from line 51 .....	<b>52a</b>	.00
52b MCTMT net earnings base .... <input type="text"/> 52b <input type="text"/> .00		
52c MCTMT .....	<b>52c</b>	.00
53 Yonkers nonresident earnings tax (Form Y-203) .....	<b>53</b>	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54) .....	<b>55</b>	.00
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.) .....	<b>56</b>	0 .00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

**Voluntary contributions** (see page 33)

57a Return a Gift to Wildlife .....	<b>57a</b>	.00
57b Missing/Exploited Children Fund .....	<b>57b</b>	.00
57c Breast Cancer Research Fund .....	<b>57c</b>	.00
57d Alzheimer's Fund .....	<b>57d</b>	.00
57e Olympic Fund (\$2 or \$4) .....	<b>57e</b>	.00
57f Prostate and Testicular Cancer Research and Education Fund ..	<b>57f</b>	.00
57g 9/11 Memorial .....	<b>57g</b>	.00
57h Volunteer Firefighting & EMS Recruitment Fund .....	<b>57h</b>	.00
57i Teen Health Education .....	<b>57i</b>	.00
57j Veterans Remembrance .....	<b>57j</b>	.00
57k Homeless Veterans.....	<b>57k</b>	.00
57l Mental Illness Anti-Stigma Fund .....	<b>57l</b>	.00
57m Women's Cancers Education and Prevention Fund .....	<b>57m</b>	.00
57n Autism Fund .....	<b>57n</b>	.00
57o Veterans' Homes .....	<b>57o</b>	.00
57 Total voluntary contributions (add lines 57a through 57o) .....	<b>57</b>	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) .....	<b>58</b>	.00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your social security number
780261261

59 Enter amount from line 58 ..... 59 .00

Payments and refundable credits (see page 34)

Table with 2 columns: Description and Amount. Rows include Part-year NYC school tax credit, NYC school tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments/amount paid with Form IT-370, and Total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 2 columns: Description and Amount. Rows include Amount overpaid, Amount of line 67 to be refunded, Amount of line 67 that you want applied, Amount of line 67 that you want as a NYS 529 account deposit, Amount you owe, Estimated tax penalty, and Other penalties and interest.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38). If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 38)

73a Account type: [X] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings

73b Routing number 021200339 73c Account number 381046919379

74 Electronic funds withdrawal (see page 38) ..... Date ..... Amount .....00

Third-party designee? (see instr.) Yes [ ] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRN, NYTPRN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail.

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation (if joint return), Date, Daytime phone number, E-mail.

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

## W-2 Record 1

Box a Employee's social security number for this W-2 Record

780261261

Box b Employer identification number (EIN)

581760235

### Box c Employer's information

Employer's name			
INFOSYS LIMITED			
Employer's address (number and street)			
6100 TENNYSON PKWY 200			
City	State	ZIP code	Country (if not United States)
PLANO	TX	75024	

Box 1 Wages, tips, other compensation

4851.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

1.00

Code

C

Box 12b Amount

375.00

Code

D D

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

2.00

Description

SDI

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

4851.00

Box 17a NYS income tax withheld

250.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

5000.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

## Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

### Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

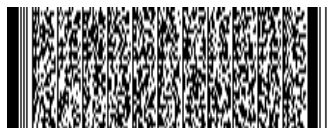
Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001173555



**Part I – Personal Information**

**Taxpayer:**

First Name . . . . . SASIDHAR REDDY  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . BHUMIREDDY  
 Social Security No. . . . . 780-26-1261  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of Birth . . . . . 05-11-1989  
 Age as of 1-1-2018 . . . . . 28  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . Sasi.sai99@gmail.com  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_  
 Home Phone . . . . . \_\_\_\_\_

**Spouse:**

First Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Social Security No. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 NY DL Doc ID . . . . . \_\_\_\_\_  
 Email Address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_  
 Extension . . . . . \_\_\_\_\_

Print phone number on main form . . . . .  Home  Taxpayer work  Spouse work

**Mailing Address**

Street Address . . . . . 112 LAKE STREET Apartment No. . . . . \_\_\_\_\_  
 City . . . . . JERSEY CITY State . . . . . NJ ZIP Code . . . . . 07306  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code . . . . . \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**Permanent Home Address (if different from mailing address above)**

