

**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<br><b>RAVINDRANATH CHOWDAR JONNALAGADDA</b> | Social security number<br><b>673-70-4859</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>95,695.</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>12,970.</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>19,162.</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>6,192.</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 

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 4 | 8 | 5 | 9 |
|---|---|---|---|---|

 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name 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 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature on my tax year 2017 electronically filed income tax return.   
ERO firm name 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 |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|

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**

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

Your first name and initial: **RAVINDRANATH CHOWDAR** Last name: **JONNALAGADDA** Your social security number: **673-70-4859**

If a joint return, spouse's first name and initial: \_\_\_\_\_ Last name: \_\_\_\_\_ Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **500 N METRO BLVD** Apt. no. **1134**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **CHANDLER AZ 85226**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

▲ Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**  
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.  You  Spouse

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶

4  Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5  Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

**c Dependents:**

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |

If more than four dependents, see instructions and check here ▶

**d Total number of exemptions claimed** . . . . .

**Boxes checked on 6a and 6b** **1**

**No. of children on 6c who:**

- lived with you \_\_\_\_\_
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** **1**

**Income**

|     |   |     |         |
|-----|---|-----|---------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  | 7   | 94,053. |
| 8a  | Taxable interest. Attach Schedule B if required . . . . .   | 8a  |         |
| b   | Tax-exempt interest. Do not include on line 8a . . . . .  | 8b  |         |
| 9a  | Ordinary dividends. Attach Schedule B if required . . . . .   | 9a  |         |
| b   | Qualified dividends . . . . .   | 9b  |         |
| 10  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                | 10  | 1,642.  |
| 11  | Alimony received . . . . .  | 11  |         |
| 12  | Business income or (loss). Attach Schedule C or C-EZ . . . . .  | 12  |         |
| 13  | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 13  |         |
| 14  | Other gains or (losses). Attach Form 4797 . . . . .   | 14  |         |
| 15a | IRA distributions . . . . .   | 15a |         |
| b   | Taxable amount . . . . .  | 15b |         |
| 16a | Pensions and annuities . . . . .  | 16a |         |
| b   | Taxable amount . . . . .  | 16b |         |
| 17  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                   | 17  |         |
| 18  | Farm income or (loss). Attach Schedule F . . . . .  | 18  |         |
| 19  | Unemployment compensation . . . . .   | 19  |         |
| 20a | Social security benefits . . . . .  | 20a |         |
| b   | Taxable amount . . . . .  | 20b |         |
| 21  | Other income. List type and amount _____  | 21  |         |
| 22  | Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶        | 22  | 95,695. |

**Adjusted Gross Income**

|     |  |     |         |
|-----|--|-----|---------|
| 23  | Educator expenses . . . . .  | 23  |         |
| 24  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . | 24  |         |
| 25  | Health savings account deduction. Attach Form 8889 . . . . .   | 25  |         |
| 26  | Moving expenses. Attach Form 3903 . . . . .  | 26  |         |
| 27  | Deductible part of self-employment tax. Attach Schedule SE . . . . .   | 27  |         |
| 28  | Self-employed SEP, SIMPLE, and qualified plans . . . . .   | 28  |         |
| 29  | Self-employed health insurance deduction . . . . .   | 29  |         |
| 30  | Penalty on early withdrawal of savings . . . . .   | 30  |         |
| 31a | Alimony paid b Recipient's SSN ▶ _____   | 31a |         |
| 32  | IRA deduction . . . . .  | 32  |         |
| 33  | Student loan interest deduction . . . . .  | 33  |         |
| 34  | Tuition and fees. Attach Form 8917 . . . . .   | 34  |         |
| 35  | Domestic production activities deduction. Attach Form 8903 . . . . .   | 35  |         |
| 36  | Add lines 23 through 35 . . . . .  | 36  |         |
| 37  | Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶   | 37  | 95,695. |

|   |  |            |         |
|---|--|------------|---------|
| <b>38</b>   | Amount from line 37 (adjusted gross income)  | <b>38</b>  | 95,695. |
| <b>Tax and Credits</b>  | <b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b> <input type="checkbox"/><br>if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked</b> ▶ <b>39a</b> <input type="checkbox"/> |            |         |
|   | <b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>  |            |         |
| <b>Standard Deduction for—</b>  | <b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)   | <b>40</b>  | 22,720. |
| • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. | <b>41</b> Subtract line 40 from line 38  | <b>41</b>  | 72,975. |
| • All others: Single or Married filing separately, \$6,350  | <b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | <b>42</b>  | 4,050.  |
| Married filing jointly or Qualifying widow(er), \$12,700  | <b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | <b>43</b>  | 68,925. |
| Head of household, \$9,350  | <b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>   | <b>44</b>  | 12,970. |
|   | <b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251  | <b>45</b>  |         |
|   | <b>46</b> Excess advance premium tax credit repayment. Attach Form 8962  | <b>46</b>  |         |
|   | <b>47</b> Add lines 44, 45, and 46   | <b>47</b>  | 12,970. |
|   | <b>48</b> Foreign tax credit. Attach Form 1116 if required   | <b>48</b>  |         |
|   | <b>49</b> Credit for child and dependent care expenses. Attach Form 2441   | <b>49</b>  |         |
|   | <b>50</b> Education credits from Form 8863, line 19  | <b>50</b>  |         |
|   | <b>51</b> Retirement savings contributions credit. Attach Form 8880  | <b>51</b>  |         |
|   | <b>52</b> Child tax credit. Attach Schedule 8812, if required  | <b>52</b>  |         |
|   | <b>53</b> Residential energy credits. Attach Form 5695   | <b>53</b>  |         |
|   | <b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>   | <b>54</b>  |         |
|   | <b>55</b> Add lines 48 through 54. These are your <b>total credits</b>   | <b>55</b>  |         |
|   | <b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-  | <b>56</b>  | 12,970. |
| <b>Other Taxes</b>  | <b>57</b> Self-employment tax. Attach Schedule SE  | <b>57</b>  |         |
|   | <b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919   | <b>58</b>  |         |
|   | <b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | <b>59</b>  |         |
|   | <b>60a</b> Household employment taxes from Schedule H  | <b>60a</b> |         |
|   | <b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required   | <b>60b</b> |         |
|   | <b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>   | <b>61</b>  |         |
|   | <b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)  | <b>62</b>  |         |
|   | <b>63</b> Add lines 56 through 62. This is your <b>total tax</b>   | <b>63</b>  | 12,970. |
| <b>Payments</b>   | <b>64</b> Federal income tax withheld from Forms W-2 and 1099  | <b>64</b>  | 19,162. |
|   | <b>65</b> 2017 estimated tax payments and amount applied from 2016 return  | <b>65</b>  |         |
|   | <b>66a</b> <b>Earned income credit (EIC)</b> NO  | <b>66a</b> |         |
|   | <b>b</b> Nontaxable combat pay election <b>66b</b>   | <b>66b</b> |         |
|   | <b>67</b> Additional child tax credit. Attach Schedule 8812  | <b>67</b>  |         |
|   | <b>68</b> American opportunity credit from Form 8863, line 8   | <b>68</b>  |         |
|   | <b>69</b> Net premium tax credit. Attach Form 8962   | <b>69</b>  |         |
|   | <b>70</b> Amount paid with request for extension to file   | <b>70</b>  |         |
|   | <b>71</b> Excess social security and tier 1 RRTA tax withheld  | <b>71</b>  |         |
|   | <b>72</b> Credit for federal tax on fuels. Attach Form 4136  | <b>72</b>  |         |
|   | <b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>   | <b>73</b>  |         |
|   | <b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>   | <b>74</b>  | 19,162. |
| <b>Refund</b>   | <b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>   | <b>75</b>  | 6,192.  |
|   | <b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>   | <b>76a</b> | 6,192.  |
| Direct deposit? See instructions.   | <b>b</b> Routing number 1 0 7 0 0 2 1 9 2 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings   |            |         |
|   | <b>d</b> Account number 2 4 4 5 4 7 6 4 4 9  |            |         |
|   | <b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶ <b>77</b>   | <b>77</b>  |         |
| <b>Amount You Owe</b>   | <b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶  | <b>78</b>  |         |
|   | <b>79</b> Estimated tax penalty (see instructions)   | <b>79</b>  |         |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)?  **Yes.** Complete below.  **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|   |      |                                    |   |
|---|------|------------------------------------|---|
| Your signature  | Date | Your occupation<br><b>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.) |

**Paid Preparer Use Only**

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

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

Name(s) shown on Form 1040

Your social security number

RAVINDRANATH CHOWDAR JONNALAGADDA

673-70-4859

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

|          |   |          |  |
|----------|---|----------|--|
| <b>1</b> | Medical and dental expenses (see instructions) . . . . .                        | <b>1</b> |  |
| <b>2</b> | Enter amount from Form 1040, line 38 <b>2</b>                                   |          |  |
| <b>3</b> | Multiply line 2 by 7.5% (0.075). . . . .  | <b>3</b> |  |
| <b>4</b> | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . | <b>4</b> |  |

**Taxes You Paid**

|          |  |          |        |
|----------|--|----------|--------|
| <b>5</b> | State and local ( <b>check only one box</b> ):       | <b>5</b> |        |
| <b>a</b> | <input checked="" type="checkbox"/> Income taxes, or |          | 2,674. |
| <b>b</b> | <input type="checkbox"/> General sales taxes         |          |        |
| <b>6</b> | Real estate taxes (see instructions) . . . . .       | <b>6</b> |        |
| <b>7</b> | Personal property taxes . . . . .                    | <b>7</b> |        |
| <b>8</b> | Other taxes. List type and amount ▶                  | <b>8</b> |        |
| <b>9</b> | Add lines 5 through 8 . . . . .                      | <b>9</b> | 2,674. |

**Interest You Paid**

**Note:**  
Your mortgage interest deduction may be limited (see instructions).

|           |  |           |  |
|-----------|--|-----------|--|
| <b>10</b> | Home mortgage interest and points reported to you on Form 1098   | <b>10</b> |  |
| <b>11</b> | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ | <b>11</b> |  |
| <b>12</b> | Points not reported to you on Form 1098. See instructions for special rules . . . . .  | <b>12</b> |  |
| <b>13</b> | Mortgage insurance premiums (see instructions) . . . . .   | <b>13</b> |  |
| <b>14</b> | Investment interest. Attach Form 4952 if required. See instructions  | <b>14</b> |  |
| <b>15</b> | Add lines 10 through 14 . . . . .  | <b>15</b> |  |

**Gifts to Charity**

If you made a gift and got a benefit for it, see instructions.

|           |   |           |  |
|-----------|---|-----------|--|
| <b>16</b> | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .  | <b>16</b> |  |
| <b>17</b> | Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . . | <b>17</b> |  |
| <b>18</b> | Carryover from prior year . . . . .   | <b>18</b> |  |
| <b>19</b> | Add lines 16 through 18 . . . . .   | <b>19</b> |  |

**Casualty and Theft Losses**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>20</b> | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . | <b>20</b> |  |
|-----------|--|-----------|--|

**Job Expenses and Certain Miscellaneous Deductions**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>21</b> | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u> . . . . . | <b>21</b> | 21,960. |
| <b>22</b> | Tax preparation fees . . . . .  | <b>22</b> |         |
| <b>23</b> | Other expenses—investment, safe deposit box, etc. List type and amount ▶  | <b>23</b> |         |
| <b>24</b> | Add lines 21 through 23 . . . . .   | <b>24</b> | 21,960. |
| <b>25</b> | Enter amount from Form 1040, line 38 <b>25</b> 95,695.  |           |         |
| <b>26</b> | Multiply line 25 by 2% (0.02) . . . . .   | <b>26</b> | 1,914.  |
| <b>27</b> | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . .   | <b>27</b> | 20,046. |

**Other Miscellaneous Deductions**

|           |   |           |  |
|-----------|---|-----------|--|
| <b>28</b> | Other—from list in instructions. List type and amount ▶ | <b>28</b> |  |
|-----------|---|-----------|--|

**Total Itemized Deductions**

|           |  |           |         |
|-----------|--|-----------|---------|
| <b>29</b> | Is Form 1040, line 38, over \$156,900?   | <b>29</b> |         |
|           | <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. |           | 22,720. |
|           | <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.                                 |           |         |
| <b>30</b> | If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .  |           |         |

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

|   |  |
|---|--|
| Name(s) shown on Form 1040 or Form 1040NR<br><b>RAVINDRANATH CHOWDAR JONNALAGADDA</b> | Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶<br><b>673-70-4859</b> |
|---|--|

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

|  |           |   |                                 |        |
|--|-----------|---|---------------------------------|--------|
| 1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶  |           | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family |        |
| 2 HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .                       | <b>2</b>  |   |                                 | 0.     |
| 3 If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . . | <b>3</b>  |   |                                 | 3,400. |
| 4 Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .                                       | <b>4</b>  |   |                                 | 0.     |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .  | <b>5</b>  |   |                                 | 3,400. |
| 6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter . . . . .   | <b>6</b>  |   |                                 | 3,400. |
| 7 If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .  | <b>7</b>  |   |                                 | 0.     |
| 8 Add lines 6 and 7 . . . . .  | <b>8</b>  |   |                                 | 3,400. |
| 9 Employer contributions made to your HSAs for 2017 . . . . .  | <b>9</b>  |   |                                 | 453.   |
| 10 Qualified HSA funding distributions . . . . .   | <b>10</b> |   |                                 |        |
| 11 Add lines 9 and 10 . . . . .  | <b>11</b> |   |                                 | 453.   |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- . . . . .  | <b>12</b> |   |                                 | 2,947. |
| 13 <b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .   | <b>13</b> |   |                                 | 0.     |
| <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).  |           |   |                                 |        |

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

|  |  |            |  |  |
|--|--|------------|--|--|
| 14a Total distributions you received in 2017 from all HSAs (see instructions) . . . . .  |  | <b>14a</b> |  |  |
| <b>b</b> Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .   |  | <b>14b</b> |  |  |
| <b>c</b> Subtract line 14b from line 14a . . . . .   |  | <b>14c</b> |  |  |
| 15 Qualified medical expenses paid using HSA distributions (see instructions) . . . . .  |  | <b>15</b>  |  |  |
| 16 <b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .   |  | <b>16</b>  |  |  |
| 17a If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>  |  |            |  |  |
| <b>b</b> <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . . |  | <b>17b</b> |  |  |

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

|           |  |           |  |
|-----------|--|-----------|--|
| <b>18</b> | Last-month rule . . . . .  | <b>18</b> |  |
| <b>19</b> | Qualified HSA funding distribution . . . . .   | <b>19</b> |  |
| <b>20</b> | <b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .   | <b>20</b> |  |
| <b>21</b> | <b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . . | <b>21</b> |  |

# Unreimbursed Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

**2017**  
Attachment  
Sequence No. **129A**

|  |   |                                       |
|--|---|---------------------------------------|
| Your name<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Occupation in which you incurred expenses<br>ENGINEER | Social security number<br>673-70-4859 |
|--|---|---------------------------------------|

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

**Caution:** You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

|   |          |         |
|---|----------|---------|
| <b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .   | <b>1</b> |         |
| <b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .   | <b>2</b> | 2,400.  |
| <b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .  | <b>3</b> | 15,600. |
| <b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .  | <b>4</b> | 1,560.  |
| <b>5</b> Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)  | <b>5</b> | 2,400.  |
| <b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . . | <b>6</b> | 21,960. |

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ .....
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....
- 9** Was your vehicle available for personal use during off-duty hours? . . . . .  **Yes**  **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? . . . . .  **Yes**  **No**
- 11a** Do you have evidence to support your deduction? . . . . .  **Yes**  **No**
- b** If "Yes," is the evidence written? . . . . .  **Yes**  **No**

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

RAVINDRANATH CHOWDAR JONNALAGADDA

| Five Year Tax History:                 |      |      |      |      |         |
|--|------|------|------|------|---------|
|  | 2013 | 2014 | 2015 | 2016 | 2017    |
| Filing status . . . . .                |      |      |      |      | Single  |
| Total income . . . . .                 |      |      |      |      | 95,695. |
| Adjustments to income                  |      |      |      |      |         |
| Adjusted gross income                  |      |      |      |      | 95,695. |
| Tax expense . . . . .                  |      |      |      |      | 2,674.  |
| Interest expense . . .                 |      |      |      |      |         |
| Contributions . . . . .                |      |      |      |      |         |
| Miscellaneous deductions . . . . .     |      |      |      |      | 20,046. |
| Other Itemized Deductions . . . . .    |      |      |      |      |         |
| Total itemized/standard deduction . .  |      |      |      |      | 22,720. |
| Exemption amount . .                   |      |      |      |      | 4,050.  |
| Taxable income . . . .                 |      |      |      |      | 68,925. |
| Tax . . . . .                          |      |      |      |      | 12,970. |
| Alternative min tax . .                |      |      |      |      |         |
| Total credits . . . . .                |      |      |      |      |         |
| Other taxes . . . . .                  |      |      |      |      |         |
| Payments . . . . .                     |      |      |      |      | 19,162. |
| Form 2210 penalty . .                  |      |      |      |      |         |
| Amount owed . . . . .                  |      |      |      |      |         |
| Applied to next year's estimated tax . |      |      |      |      |         |
| Refund . . . . .                       |      |      |      |      | 6,192.  |
| Effective tax rate % . .               |      |      |      |      | 13.55   |
| **Tax bracket % . . . .                |      |      |      |      | 25.0    |

\*\*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 (RAVINDRANATH CHOWDAR JONNALAGADDA) and Social Security Number (673-70-4859)

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) . . . . . 04859 Spouse's PIN (5 numbers) . . . . . Date . . . . . 03/11/2018

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

**Part I – Personal Information**

**Taxpayer:**

Last name . . . . . JONNALAGADDA  
 First name . . . . . RAVINDRANATH CHOWDAR  
 Middle initial . . . . . Suffix . . . . .  
 Social security no. . . . . 673-70-4859  
 Occupation . . . . . ENGINEER  
 Date of birth . . . . . 11/27/1991 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 26  
 Date of death . . . . .  
 Legally blind . . . . .   
 E-mail address . . . . . jrnochowdary11@gmail.com  
 Work phone . . . . . Ext \_\_\_\_\_  
 Cell phone . . . . . (480)544-6912  
 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 (480)544-6912  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

**US Address:**

Address . . . . . 500 N METRO BLVD Apt no. . . . . 1134  
 City . . . . . CHANDLER State . . . . . AZ ZIP code . . . . . 85226

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

Social Security Number  
 673-70-4859

| INCOME  | Federal Amount | CA Amount |
|---|----------------|-----------|
| 1 Wages, salaries, tips, etc. . . . . T                                 | 94,053.        | 5,120.    |
|   |                |           |
| 2 Taxable interest . . . . . T  |                |           |
|   |                |           |
| 3 Dividends . . . . . T   |                |           |
|   |                |           |
| 4 State/local tax refunds . . . . . T                                   | 1,642.         |           |
|   |                |           |
| 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   | 95,695.        | 5,120.    |
|   |                |           |

## Nonresident State Allocation Worksheet

RAVINDRANATH CHOWDAR JONNALAGADDA

673-70-4859

| ADJUSTMENTS   |   | Federal<br>Amount | CA<br>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 | 95,695.           | 5,120.       |
|   | S |                   |              |

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAVINDRANATH CHOWDAR JONNALAGADDA) and Social Security Number (673-70-4859)

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

Table with 2 columns: Name(s) Shown on Return (RAVINDRANATH CHOWDAR JONNALAGADDA) and Social Security Number (673-70-4859)

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, 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, 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.

Form with three rows for selection: IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer. Each row has a checkbox and a right-pointing arrow.