Street Address . . . . . \_\_\_\_\_ Apartment No. . . . . \_\_\_\_\_  
 City . . . . . \_\_\_\_\_ State . . . . . \_\_\_\_\_ ZIP Code . . . . . \_\_\_\_\_  
*(Below should be used by New York nonresidents only)*  
 Foreign code \_\_\_\_\_ Foreign country . . . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Foreign province/county . . . . . \_\_\_\_\_ Foreign province/county abbreviation . . . . . \_\_\_\_\_

**New York County and School District Information**

County . . . . . NR  
 School District . . . . . NR School District Code . . . . . \_\_\_\_\_

**Part II – Main Form**

- Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►
- Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►
- Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

**Taxpayer Spouse**

If **only one spouse** has New York source income, check the box related to that spouse

**New York City and City of Yonkers Residency Information:**

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .	_____	_____	_____	_____
To: . . . . .	_____	_____	_____	_____
If a City of Yonkers nonresident: Did the client receive income or withholding from Yonkers sources during their period of nonresidence? . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input type="checkbox"/>

**New York City Residents:**

**Yes No**

Did the taxpayer or spouse maintain living quarters in New York City during 2017?

If married, did the taxpayer and spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

**Part III – Filing Status**

- Single
- Married, filing joint
- Married, filing separate
  - Taxpayer **did not** live with their spouse at any time during the year
  - If both taxpayer and spouse itemized deductions on their federal tax return:
    - The spouse is itemizing deductions on their New York state tax return
    - The spouse is taking the standard deduction on their New York state tax return
- Head of household
- Qualifying widow(er)

**Part IV – Credits**

**New York City Accumulation Distribution Credit:**

Taxpayer. . . \_\_\_\_\_ Spouse . . . . . \_\_\_\_\_

**New York State and New York City Household Credit for Married Filing Separate Taxpayers:**

Number of exemptions claimed on spouse's return . . . . . \_\_\_\_\_

Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . . \_\_\_\_\_

Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . . \_\_\_\_\_

**Refundable Credits Paid in Advance:**

**Yes No**

Did you receive a check from the NY Tax Department for the property tax relief credit?  
(do **not** include any STAR credit received here)

If Yes, enter the amount . . . . . ► \_\_\_\_\_

Check received for STAR credit . . . . . ► \_\_\_\_\_

**New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):**

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . . **Yes**  **No**

**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

**Part V – New York City Unincorporated Business Tax Return**

Go to separate New York City formset to file NYC-202 or NYC-202S.

**Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet**

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
<b>1</b> Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



Part IX – Direct Deposit or Electronic Funds Withdrawal Information

Yes No
[X] Use direct deposit for any state tax refund
Use electronic funds withdrawal of New York tax payment for the tax return
Use electronic funds withdrawal of New York tax payment for the extension (IT-370)? (EF Only)
Use electronic funds withdrawal of New York tax payment for the amended return? (EF Only)

Bank Information

For direct deposit or electronic funds withdrawal, fill out the information below :
Name of Client's Financial Institution (optional) . . . . BANK OF AMERICA
Account Type . . . . . Checking [X] Savings [ ]
Personal or business account . . . . . Personal [X] Business [ ]
Routing number . . . . . 021200339 Confirm routing number . . . . 021200339
Account number . . . . . 381046919379 Confirm account number . . . 381046919379

Electronic funds withdrawal amount due with return information:

Enter settlement date to withdraw the return amount from the account above. . . .
State balance-due amount from this return . . . . .

International ACH Transactions

Yes No
[ ] [X] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Enter settlement date to withdraw the extension amount from the account above . . . .
State balance-due amount paid with this extension Form IT-370 . . . . .

Electronic funds withdrawal amount due with amended return information:

Enter settlement date to withdraw the tax due amount from the account above . . . . .
State balance-due amount paid with this amended return . . . . .

Signature authorization Form TR-579-IT is required when paying with electronic funds withdrawal.

Part X – Extension Status

New York State Income Tax Return (IT-201 or IT-203)

Yes No
[ ] [X] Tax return due date extended?
Extended due date . . .
[ ] File extension electronically?

Filing and acceptance information (Electronic Filing Only):

[ ] Extension accepted?
Extension filing date . . . . .
Extension acceptance date . . . . .

Part XI – Form NYC-1127, Nonresident Employees of the City of New York

Go to separate New York City formset to file NYC-1127

For married filing joint taxpayers, file NYC-1127:

[ ] Separately, considering only the income/adjustments of the New York City employee
[ ] Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due

Part XII – Other Information for Your Tax Return

Enter the Preparer Code from the Firm/Preparer Info (see Help) . . . . . 1

Self prepared and Non-paid prepared returns to be e-filed must have the following info for the submitter:

Preparer Name . . . . .
Preparer PTIN or SSN . . . . . NYTPRIN . . . . . or NY exclusion code . . . . .
Street Address . . . . . Addr cont
City . . . . . State . . . . . ZIP Code . . . . .
Signature Date . . . . .
Firm Name . . . . . Firm EIN (if applicable) . . . . .

2-digit special condition code number:

[ ] Code A6 Build America Bond Interest – Taxpayer or spouse (if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)
\* Enter total BAB interest included on Form 1040A or Form 1040, line 8a . . . . .
\* Enter BAB interest entered above from NY state or local governments . . . . .

Part XII – Other Information for Your Tax Return (continued)

2-digit special condition code number (Continued):

- Code C7** **Combat zone** — The taxpayer or spouse (if married) qualify for an extension of time to file and pay the tax due under the combat zone or contingency operation relief provisions
- Code D9** **Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- Code K2** **Combat zone, killed in action (KIA)** — The taxpayer is filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- Code M2** **Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- Code E3** **Out of the country** — The taxpayer or spouse (if married) qualify for an automatic two-month extension of time to file a federal return because they are out of the country
- Code E4** **Nonresident aliens** — The taxpayer or spouse (if married) are federal nonresident aliens
- Code E5** **Extension of time to file beyond six months** — The taxpayer or spouse (if married):
  - Qualify for an extension of time to file beyond six months because they are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*
- Code 56** **Ponzi-type fraudulent investment** - Taxpayer or spouse (if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the federal and New York tax returns using the federal safe harbor rules
- Code P2** **Protective Claim** - Taxpayer or spouse (if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- Code N3** **NOL Carryback**- Taxpayer or spouse (if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

\_\_\_\_\_ If the taxpayer (or spouse if married) qualified under a special condition for filing their 2017 tax return not listed above, enter your 2-digit special condition code number  
 \_\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

Third Party Designee:

**Yes No**  
  May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Preparer is the third party designee  
 Designee's phone number . . . . . \_\_\_\_\_  
 Designee's name . . . . . \_\_\_\_\_  
 Designee's email address . . . . . \_\_\_\_\_  
 Personal identification number . . . . . \_\_\_\_\_

New York State Underpayment Penalty:

Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9  
 The taxpayer qualified for a 90 day extension of time to pay their first 2017 estimated tax payment

Other Penalties and Interest:

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

Long-term Residential Care Deduction ( IT-201 and IT-203 Filers):

**Yes No**  
  Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?  
  
  Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . . .
- 2 Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse
_____	_____
_____	_____

IT-201 or IT-203 Question D3 regarding Nonqualified deferred compensation under P.L. 110-343:

**Yes No**  
  Were you required to report, under P.L. 110-343, Div. C, Section 801(d)(2), any nonqualified deferred compensation on your 2017 federal return?



# Tax Payments Worksheet

**2017**

▶ Keep for your records.

Name SASIDHAR REDDY BHUMIREDDY	Social Security Number 780-26-1261
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## Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer . . . . .				5 a
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse . . . . .				5 b
6 Overpayment from previous year applied to current year . . . . .				6
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer . . . . .				6 a
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse . . . . .				6 b
7 Amount paid with current year extension . . . . .				7
8 <b>Total tax payments</b> . . . . .				8

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	250.
10 State withholding on Forms W-2G . . . . .	10	
11 State withholding on Forms 1099-R . . . . .	11	
12 a State withholding on Forms 1099-MISC . . . . .	12 a	
12 b State withholding on Forms 1099-G . . . . .	12 b	
12 c State withholding on Forms 1099-K . . . . .	12 c	
13 Other state tax withholding . . . . .	13	
14 <b>Total state income tax withheld</b> . . . . .	14	250.