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 for selecting State/City \* with checkboxes and labels for New York and 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"/> |
| Form 3468, Historic Structure Certificate . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 4136, Credit for Federal Tax Paid on Fuels . . . . .                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . .                | <input type="checkbox"/> | <input type="checkbox"/> |
| Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . .                    | <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"/> |
| Form 8885, Health Coverage Tax Credit . . . . .  | <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"/> |
| Form 3115, Change in Accounting Method. . . . .  | <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 . . . . .   | ▶ N/A        | <input type="checkbox"/> |
| Form 8858, Foreign Disregarded Entities. . . . .  | ▶ N/A        | <input type="checkbox"/> |
| Form 8864, attach the Certificate for Biodiesel . . . . .   | ▶ N/A        | <input type="checkbox"/> |



► Keep for your records

|  |                                       |
|--|---------------------------------------|
| Name(s) Shown on Return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

| Form W-2 Employer    | SP | Wages   | Federal Tax | State Wages | State Tax |
|----------------------|----|---------|-------------|-------------|-----------|
| NXP USA LLC          |    | 88,933. | 18,415.     | 88,933.     | 2,401.    |
| DYNAMIC STAFFING INC |    | 5,120.  | 747.        | 5,120.      | 227.      |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
|                      |    |         |             |             |           |
| <b>Totals</b>        |    | 94,053. | 19,162.     | 94,053.     | 2,628.    |

**Form W-2 Summary**

| Box No. | Description  | Taxpayer | Spouse | Total   |
|---------|--|----------|--------|---------|
| 1       | Total wages, tips and compensation:                |          |        |         |
|         | Non-statutory & statutory wages not on Sch C . . . | 94,053.  |        | 94,053. |
|         | Statutory wages reported on Schedule C . . . . .   |          |        |         |
|         | Foreign wages included in total wages. . . . .     |          |        |         |
|         | Unreported tips. . . . .                           | 0.       |        | 0.      |
| 2       | Total federal tax withheld . . . . .               | 19,162.  |        | 19,162. |
| 3 & 7   | Total social security wages/tips . . . . .         | 92,117.  |        | 92,117. |
| 4       | Total social security tax withheld . . . . .       | 5,711.   |        | 5,711.  |
| 5       | Total Medicare wages and tips . . . . .            | 92,117.  |        | 92,117. |
| 6       | Total Medicare tax withheld . . . . .              | 1,336.   |        | 1,336.  |
| 8       | Total allocated tips . . . . .                     |          |        |         |
| 9       | Not used . . . . .                                 |          |        |         |
| 10 a    | Total dependent care benefits . . . . .            |          |        |         |
| b       | Offsite dependent care benefits                    |          |        |         |
| c       | Onsite dependent care benefits                     |          |        |         |
| 11      | Total distributions from nonqualified plans . . .  |          |        |         |
| 12 a    | Total from Box 12 . . . . .                        | 7,482.   |        | 7,482.  |
| b       | Elective deferrals to qualified plans . . . . .    | 3,185.   |        | 3,185.  |
| c       | Roth contrib. to 401(k), 403(b), 457(b) plans. .   |          |        |         |
| d       | Deferrals to government 457 plans . . . . .        |          |        |         |
| e       | Deferrals to non-government 457 plans . . . . .    |          |        |         |
| f       | Deferrals 409A nonqual deferred comp plan. .       |          |        |         |
| g       | Income 409A nonqual deferred comp plan. . .        |          |        |         |
| h       | Uncollected Medicare tax . . . . .                 |          |        |         |
| i       | Uncollected social security and RRTA tier 1 . .    |          |        |         |
| j       | Uncollected RRTA tier 2 . . . . .                  |          |        |         |
| k       | Income from nonstatutory stock options . . . .     |          |        |         |
| l       | Non-taxable combat pay . . . . .                   |          |        |         |
| m       | QSEHRA benefits . . . . .                          |          |        |         |
| n       | Total other items from box 12 . . . . .            | 4,297.   |        | 4,297.  |
| 14 a    | Total deductible mandatory state tax . . . . .     | 46.      |        | 46.     |
| b       | Total deductible charitable contributions . . . .  |          |        |         |
| c       | Total deductible employee expenses . . . . .       |          |        |         |
| d       | Total RR Compensation . . . . .                    |          |        |         |
| e       | Total RR Tier 1 tax . . . . .                      |          |        |         |
| f       | Total RR Tier 2 tax . . . . .                      |          |        |         |
| g       | Total RR Medicare tax . . . . .                    |          |        |         |
| h       | Total RR Additional Medicare tax . . . . .         |          |        |         |
| i       | Total RRTA tips. . . . .                           |          |        |         |
| j       | Total other items from box 14 . . . . .            |          |        |         |
| 16      | Total state wages and tips . . . . .               | 94,053.  |        | 94,053. |
| 17      | Total state tax withheld . . . . .                 | 2,628.   |        | 2,628.  |
| 19      | Total local tax withheld. . . . .                  |          |        |         |

|  |                                       |
|--|---------------------------------------|
| Name as shown on return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

**Employer EIN** . . . . . 20-0443182  
**Employer Name** . . . . . NXP USA LLC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6501 WM CANNON DR OE321  
**City** AUSTIN **State** TX **ZIP** 78735  
**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 . . . . . 88,933. | <b>2</b> Federal tax withheld . . . . . 18,415.   |
| <b>3</b> Social security wages . . . . . 92,117.   | <b>4</b> Social sec tax withheld . . . . . 5,711. |
| <b>5</b> Medicare wages and tips . . . . . 92,117. | <b>6</b> Medicare tax withheld . . . . . 1,336.   |
| <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           | 21.           | A: Enter amount attributable to RRTA Tier 2 tax . . . . . _____                |
| D           | 3,185.        | M: Enter amount attributable to RRTA Tier 2 tax . . . . . _____                |
| W           | 453.          | P: Double click to link to Form 3903, line 4 . . . . . _____                   |
| DD          | 3,823.        | R: Enter MSA contribution for Taxpayer . . . . . _____                         |
|             |               | Spouse . . . . . _____   |
|             |               | W: Enter HSA contribution for Taxpayer . . . . . 453.                          |
|             |               | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| AZ           | 20-0443182                | 88,933.                        | 2,401.                  |
|              |                           |                                |                         |
|              |                           |                                |                         |

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>  |       |
| <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>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). |
|---|--------|---|
|   |        |   |
|   |        |   |
|   |        |   |

Keep for your records

RAVINDRANATH CHOWDAR JONNALAGADDA

673-70-4859 Page 2

Employer Name . . . . . NXP USA LLC

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

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

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

Part III Unreported Tip Income

H 1 [ ] Tips \$20 or more in a month which were not reported to employer . . . . . H1
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] 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. . . . . 673-70-4859
First name M.I. Last name Suff.
RAVINDRANATH CHOWDAR JONNALAGADDA
Address City St ZIP code
500 N METRO BLVD, Apt. 1134 CHANDLER AZ 85226
Foreign Province/County Foreign Postal Code
Foreign Country

|  |                                       |
|--|---------------------------------------|
| Name as shown on return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

**Employer EIN** . . . . . 88-0351237  
**Employer Name** . . . . DYNAMIC STAFFING INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 920 Reserve Drive  
**City** ROSEVILLE **State** CA **ZIP** 95678  
**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 . . . . . 5,120. | <b>2</b> Federal tax withheld . . . . . 747.     |
| <b>3</b> Social security wages . . . . . _____    | <b>4</b> Social sec tax withheld . . . . . _____ |
| <b>5</b> Medicare wages and tips . . . . . _____  | <b>6</b> Medicare tax withheld . . . . . _____   |
| <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:   |
|-------------|---------------|--|
| _____       | _____         | A: Enter amount attributable to RRTA Tier 2 tax . . . . . _____                |
| _____       | _____         | 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| CA           | 42560623                  | 5,120.                         | 227.                    |
| _____        | _____                     | _____                          | _____                   |
| _____        | _____                     | _____                          | _____                   |

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> _____  |
| <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>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). |
|---|--------|---|
| CASDI   | 46.    | California SDI tax  |
| _____   | _____  | _____   |
| _____   | _____  | _____   |

Keep for your records

|   |                    |
|---|--------------------|
| RAVINDRANATH CHOWDAR JONNALAGADDA                 | 673-70-4859 Page 2 |
| <b>Employer Name . . . .</b> DYNAMIC STAFFING INC |                    |

**Part I Statutory employees**

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

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

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

**Part III Unreported Tip Income**

|   |   |  |
|---|---|--|
| <b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .   | <b>H1</b><br><b>H2</b><br><b>H3</b><br><b>H4</b><br><b>H5</b> |  |
| <b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .                                      |   |  |
| <b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .  |   |  |
| <b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .                                      |   |  |
| <b>5</b> Tips paid out through a tip-sharing arrangement . . . . .  |   |  |
| <b>6</b> <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. . . . . 673-70-4859

First name M.I. Last name Suff.

RAVINDRANATH CHOWDAR JONNALAGADDA

Address City St ZIP code

500 N METRO BLVD, Apt. 1134 CHANDLER AZ 85226

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<br>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. . . . . ▶ \_\_\_\_\_

▶ Keep for your records

|  |                                    |
|--|------------------------------------|
| Name(s) Shown on Return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security No.<br>673-70-4859 |
|--|------------------------------------|

**Worksheet Description** . . . . . COPY 1

| <b>Box</b>  | <b>Description</b>   | <b>Payer 1</b>                      | <b>Payer 2</b>           | <b>Payer 3</b>           |
|-------------|--|-------------------------------------|--------------------------|--------------------------|
|             | Ownership (defaults to taxpayer):<br>Check if Taxpayer . . . . .                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|             | Check if Spouse . . . . .  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|             | Check if Joint . . . . .   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|             | Payer's Federal ID number . . . .  | 68-0204061                          |                          |                          |
|             | Enter the abbreviation of State<br>or Locality issuing this payment:                     |                                     |                          |                          |
| <b>10 a</b> | State abbreviation . . . . .   | <u>CA</u>                           | _____                    | _____                    |
|             | Locality abbreviation . . . . .  | _____                               | _____                    | _____                    |
|             | Payer's name . . . . .   | State of CA                         |                          |                          |
| <b>1 a</b>  | Unemployment compensation . .  | _____                               | _____                    | _____                    |
| <b>2</b>    | Amount repaid . . . . .  | _____                               | _____                    | _____                    |
| <b>3</b>    | State or local income tax refunds,<br>credits, or offsets . . . . .                      | <u>1,642.</u>                       | _____                    | _____                    |
| <b>4</b>    | Box 2 amount is for tax year . . .   | <u>2016</u>                         | _____                    | _____                    |
| <b>5</b>    | Federal income tax withheld . . .  | _____                               | _____                    | _____                    |
| <b>6</b>    | RTAA payments . . . . .  | _____                               | _____                    | _____                    |
| <b>7</b>    | Taxable grants . . . . .   | _____                               | _____                    | _____                    |
|             | Agriculture payments . . . . .   | _____                               | _____                    | _____                    |
|             | (Double-click) to:   |                                     |                          |                          |
| <b>a</b>    | Link to Schedule F Line 4a, 39a ▶  | _____                               | _____                    | _____                    |
| <b>b</b>    | Link to Schedule F Line 6a, 41 . ▶   | _____                               | _____                    | _____                    |
| <b>c</b>    | Link to Form 4835 Line 3a . . . ▶  | _____                               | _____                    | _____                    |
| <b>d</b>    | Link to Form 4835 Line 5a . . . ▶  | _____                               | _____                    | _____                    |
| <b>8</b>    | Check if the amount in box 2<br>applies to income from<br>a trade or business. . . . . ▶ | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
|             | (Double-click) to:   |                                     |                          |                          |
| <b>a</b>    | Link to Schedule C line 6 . . . . ▶  | _____                               | _____                    | _____                    |
| <b>b</b>    | Link to Schedule F line 8b, 43b ▶  | _____                               | _____                    | _____                    |
|             | Enter the taxable portion of the<br>amount in box 2 to be reported . .                   |                                     |                          |                          |
|             | on Schedule C or F . . . . .   | _____                               | _____                    | _____                    |
| <b>9</b>    | Market gain . . . . .  | _____                               | _____                    | _____                    |
| <b>a</b>    | Link to Schedule F Line 4a, 39a ▶  | _____                               | _____                    | _____                    |
| <b>b</b>    | Link to Form 4835 Line 3a . . . ▶  | _____                               | _____                    | _____                    |
| <b>10 b</b> | State identification no . . . . .  | _____                               | _____                    | _____                    |
| <b>11</b>   | State income tax withheld . . . .  | _____                               | _____                    | _____                    |
| <b>12 a</b> | Locality name. . . . .   | _____                               | _____                    | _____                    |
| <b>13</b>   | Local Income Tax Withheld . . . .  | _____                               | _____                    | _____                    |