## City Income Tax Withheld for the Current Year

15 Total City of New York withholding . . . . .	15	
16 Total Yonkers withholding . . . . .	16	
17 Section 1127 withholding . . . . .	17	

## Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax . . . . .	18	
19 Public employee 414(h) retirement contributions - <b>not</b> subject to New York Tax . . . . .	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax . . . . .	20	
21 Total City of New York withholding (IRC 125) - <b>not</b> subject to New York Tax . . . . .	21	
22 Date return will be filed and balance paid . . . . .	22	

**Part-Year Resident/Nonresident Allocation Worksheet 2017**

► Keep for your records

Name(s) as Shown on Return  
SASIDHAR REDDY BHUMIREDDY

Your Social Security No.  
780-26-1261

Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
<b>Income</b>				
1 Wages, salaries, tips, etc. . . . .	4,851.		4,851.	4,851.
2 Federally taxable interest income . .				
3 Dividends . . . . .				
4 State/local tax refunds . . . . .				
5 Alimony received . . . . .				
6 Business income or loss . . . . .				
7 Capital gain or loss . . . . .				
8 Other gains and losses . . . . .				
9 Taxable IRA distribution . . . . .				
10 Taxable pension and annuities . . . .				
11 Rentals, royalties, p'ship, etc. . . . .				
12 Rental real estate included in ln 11 (federal amount) . . . . .				
13 Farm income or loss . . . . .				
14 Unemployment compensation . . . . .				
15 Taxable social security benefits . . . .				
16 Other income . . . . .				
17 <b>Total income.</b> Add lines 1-11, 13-16	4,851.		4,851.	4,851.
<b>Adjustments to Income</b>				
a Educator expenses . . . . .				
b Certain business expenses . . . . .				
c Health savings account . . . . .				
d Moving expenses . . . . .				
e Self-employment tax deduction . . . .				
f Self-employed SEP, SIMPLE . . . . .				
g Self-employed health insurance . . . .				
h Early withdrawal penalty . . . . .				
i Alimony paid . . . . .				
j IRA deduction . . . . .				
k Student loan interest deduction . . . .				
l Tuition and fees deduction . . . . .				
m Domestic production activities . . . . .				
n Total other adjustments . . . . .				
18 <b>Total adjustments</b> . . . . .				
19 <b>Adjusted gross income</b> . . . . .	4,851.	*	4,851.	4,851.

\* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information



**New York State  
Wages/Self-Employment Income Allocation**

**2017**

► Keep for your records

Name as Shown on Return SASIDHAR REDDY BHUMIREDDY	Social Security No. 780-26-1261
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**Part I – New York Wage Allocation  
Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		INFOSYS LIMITED	4,851.

**Spouse**

Allocate by Formula	Allocate by Percent		New York Wages

See Tax Help for details.

**Part II – State Self-Employment Income Allocation  
Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

**Spouse**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

## Smart Worksheets from your 2017 New York Tax Return

SMART WORKSHEET FOR: E-file Signature Authorization for Forms IT-201, IT-203, IT-214, NYC-208 and NYC-210

I certify that I have a valid New York State E-File Signature Authorization for Tax Year 2017 (Form TR-579-IT), authorizing me to sign and file this return on behalf of the taxpayer(s), I further certify that all information provided on the return is true, correct and complete, to the best of my knowledge and belief, and that I have provided a copy of this return to the taxpayer(s). If financial institution account information has been provided on the return, I certify that the taxpayer(s) has agreed to payment of the amount indicated as due by electronic funds withdrawal, that the taxpayer(s) has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated account, and that the designated financial institution is authorized to debit the entry to the taxpayer's account. By checking the box shown below, I understand and agree that I am electronically signing and filing this return.

I have read the certification above and agree . . . . .