# Tax Payments Worksheet

**2017**

▶ Keep for your records

|  |                                       |
|--|---------------------------------------|
| Name(s) Shown on Return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

**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<br>(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 . . . . .                                     | 19,162. | 2,628. |       |
| 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 . . . . . | 19,162. | 2,628. |       |
| 20 <b>Total Tax Payments for 2017</b> . . . . .            | 19,162. | 2,628. |       |

| Prior Year Taxes Paid In 2017<br>(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) . . . . .                   |       |    |       |    |



Name(s) Shown on Return

RAVINDRANATH CHOWDAR JONNALAGADDA

Social Security Number

673-70-4859

**State and Local Income Taxes**

|                            |  |           |
|----------------------------|--|-----------|
| <b>State income taxes:</b> |  |           |
| 1                          | State income tax withheld . . . . .  | 1 2,628.  |
| 2                          | 2017 state estimated taxes paid in 2017 . . . . .                                | 2         |
| 3                          | 2016 state estimated taxes paid in 2017 . . . . .                                | 3         |
| 4                          | Amount paid with 2016 state application for extension . . . . .                  | 4         |
| 5                          | Amount paid with 2016 state income tax return . . . . .                          | 5         |
| 6                          | Overpayment on 2016 state income tax return applied to 2017 tax . . . . .        | 6         |
| 7                          | Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . . | 7         |
| 8                          | State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .                   | 8         |
| <b>Local income taxes:</b> |  |           |
| 9                          | Local income tax withheld . . . . .  | 9         |
| 10                         | 2017 local estimated taxes paid in 2017 . . . . .                                | 10        |
| 11                         | 2016 local estimated taxes paid in 2017 . . . . .                                | 11        |
| 12                         | Amount paid with 2016 local application for extension . . . . .                  | 12        |
| 13                         | Amount paid with 2016 local income tax return . . . . .                          | 13        |
| 14                         | Overpayment on 2016 local income tax return applied to 2017 tax . . . . .        | 14        |
| 15                         | Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . . | 15        |
| 16                         | Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .                   | 16        |
| <b>Other:</b>              |  |           |
| 17                         | State mandatory taxes  | 17 46.    |
| 18                         | <b>Total</b> Add lines 1 through 17 . . . . .                                    | 18 2,674. |
| 19                         | State and local refund allocated to 2017 . . . . .                               | 19 0.     |
| 20                         | Nondeductible state income tax from line 28 . . . . .                            | 20        |
| 21                         | <b>Total reductions</b> Add lines 19 and 20 . . . . .                            | 21 0.     |
| 22                         | <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . . | 22 2,674. |

**Nondeductible State Income Tax (Hawaii Only)**

|    |  |      |
|----|--|------|
| 23 | Nontaxable federal employee cost of living allowance . . . . .               | 23   |
| 24 | Adjusted gross income . . . . .  | 24   |
| 25 | Add lines 23 and 24 . . . . .  | 25   |
| 26 | Nondeductible percent. Line 23 divided by line 25 . . . . .                  | 26 % |
| 27 | Hawaii state income tax included in line 18 . . . . .                        | 27   |
| 28 | Nondeductible Hawaii state income tax. Multiply line 26 by line 27 . . . . . | 28   |

# Earned Income Worksheet

**2017**

▶ Keep for your records

|  |                                       |
|--|---------------------------------------|
| Name(s) Shown on Return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

| Part I – Earned Income Credit Wks Computation  | 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

|  |          |       |          |
|--|----------|-------|----------|
| 5 Net self-employment earnings (line 4 above) . . . . .  | _____    | _____ | _____    |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . . | 94,053 . | _____ | 94,053 . |
| 7 <b>a</b> Taxable employer-provided adoption benefits . . . . .                                     | _____    | _____ | _____    |
| <b>b</b> Foreign earned income exclusion . . . . .   | _____    | _____ | _____    |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .                                    | 94,053 . | _____ | 94,053 . |
| 9 <b>a</b> Taxable dependent care benefits . . . . .   | _____    | _____ | _____    |
| <b>b</b> Nontaxable combat pay . . . . .   | _____    | _____ | _____    |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 . . . . .                                      | 94,053 . | _____ | 94,053 . |
| 11 Scholarship or fellowship income not on W-2 . . . . .   | _____    | _____ | _____    |
| 12 SE exempt earnings less nontaxable income . . . . .   | _____    | _____ | _____    |
| 13 Distributions from nonqualified/Sec. 457 plans . . . . .  | _____    | _____ | _____    |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .               | 94,053 . | _____ | 94,053 . |

## Part III – IRA Deduction Worksheet Computation

|   |          |       |          |
|---|----------|-------|----------|
| 15 Net self-employment income or (loss) . . . . .         | _____    | _____ | _____    |
| 16 Wages, salaries, tips, etc . . . . .                   | 94,053 . | _____ | 94,053 . |
| 17 Net self-employment loss . . . . .                     | _____    | _____ | _____    |
| 18 Alimony received . . . . .                             | _____    | _____ | _____    |
| 19 Nontaxable combat pay . . . . .                        | _____    | _____ | _____    |
| 20 Foreign earned income exclusion . . . . .              | _____    | _____ | _____    |
| 21 Keogh, SEP or SIMPLE deduction . . . . .               | _____    | _____ | _____    |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. . . . . | 94,053 . | _____ | 94,053 . |

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

|  |          |       |          |
|--|----------|-------|----------|
| 23 Self-employed, church and statutory employees . . . . .                               | _____    | _____ | _____    |
| 24 Wages, salaries, tips, etc . . . . .  | 94,053 . | _____ | 94,053 . |
| 25 Nontaxable combat pay . . . . .   | _____    | _____ | _____    |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . . | 94,053 . | _____ | 94,053 . |

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

|  |                                       |
|--|---------------------------------------|
| Name(s) Shown on Return<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|--|---------------------------------------|

**2016 State and Local Income Tax Information**

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

**2016 State Extension Information**

| (a)<br>State | (b)<br>Paid With Extension |
|--------------|----------------------------|
|              |                            |
|              |                            |
|              |                            |

**2016 Locality Extension Information**

| (a)<br>Locality | (b)<br>Paid With Extension |
|-----------------|----------------------------|
|                 |                            |
|                 |                            |
|                 |                            |

**2016 State Estimates Information**

| (a)<br>State | (c)<br>Estimates Paid After 12/31 |
|--------------|-----------------------------------|
|              |                                   |
|              |                                   |
|              |                                   |

**2016 Locality Estimates Information**

| (a)<br>Locality | (c)<br>Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
|                 |                                   |
|                 |                                   |
|                 |                                   |

**2016 State Taxes Due Information**

| (a)<br>State | (e)<br>Paid With Return |
|--------------|-------------------------|
|              |                         |
|              |                         |
|              |                         |

**2016 Locality Taxes Due Information**

| (a)<br>Locality | (e)<br>Paid With Return |
|-----------------|-------------------------|
|                 |                         |
|                 |                         |
|                 |                         |

**2016 State Refund Applied Information**

| (a)<br>State | (g)<br>Applied Amount |
|--------------|-----------------------|
|              |                       |
|              |                       |
|              |                       |

**2016 Locality Refund Applied Information**

| (a)<br>Locality | (g)<br>Applied Amount |
|-----------------|-----------------------|
|                 |                       |
|                 |                       |
|                 |                       |

**2016 State Tax Refund Information**

| (a)<br>State | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>Overpayment |
|--------------|-------------------------------|-----------------------------|
|              |                               |                             |
|              |                               |                             |
|              |                               |                             |

**2016 Locality Tax Refund Information**

| (a)<br>Locality | (d)<br>Total<br>Withheld/Pmts | (f)<br>Total<br>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 . . . . .                                    |                          | 22,720.                  |
| 4                                | Check box if required to itemize deductions . . . . .            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5                                | Adjusted gross income . . . . .                                  |                          | 95,695.                  |
| 6                                | Tax liability for Form 2210 or Form 2210-F . . . . .             |                          | 12,970.                  |
| 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  
**RAVINDRANATH CHOWDAR JONNALAGADDA**

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

**Gross Income**

|   |                |
|---|----------------|
| Wages and salaries . . . . .                  | 94,053.        |
| 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 . . . . .                        | 1,642.         |
| <b>Total Gross Income</b> . . . . .           | <b>95,695.</b> |

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 95,695.

**Itemized/Standard Deductions**

|  |                |
|--|----------------|
| Medical and dental . . . . .               | _____          |
| Taxes . . . . .                            | 2,674.         |
| Interest . . . . .                         | _____          |
| Contributions . . . . .                    | _____          |
| Casualty or theft loss(es) . . . . .       | _____          |
| Miscellaneous . . . . .                    | 20,046.        |
| Phaseout of itemized deductions . . . . .  | _____          |
| <b>Total Itemized Deductions</b> . . . . . | <b>22,720.</b> |
| Standard deduction . . . . .               | _____          |
| Exemption amount . . . . .                 | 4,050.         |

**Taxable Income** . . . . . 68,925.

|   |                |
|---|----------------|
| Income tax . . . . .                        | 12,970.        |
| Alternative minimum tax . . . . .           | _____          |
| <b>Total Taxes before Credits</b> . . . . . | <b>12,970.</b> |
| Nonbusiness credits . . . . .               | _____          |
| Business credits . . . . .                  | _____          |
| <b>Total Credits</b> . . . . .              | _____          |
| Self-employment tax . . . . .               | _____          |
| Other taxes . . . . .                       | _____          |

**Total Tax** . . . . . 12,970.

|   |                |
|---|----------------|
| Withholding . . . . .                                 | 19,162.        |
| Estimated tax payments . . . . .                      | _____          |
| Other payments . . . . .                              | _____          |
| <b>Total Payments</b> . . . . .                       | <b>19,162.</b> |
| Estimated tax penalty . . . . .                       | _____          |
| Refund applied to next year's estimated tax . . . . . | _____          |

**Amount Overpaid** . . . . . 6,192.

**Refund** . . . . . 6,192.

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

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

|                              |         |
|------------------------------|---------|
| Tax bracket . . . . .        | 25.0 %  |
| Effective tax rate . . . . . | 13.55 % |

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| <b>Tax Smart Worksheet</b> |   |
|----------------------------|---|
| <b>A</b>                   | Tax . . . . . <u>12,970.</u>  |
|                            | Check if from:  |
| <b>1</b>                   | Tax table . . . . . <input checked="" type="checkbox"/>   |
| <b>2</b>                   | Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>                         |
| <b>3</b>                   | Schedule D Tax Worksheet . . . . . <input type="checkbox"/>   |
| <b>4</b>                   | Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>                   |
| <b>5</b>                   | Schedule J . . . . . <input type="checkbox"/>   |
| <b>6</b>                   | Form 8615 . . . . . <input type="checkbox"/>  |
| <b>7</b>                   | Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>                                  |
| <b>B</b>                   | Additional tax from Form 8814 . . . . . _____   |
| <b>C</b>                   | Additional tax from Form 4972 . . . . . _____   |
| <b>D</b>                   | Tax from additional Form(s) 4972 . . . . . _____  |
| <b>E</b>                   | Recapture tax from Form 8863 . . . . . _____  |
| <b>F</b>                   | IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____                             |
| <b>G</b>                   | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____                     |
| <b>H</b>                   | <b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>12,970.</u> |

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 . . . . . 95,695.
- B Nontaxable income entered elsewhere on return . . . . .
- C Available income: 2016 refundable credits in excess of tax . . . . . 0.
- D **Enter** any additional nontaxable income . . . . .
- E Total available income for sales taxes . . . . . 95,695.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).  
If AZ, CO, LA, MS, NY or SC column (a):

**QuickZoom** to Misc Global Options to enter default locality . . . . . ►           

**or** Double-click in column (d) to select your locality for each state entered.

| (a)<br>ST | (b)<br>Lived in<br>State<br>From | (c)<br>Lived in<br>State<br>To | (d)<br><b>Enter</b><br>Total<br>Tax Rate | (e)<br>State<br>Tax<br>Rate (%) | (f)<br>Local<br>Tax<br>Rate (%) | (g)<br>State<br>Table<br>Amount | (h)<br>Local<br>Sales<br>Taxes | (i)<br>Prorated<br>or Total<br>Amount |
|-----------|----------------------------------|--------------------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| AZ        | 01/01/17                         | 12/31/17                       | 5.6000                                   | 5.6000                          | 0.0000                          | 781.                            | 0.                             | 781.                                  |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |
|           |                                  |                                |  |                                 |                                 |                                 |                                |                                       |

- Total general sales taxes from table . . . . . 781.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .
- I Total sales taxes from table plus additions to table amount . . . . . 781.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .
- K Total income taxes paid . . . . . 2,674.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| <b>Line 3 Smart Worksheet</b>   |                     |                               |   |                                 |        |  |
|---|---------------------|-------------------------------|---|---------------------------------|--------|--|
| <p><b>A</b> If you had the same coverage every month of the 2017, select the type of coverage here . . . . . <input type="checkbox"/> None <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family</p> <p><b>Or,</b><br/>if coverage varied during 2017, select your coverage for each month below.<br/>Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.</p> |                     |                               |   |                                 |        |  |
| <b>1</b>  | January . . . . .   | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>2</b>  | February . . . . .  | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>3</b>  | March . . . . .     | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>4</b>  | April . . . . .     | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>5</b>  | May . . . . .       | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>6</b>  | June . . . . .      | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>7</b>  | July . . . . .      | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>8</b>  | August . . . . .    | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>9</b>  | September . . . . . | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>10</b>   | October . . . . .   | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>11</b>   | November . . . . .  | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>12</b>   | December . . . . .  | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | 3,400. |  |
| <b>B</b> Maximum allowable contribution . . . . .   |                     |                               |   |                                 | 3,400. |  |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>   |                     |                               |   |                                 |        |  |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

| <b>Line 9 Employer Contribution Smart Worksheet</b>                                       |      |
|---|------|
| <b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W)         | 453. |
| <b>B</b> Enter employer contributions made in 2017 for the tax year 2016 . . . . .        |      |
| <b>C</b> Subtract line B from line A . . . . .  | 453. |
| <b>D</b> Enter employer contributions made in 2018 for the tax year 2017 . . . . .        |      |
| <b>E</b> Other employer contributions for 2017 not reported above . . . . .               |      |
| <b>F</b> Employer contributions for 2017. Add lines C, D and E. Enter on line 9 . . . . . | 453. |



SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

**A**

|          |  |    |
|----------|--|----|
| <b>1</b> | Total HSA contribution in 2016 . . . . . |    |
| <b>2</b> | Excess contribution in 2016 . . . . .    |    |
| <b>3</b> | Net HSA contribution in 2016 . . . . .   | 0. |

**B** Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

|           |                       | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
|-----------|-----------------------|--------------------------|------|--------------------------|-----------|--------------------------|--------|--|
| <b>1</b>  | January . . . . . ▶   | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>2</b>  | February . . . . . ▶  | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>3</b>  | March . . . . . ▶     | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>4</b>  | April . . . . . ▶     | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>5</b>  | May . . . . . ▶       | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>6</b>  | June . . . . . ▶      | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>7</b>  | July . . . . . ▶      | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>8</b>  | August . . . . . ▶    | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>9</b>  | September . . . . . ▶ | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>10</b> | October . . . . . ▶   | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>11</b> | November . . . . . ▶  | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |
| <b>12</b> | December . . . . . ▶  | <input type="checkbox"/> | None | <input type="checkbox"/> | Self-only | <input type="checkbox"/> | Family |  |

**C**

|          |   |  |
|----------|---|--|
| <b>1</b> | Total maximum allowable contribution for 2016 . . . . . |  |
| <b>2</b> | Amount allocated to spouse in 2016 . . . . .            |  |
| <b>3</b> | Net maximum allowable contribution for 2016 . . . . .   |  |



|  |                                  |                           |   |
|--|----------------------------------|---------------------------|---|
| Your First Name and Initial<br><b>RAVINDRANATH CHOWDAR</b> | Last Name<br><b>JONNALAGADDA</b> | <b>Enter your SSN(s).</b> | Your Social Security Number*<br>673   70   4859 |
| Your Spouse's First Name and Initial (if filed joint)      | Last Name                        |                           | Spouse's Social Security No.*                   |

**PART 1 – PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

*\*Do Not Truncate*

**PART 2 – TAX RETURN INFORMATION**

|                                   |        |    |
|-----------------------------------|--------|----|
| 1 Arizona Adjusted Gross Income   | 95,695 | 00 |
| 2 Balance Of Tax .....            | 2,394  | 00 |
| 3 Arizona Income Tax Withheld ... | 2,401  | 00 |

**Check box 4 or box 5:**

4  **REFUND:** Enter the amount of refund..... 7 00

5  **AMOUNT YOU OWE:** Enter the amount owed..... 00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT      ROUTING NUMBER

Checking     Savings      1 0 7 0 0 2 1 9 2

ACCOUNT NUMBER

2 4 4 5 4 7 6 4 4 9

DIRECT DEBIT REQUEST DATE      DIRECT DEBIT PAYMENT AMOUNT

MMDDYYYY      \$ .....00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the 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 of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a  I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c  I authorize the Arizona Department of Revenue (DOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize GLOBAL TAXES LLC  
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

|                                |                            |       |
|--------------------------------|----------------------------|-------|
| <b>PLEASE SIGN HERE</b>        | → _____                    | _____ |
|                                | YOUR PEN AND INK SIGNATURE | DATE  |
| → _____                        | _____                      |       |
| SPOUSE'S PEN AND INK SIGNATURE | DATE                       |       |

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], Y.Y. 66F

Your First Name and Middle Initial: RAVINDRANATH CHOWDAR; Last Name: JONNALAGADDA; Your Social Security Number: 673-70-4859; Spouse's First Name and Middle Initial: [ ]; Last Name: [ ]; Spouse's Social Security No. [ ]

Current Home Address - number and street, rural route: 500 N METRO BLVD; Apt. No.: 1134; Daytime Phone (with area code): 94; City, Town or Post Office: CHANDLER; State: AZ; ZIP Code: 85226; Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked); EXEMPTIONS: 8 Age 65 or over; 9 Blind; 10 Dependents; 11 Qualifying parents and grandparents; REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88; 81 PM; 80 RCVD

Table for Dependents (Box 10) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent, (f) if you did not claim this person.

Table for Qualifying parents and grandparents (Box 11) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017.

Table for Additions (lines 12-17) including Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, and Subtotal.

Table for Subtractions (lines 18-25) including Total net capital gain or (loss), Total net short-term capital gain or (loss), Total net long-term capital gain or (loss), Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 21 by 25%, Net capital gain derived from investment in qualified small business, Recalculated Arizona depreciation, and Partnership Income adjustment.

Table for Subtractions (lines 26-36) including Reserved, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, Arizona state lottery winnings on federal return, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions to 529 College Savings Plans, Other Subtractions, and Subtract lines 22 through 35 from line 17.

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **RAVINDRANATH CHOWDAR JONNALAGADDA** Your Social Security Number **673-70-4859**

|                                       |   |  |    |        |    |
|---------------------------------------|---|--|----|--------|----|
| Exemptions                            | 37  | Enter the amount from page 1, line 36  | 37 | 95,695 | 00 |
|                                       | 38  | Age 65 or over: Multiply the number in box 8 by \$2,100  | 38 |        | 00 |
|                                       | 39  | Blind: Multiply the number in box 9 by \$1,500   | 39 |        | 00 |
|                                       | 40  | Dependents: Multiply the number in box 10 by \$2,300   | 40 |        | 00 |
|                                       | 41  | Qualifying parents and grandparents: Multiply box 11 by \$10,000   | 41 |        | 00 |
|                                       | 42  | <b>Arizona adjusted gross income:</b> Subtract lines 38 through 41 from line 37 and enter the difference   | 42 | 95,695 | 00 |
| Balance of Tax                        | 43  | <b>Deductions: Check box and enter amount.</b> See instructions 43I <input checked="" type="checkbox"/> <b>ITEMIZED</b> 43S <input type="checkbox"/> <b>STANDARD</b>                       | 43 | 22,720 | 00 |
|                                       | 44  | Personal exemptions: See instructions  | 44 | 2,150  | 00 |
|                                       | 45  | Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"  | 45 | 70,825 | 00 |
|                                       | 46  | Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables  | 46 | 2,394  | 00 |
|                                       | 47  | Tax from recapture of credits from Arizona Form 301, Part 2, line 40   | 47 |        | 00 |
|                                       | 48  | Subtotal of tax: Add lines 46 and 47 and enter the total   | 48 | 2,394  | 00 |
|                                       | 49  | Family income tax credit (from the worksheet - see instructions)   | 49 |        | 00 |
|                                       | 50  | Credits from Arizona Form 301, Part 2, line 76   | 50 |        | 00 |
|                                       | 51  | <b>Balance of tax:</b> Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48, enter "0"   | 51 | 2,394  | 00 |
| Total Payments and Refundable Credits | 52  | 2017 AZ income tax withheld  | 52 | 2,401  | 00 |
|                                       | 53  | 2017 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b.. 53c  | 53 |        | 00 |
|                                       | 54  | 2017 AZ extension payment (Form 204)   | 54 |        | 00 |
|                                       | 55  | Increased Excise Tax Credit (from the worksheet - see instructions)  | 55 |        | 00 |
|                                       | 56  | Property Tax Credit from Form 140PTC   | 56 |        | 00 |
|                                       | 57  | Other refundable credits: Check the box(es) and enter the total amount.. 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349              | 57 |        | 00 |
|                                       | 58  | <b>Total payments and refundable credits:</b> Add lines 52 through 57 and enter the total  | 58 | 2,401  | 00 |
| Tax Due or Overpayment                | 59  | <b>TAX DUE:</b> If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62   | 59 |        | 00 |
|                                       | 60  | <b>OVERPAYMENT:</b> If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment   | 60 | 7      | 00 |
|                                       | 61  | Amount of line 60 to be applied to 2018 estimated tax  | 61 | 0      | 00 |
|                                       | 62  | Balance of overpayment: Subtract line 61 from line 60 and enter the difference   | 62 | 7      | 00 |
| Voluntary Gifts                       | 63 - 73 <b>Voluntary Gifts to:</b>  |  |    |        |    |
|                                       |   | Solutions Teams Assigned to Schools  | 63 |        | 00 |
|                                       |   | Arizona Wildlife   | 64 |        | 00 |
|                                       | 65  | Child Abuse Prevention   | 65 |        | 00 |
|                                       |   | Domestic Violence Shelter  | 66 |        | 00 |
|                                       |   | Political Gift   | 67 |        | 00 |
|                                       | 68  | Neighbors Helping Neighbors  | 68 |        | 00 |
|                                       | Special Olympics  | 69   |    | 00     |    |
|                                       | Veterans' Donations Fund  | 70   |    | 00     |    |
| 71                                    | I Didn't Pay Enough Fund  | 71   |    | 00     |    |
|                                       | Sustainable State Parks and Road Fund   | 72   |    | 00     |    |
|                                       | Spay/Neuter of Animals  | 73   |    | 00     |    |
| 74                                    | Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Democratic 742 <input type="checkbox"/> Green Party 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican | 74   |    |        |    |
| Penalty                               | 75  | Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty  | 75 |        | 00 |
|                                       | 76  | 761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty | 76 |        |    |
|                                       | 77  | Add lines 63 through 73 and 75; enter the total  | 77 |        | 00 |
| Refund or Amount Owed                 | 78  | <b>REFUND:</b> Subtract line 77 from line 62. If less than zero, enter amount owed on line 79  | 78 | 7      | 00 |
|                                       |   | <b>Direct Deposit of Refund:</b> Check box 78A if your deposit will be ultimately placed in a foreign account; see instructions. 78A <input type="checkbox"/>                              |    |        |    |
|                                       |   | <input checked="" type="checkbox"/> C <input type="checkbox"/> S Checking or Savings<br>ROUTING NUMBER: 1070002192 ACCOUNT NUMBER: 2445476449  |    |        |    |
| 79                                    | <b>AMOUNT OWED:</b> Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return   | 79   |    | 00     |    |

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**PLEASE SIGN HERE**

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ OCCUPATION **ENGINEER**

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

APPANA RUPA VENKATA SATYA SAI MANI KUMAR 05/31/2018 GLOBAL TAXES LLC  
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196  
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9729  
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

**Include with your return.**

|   |  |
|---|--|
| Your Name as shown on Form 140<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Your Social Security Number<br>673-70-4859 |
| Spouse's Name as shown on Form 140 (if filing joint)                | Spouse's Social Security Number            |

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

**Adjustment to Medical and Dental Expenses**

|   |   |   |  |    |
|---|---|---|--|----|
| 1 | Medical and dental expenses .....   | 1 |  | 00 |
| 2 | Amount of distributions used to pay qualified medical expenses from your Arizona Long-Term Health Care Savings Account (AZLTHSA) included on line 1 . | 2 |  | 00 |
| 3 | Medical expenses allowed to be taken as a federal itemized deduction .....  | 3 |  | 00 |
| 4 | Add line 2 and line 3 .....   | 4 |  | 00 |
| 5 | If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 .....  | 5 |  | 00 |
| 6 | If line 4 is more than line 1, subtract line 1 from line 4 .....  | 6 |  | 00 |

**Adjustment to Interest Deduction**

|   |   |   |  |    |
|---|---|---|--|----|
| 7 | If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2017 that is equal to the amount of your 2017 federal credit..... | 7 |  | 00 |
|---|---|---|--|----|

**Adjustment to Gambling Losses**

|    |   |    |  |    |
|----|---|----|--|----|
| 8  | Wagering losses allowed as a federal itemized deduction .....                           | 8  |  | 00 |
| 9  | Total gambling winnings included in your federal adjusted gross income .....            | 9  |  | 00 |
| 10 | Arizona lottery subtraction from Form 140, page 1, line 29.....                         | 10 |  | 00 |
| 11 | Maximum allowable gambling loss deduction: Subtract line 10 from line 9.....            | 11 |  | 00 |
| 12 | If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "0" ..... | 12 |  | 00 |

**Adjustment to Charitable Contributions**

|    |  |    |  |    |
|----|--|----|--|----|
| 13 | Amount of charitable contributions for which you are claiming a credit under Arizona law ..... | 13 |  | 00 |
|----|--|----|--|----|

**Other Adjustments**

|    |  |    |  |    |
|----|--|----|--|----|
| 14 | Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax ..... | 14 |  | 00 |
|----|--|----|--|----|

**Adjusted Itemized Deductions**

|    |   |    |        |    |
|----|---|----|--------|----|
| 15 | Add the amounts on lines 5 and 7 .....  | 15 |        | 00 |
| 16 | Add the amounts on lines 6, 12, 13 and 14.....  | 16 |        | 00 |
| 17 | Total federal itemized deductions allowed to be taken on federal return.....  | 17 | 22,720 | 00 |
| 18 | Enter the amount from line 15 above .....   | 18 |        | 00 |
| 19 | Add lines 17 and 18.....  | 19 | 22,720 | 00 |
| 20 | Enter the amount from line 16 above .....   | 20 |        | 00 |
| 21 | Arizona itemized deductions: Subtract line 20 from line 19. Enter the result here and on Form 140, page 2, line 43..... | 21 | 22,720 | 00 |



**You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.**

Arizona Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . RAVINDRANATH CHOWDAR
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . JONNALAGADDA
Social Security No . . . . . 673-70-4859
Date of Birth . . . . . 11/27/1991
Date of Death . . . . .
Daytime Phone . . . . .
Extension . . . . .

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime Phone . . . . .
Extension . . . . .

Home Phone . . . . .
Print this daytime phone on forms . . . . . Taxpayer daytime Spouse daytime Home
Street Address . 500 N METRO BLVD Apt No. . 1134
City . . . . . CHANDLER State . . . . . AZ ZIP Code . . . . . 85226

Last name(s) in prior years if different from name(s) used in current year . . . . .

Part II - Main Form

- X Form 140: Resident Tax Return (Long form)
Form 140A: Resident Tax Return (Short form)
Form 140NR: Nonresident Tax Return
Enter Nonresident income allocations on Form 140NR
Form 140PY: Part-Year Resident Tax Return
Dates of Residency: From: To:
Other states of residency:
Enter Part-Year Resident income allocations on Form 140PY
Form 140PTC: Full-Year Resident Property Tax Refund (Credit Claim) Only.

Military personnel and composite return filers:

- You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
You are filing a composite return on Form 140NR

Part III - Filing Status

- Married filing joint return
Injured spouse protection of joint overpayment (Form 203)
Head of household
Child's First name MI Last Name Suff
Head of household and married in 2017
Married filing separate return
Spouse itemized deductions
Married filing separate with one spouse claiming at least one dependent
X Single

Part IV - Other Information

- Checkboxes for Arizona gross income, dependent status, farmer/fisherman, itemized deductions, standard deduction, and first-time filer.

Increased Excise Tax Credit

- Checkbox for 60 days or more in prison during tax year 2017.

Voluntary Gifts

- Numbered list of voluntary gift funds (Solutions Teams, Arizona Wildlife, Child Abuse, etc.) with checkboxes and lines for amounts.

Part V - Electronic Filing Information

- Checked checkbox for state return filed electronically.

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename. (Empty rows)

- Yes/No checkboxes for Federal PIN(s) usage.

Date return was EFiled, Date return was accepted by the state, Enter the date Form AZ-140V was given to client.

Part VI - Direct Deposit Information or Electronic Funds Withdrawal Information

- Yes/No checkboxes for direct deposit of state tax refund and electronic funds withdrawal.

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

Name of Financial Institution (optional) WELLS FARGO, Account type Checking, Routing number 107002192, Account number 2445476449, Enter the payment date to withdraw from the account above, State balance-due amount from this return, Enter an amount to withdraw from the account above, If partial payment is made, the remaining balance due.

International ACH Transactions

- Yes/No checkboxes for international ACH transactions.



**Part VII - Paid Preparer Information**

Enter preparer Code from Firm/Preparer Info (See Help) . . . . . ▶ 1

**Part VIII – Extension Status**

**Yes**   **No**

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

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

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶ \_\_\_\_\_

► Keep for your records

Name(s) Shown on Return

RAVINDRANATH CHOWDAR JONNALAGADDA

Your Social Security Number

673-70-4859

**Part I 2018 Estimated Tax Amount Options** to be paid before January 15, 2019

**1 Select One of Five Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% of **2017** taxes (default, see Tax Help) . . . . .  2,394.
- b 100% of tax on **2018** estimated taxable income . . . . .  2,394.
- c 90% of tax on **2018** estimated taxable income . . . . .  2,155.
- d Equal to 100% of overpayment (no vouchers) . . . . .  7.
- e Enter total amount you want to use for estimates and check box . . . . .  \_\_\_\_\_

**Voluntary Payments:**

**Method 1:** If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid. To choose this option, enter the percentage to be used and the total amount of federal estimate tax on lines a and b below. Then check the box on line 1e.

- a Enter percentage to calculate the estimated vouchers . . . . . \_\_\_\_\_ %
- b Enter total federal estimates due . . . . . \_\_\_\_\_

**Method 2:** Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e. Then, on Part IV, line 2, check the box indicating the number of installments to be used.

**Method 3:** Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e. Then check the box on Part IV, line 2, column 4 indicating the January payment is due next.

**2 Selected estimated tax amount:**

- a 2018 Required Annual Payment based on your choice above . . . . . 2,394.
- b Estimated amount of 2018 state income tax withholding . . . . . 2,401.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if Arizona gross income in 2017 and expected 2018 gross income exceeds \$75,000 (\$150,000 if MFJ) (default) . . . . .
- b Calculate estimates if \_\_\_\_\_ (specify amount) or more . . . . .
- c Calculate estimates regardless of amount . . . . .
- d Do **not** calculate estimates . . . . .

**Part II Overpayment Application Options**

**1** Amount of overpayment available (Arizona Form 140, 140NR, or 140PY) . . . . . 7.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . .
- b Apply all (increase estimate if required) . . . . .
- c Apply to extent of total estimated tax and refund excess . . . . . 0.
- d Apply to extent of first quarter amount and refund excess . . . . . 0.
- e Enter amount you want to apply . . . . .
- f Amount applied to 2018 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 7.

**3 Select Overpayment Application Sequence:**

- a  ◀ Consecutively    b  ◀ Evenly

**Part III Rounding and Printing Options**

**1 Select Rounding Option:**

- a  ◀ Round up to next \$1    b  ◀ Round up to next \$10    c  ◀ Round up to next \$100    d  ◀ Round to nearest \$1

**2 Select Voucher Printing Option:**

- a  ◀ Print (per Part I, lines 3a - c)    b  ◀ Print only name, etc.    c  ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

|   | <b>1</b><br>Apr 17, 2018            | <b>2</b><br>Jun 15, 2018 | <b>3</b><br>Sep 17, 2018 | <b>4</b><br>Jan 15, 2019 | <b>Total</b> |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| <b>1</b> If you have already made payments, enter amounts . . . . .                               |                                     |                          |                          |                          |              |
| <b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, check col. 2) . . . . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| <b>3</b> Required Payment . . . . .   | 0.                                  | 0.                       | 0.                       | 0.                       | 0.           |
| <b>4</b> Overpayment applied . . . . .  | 0.                                  | 0.                       | 0.                       | 0.                       | 0.           |
| <b>5</b> Net payment due . . . . .  | 0.                                  | 0.                       | 0.                       | 0.                       | 0.           |
| <b>6</b> Voucher amounts . . . . .  | 0.                                  | 0.                       | 0.                       | 0.                       | 0.           |

**Part V Changes to Income, Deductions and Withholding for 2018**

2017 income and deductions are shown in the '2017 Actual' column below.

**\*Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

|  | <b>2017 Actual</b> | <b>*2018 Estimated</b> |
|--|--------------------|------------------------|
| <b>1</b> Use the estimated tax worksheet attached to IRS Form 1040ES and <i>enter here the amount shown as income on your federal worksheet</i> . . . . .  | 95,695.            |                        |
| <b>Additions</b>   |                    |                        |
| <b>2</b> Non-Arizona municipal interest . . . . .  |                    |                        |
| <b>3</b> Partnership Income . . . . .  |                    |                        |
| <b>4</b> Total federal depreciation . . . . .  |                    |                        |
| <b>5</b> Other additions to income . . . . .   |                    |                        |
| <b>Subtractions</b>  |                    |                        |
| <b>6</b> Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax. . . . .                                      |                    |                        |
| <b>7</b> Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc) . . . . .  |                    |                        |
| <b>8</b> Arizona state lottery winnings (up to \$5,000) included as income on federal return. . . . .  |                    |                        |
| <b>9</b> U.S. Social Security benefits or railroad retirement act benefits included as income on federal return. . . . .   |                    |                        |
| <b>10</b> Other exempt income . . . . .  |                    |                        |
| <b>Deductions</b>  |                    |                        |
| <b>11</b> If you plan to itemize deductions, <i>enter the estimated total of your deductions</i> . If you do not plan to itemize deductions, <i>see the instructions for the allowable 2017 standard deduction</i> . . . . . | 22,720.            |                        |
| <b>12</b> Arizona tax withholding . . . . .  | 2,401.             |                        |
| <b>Credits</b>   |                    |                        |
| <b>13</b> Credits . . . . .  |                    |                        |

**Part VI Filing Status and Personal Exemptions for 2018**

- 1 Choose 2018 filing status:
  - Married filing jointly
  - Head of household  
Check the box if head of household and married in 2018 . . . . .
  - Married filing separately  
Check box if married filing separate with one spouse claiming at least one dependent . . . . .
  - Single
- 2 a Number of exemptions for age 65 and over to be claimed in 2018 (taxpayer or spouse only) . . . . . 0
- b Number of blind exemptions to be claimed in 2018 . . . . . 0
- c Number of dependents to be claimed in 2018 (do not include taxpayer or spouse) . . . . . \_\_\_\_\_
- d Number of Arizona ONLY dependents to be claimed in 2018, included on line 2c above . . . . . \_\_\_\_\_
- e Number of qualifying parents and ancestors of parents to be claimed in 2018 . . . . . \_\_\_\_\_
- 3 **Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR or Form 140PY . . . . . \_\_\_\_\_ %

**Part VII 2018 Estimated Taxable Income and Tax**

|   |  |                |
|---|--|----------------|
| 1 | Amount shown as income on your federal estimated tax worksheet . . . . .   | 95,695.        |
| 2 | Adjustments to income:   |                |
| a | Total additions . . . . .  |                |
| b | Total subtractions . . . . .   |                |
| c | Net adjustments . . . . .  |                |
| 3 | Deductions . . . . .   | <u>22,720.</u> |
| 4 | Personal and dependent exemptions . . . . .  | <u>2,150.</u>  |
| 5 | Total deductions and exemptions . . . . .  | <u>24,870.</u> |
| 6 | Estimated Arizona taxable income (line 1 plus line 2c minus line 5) . . . . .  | <u>70,825.</u> |
| 7 | Tax on amount from line 6 . . . . .  | <u>2,394.</u>  |
| 8 | Credits . . . . .  |                |
| 9 | Subtract line 8 from line 7. Enter the difference (no less than 0). <b>This is your 2018 tax based on your estimate of 2018 income</b> . . . . . | <u>2,394.</u>  |

# Tax Payments Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|---|---------------------------------------|

## Tax Payments for the Current Year

|                            |  | State |         |
|----------------------------|--|-------|---------|
|                            |  | Date  | Payment |
| 1                          | First Payment . . . . .  |       |         |
| 2                          | Second Payment . . . . .   |       |         |
| 3                          | Third Payment . . . . .  |       |         |
| 4                          | Fourth Payment . . . . .   |       |         |
| <b>Additional Payments</b> |  |       |         |
| 5                          | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
| 6                          | Overpayment from previous year applied to current year . . . . . | 6     |         |
| 7                          | Amount paid with current year extension . . . . .                | 7     |         |
| 8                          | <b>Total tax payments</b> . . . . .                              | 8     |         |

## Income Taxes Withheld for the Current Year

|      |  |      |        |
|------|--|------|--------|
| 9    | State withholding on Forms W-2 . . . . .             | 9    | 2,401. |
| 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 |        |
| b    | State withholding on Forms 1099-G . . . . .          | b    |        |
| c    | State withholding on Forms 1099-K . . . . .          | c    |        |
| 13   | Other state tax withholding . . . . .                | 13   |        |
| 14   | <b>Total income tax withheld</b> . . . . .           | 14   | 2,401. |
| 15   | Date return will be filed and balance paid . . . . . | 15   |        |

# Smart Worksheets from your 2017 Arizona Tax Return

SMART WORKSHEET FOR: Form 8879

| Additional Information Smart Worksheet |   |
|--|---|
| <b>A</b>                               | Date this return was E-Filed . . . . . ▶ _____  |
| <b>B</b>                               | Date return was accepted by the state . . . . . ▶ _____   |
| <b>C</b>                               | Using the Federal PIN(s) (See help) . . . . . ▶ <input checked="" type="checkbox"/>   |
| <b>D</b>                               | Document to attach to the BACK of E-File Signature Authorization Form:<br><u>Form W-2 (Copy 2)</u><br>_____<br>_____<br>_____         |
| <b>E</b>                               | <b>Retain E-File Signature Authorization Form and all attachments for a period of four years<br/>DO NOT MAIL TO STATE AUTHORITIES</b> |

TAXABLE YEAR

FORM

2017

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Spouse's/RDP's name/SSN/ITIN. Values include RAVINDRANATH CHOWDAR JONNALAGADDA and 673-70-4859.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Rows include California Adjusted Gross Income (5,120), Amount You Owe, and Refund or No Amount Due (227).

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

Under penalties of perjury, I declare that I have examined a copy of my 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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 04859 as my signature on my 2017 e-filed California individual income tax return. I will enter my PIN as my signature on my 2017 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN as my signature on my 2017 e-filed California individual income tax return. I will enter my PIN as my signature on my 2017 e-filed California individual income tax return.

Spouse's/RDP'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. 587278 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2017 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 05/31/2018

APE

673-70-4859 JONN RAVINDRANAT JONNALAGADDA

17

A R RP

500 N METRO BLVD CHANDLER AZ 85226 APT 1134

11-27-1991

- 1 [X] Single 4 [ ] Head of household (with qualifying person). See instructions. 2 [ ] Married/RDP filing jointly. See inst. 5 [ ] Qualifying widow(er) with dependent child. Enter year spouse/RDP died 3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . . 6 [ ]

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. . . . . 7 [1] X \$114 = \$ 114

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . 8 [ ] X \$114 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . 9 [ ] X \$114 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions . . . . . 10 [ ] X \$353 = \$

11 Exemption amount: Add line 7 through line 10 . . . . . 11 \$ 114

12 Total California wages from your Form(s) W-2, box 16 . . . . . 12 5120 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 . . . . . 13 95695 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B . . . . . 14 1642 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 94053 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. . . . . 16 453 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. . . . . 17 94506 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions . . . . . 18 20046 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- . . . . . 19 74460 00

Total Taxable Income



|  |  |
|--|--|
| CA Taxable Income  | <b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 . . . . . ● <b>31</b> <u>4285</u>   <u>00</u> |
|  | <b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 45. . . . . ● <b>32</b> <u>5120</u>   <u>00</u>   |
|  | <b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 49 . . . . . ● <b>35</b> <u>4034</u>   <u>00</u>   |
|  | <b>36</b> CA Tax Rate. Divide line 31 by line 19 . . . . . ● <b>36</b> <u>0</u> <u>0</u> <u>5</u> <u>7</u> <u>5</u>  |
|  | <b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. . . . . ● <b>37</b> <u>232</u>   <u>00</u>   |
|  | <b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ● <b>38</b> <u>0</u> <u>0</u> <u>5</u> <u>4</u> <u>2</u>  |
|  | <b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions. . . . . ● <b>39</b> <u>6</u>   <u>00</u>  |
|  | <b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- . . . . . ● <b>40</b> <u>226</u>   <u>00</u>  |
|  | <b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A . . . . . ● <b>41</b> <u>00</u>   |
|  | <b>42</b> Add line 40 and line 41. . . . . ● <b>42</b> <u>226</u>   <u>00</u>  |
| Special Credits  | <b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 . . . . . ● <b>50</b> <u>00</u>   |
|  | <b>51</b> Credit for joint custody head of household. See instructions. . . . . ● <b>51</b> <u>00</u>  |
|  | <b>52</b> Credit for dependent parent. See instructions. . . . . ● <b>52</b> <u>00</u>   |
|  | <b>53</b> Credit for senior head of household. See instructions. . . . . ● <b>53</b> <u>00</u>   |
|  | <b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. . . . . ● <b>54</b> <u>00</u> <u>00</u> <u>00</u> <u>00</u>   |
|  | <b>55</b> Credit amount. See instructions. . . . . ● <b>55</b> <u>00</u>   |
|  | <b>58</b> Enter credit name <u>OTHER STATE</u> code ● <u>187</u> and amount. . . . . ● <b>58</b> <u>226</u>   <u>00</u>  |
|  | <b>59</b> Enter credit name _____ code ● _____ and amount. . . . . ● <b>59</b> <u>00</u>   |
|  | <b>60</b> To claim more than two credits. See instructions. . . . . ● <b>60</b> <u>00</u>  |
|  | <b>61</b> Nonrefundable renter's credit. See instructions. . . . . ● <b>61</b> <u>00</u>   |
| <b>62</b> Add line 50 and line 55 through 61. These are your total credits. . . . . ● <b>62</b> <u>226</u>   <u>00</u> |  |
| <b>63</b> Subtract line 62 from line 42. If less than zero, enter -0- . . . . . ● <b>63</b> <u>0</u>   <u>00</u>       |  |
| Other Taxes  | <b>71</b> Alternative minimum tax. Attach Schedule P (540NR). . . . . ● <b>71</b> <u>00</u>  |
|  | <b>72</b> Mental Health Services Tax. See instructions. . . . . ● <b>72</b> <u>00</u>  |
|  | <b>73</b> Other taxes and credit recapture. See instructions. . . . . ● <b>73</b> <u>00</u>  |
|  | <b>74</b> Add line 63, line 71, line 72, and line 73. This is your total tax. . . . . ● <b>74</b> <u>0</u>   <u>00</u>   |
| Payments   | <b>81</b> California income tax withheld. See instructions. . . . . ● <b>81</b> <u>227</u>   <u>00</u>   |
|  | <b>82</b> 2017 CA estimated tax and other payments. See instructions. . . . . ● <b>82</b> <u>00</u>  |
|  | <b>83</b> Withholding (Form 592-B and/or 593). See instructions. . . . . ● <b>83</b> <u>00</u>   |
|  | <b>84</b> Excess SDI (or VPD) withheld. See instructions. . . . . ● <b>84</b> <u>00</u>  |
|  | <b>85</b> Earned Income Tax Credit (EITC) . . . . . ● <b>85</b> <u>00</u>  |
|  | <b>86</b> Add lines 81 through 85. These are your total payments. See instructions. . . . . ● <b>86</b> <u>227</u>   <u>00</u>   |
| Overpaid Tax/Tax Due   | <b>101</b> Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 . . . . . ● <b>101</b> <u>227</u>   <u>00</u>  |
|  | <b>102</b> Amount of line 101 you want applied to your <b>2018</b> estimated tax. . . . . ● <b>102</b> <u>0</u>   <u>00</u>  |
|  | <b>103</b> Overpaid tax available this year. Subtract line 102 from line 101. . . . . ● <b>103</b> <u>227</u>   <u>00</u>  |
|  | <b>104</b> Tax due. If line 86 is less than line 74, subtract line 86 from line 74. . . . . ● <b>104</b> <u>00</u>   |



Contributions

|   | Code         | Amount |
|---|--------------|--------|
| California Seniors Special Fund. See instructions . . . . .                           | ● 400        | 00     |
| Alzheimer's Disease/Related Disorders Fund . . . . .                                  | ● 401        | 00     |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . | ● 403        | 00     |
| California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .           | ● 405        | 00     |
| California Firefighters' Memorial Fund . . . . .                                      | ● 406        | 00     |
| Emergency Food for Families Voluntary Tax Contribution Fund . . . . .                 | ● 407        | 00     |
| California Peace Officer Memorial Foundation Fund . . . . .                           | ● 408        | 00     |
| California Sea Otter Fund . . . . .   | ● 410        | 00     |
| California Cancer Research Voluntary Tax Contribution Fund . . . . .                  | ● 413        | 00     |
| School Supplies for Homeless Children Fund . . . . .                                  | ● 422        | 00     |
| State Parks Protection Fund/Parks Pass Purchase . . . . .                             | ● 423        | 00     |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .                | ● 424        | 00     |
| Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .                        | ● 425        | 00     |
| State Children's Trust Fund for the Prevention of Child Abuse . . . . .               | ● 430        | 00     |
| Prevention of Animal Homelessness and Cruelty Fund . . . . .                          | ● 431        | 00     |
| Revive the Salton Sea Fund . . . . .  | ● 432        | 00     |
| California Domestic Violence Victims Fund . . . . .                                   | ● 433        | 00     |
| Special Olympics Fund . . . . .   | ● 434        | 00     |
| Type 1 Diabetes Research Fund . . . . .   | ● 435        | 00     |
| California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .        | ● 436        | 00     |
| Habitat for Humanity Voluntary Tax Contribution Fund . . . . .                        | ● 437        | 00     |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .          | ● 438        | 00     |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .   | ● 439        | 00     |
| Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .                            | ● 440        | 00     |
| <b>120</b> Add code 400 through code 440. This is your total contribution . . . . .   | <b>● 120</b> | 00     |

Your name: JONNALAGADDA Your SSN or ITIN: 673-70-4859

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **121** ..... **00**  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**122** Interest, late return penalties, and late payment penalties. .... **122** ..... **00**  
**123** Underpayment of estimated tax. Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . ● **123** ..... **00**  
**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **124** ..... **00**

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** ..... **2 2 7 .00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings  
1 0 7 0 0 2 1 9 2      2 4 4 5 4 7 6 4 4 9      ..... **2 2 7 .00**  
● Routing number      ● Type      ● Account number      ● **126** Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
 Checking  
 Savings  
.....  
● Routing number      ● Type      ● Account number      ● **127** Direct deposit amount

**IMPORTANT:** Attach a copy of your complete federal return.  
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.  
Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_  
X \_\_\_\_\_ X \_\_\_\_\_

Your email address. Enter only one email address.       Preferred phone number

# Sign Here

It is unlawful to forge a spouse's/RDP's signature.  
Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)  
APPANA RUPA VENKATA SATYA SAI MANI KUMAR  
Firm's name (or yours, if self-employed) ● PTIN  
GLOBAL TAXES LLC P 0 2 0 9 0 3 3 2  
Firm's address ● FEIN  
2530 PEBBLE CREEK LN CUMMING GA 30041 3 0 1 0 1 7 1 9 6  
Do you want to allow another person to discuss this tax return with us? See instructions. . . . ●  Yes  No  
Print Third Party Designee's Name Telephone Number  
( )

2017 California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: RAVINDRANATH, CHOWDAR, JONNALAGADDA SSN or ITIN: 673704859

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.

During 2017:

- 1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [ ] Part-Year Resident [ ] Resident
b Spouse: [ ] Nonresident [ ] Part-Year Resident [ ] Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information like domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Section A — Income

Main table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows 7-22 detailing various income and deduction items.

| Income Adjustment Schedule        |  | A  | B  | C   | D   | E  |
|-----------------------------------|--|--|--|---|---|--|
| Section B — Adjustments to Income |  | Federal Amounts<br>(taxable amounts from<br>your federal tax return) | Subtractions<br>(See instructions<br>(difference between<br>CA & federal law)) | Additions<br>(See instructions<br>(difference between<br>CA & federal law)) | Total Amounts<br>Using CA Law<br>As If You Were a<br>CA Resident<br>(subtract col. B from<br>col. A; add col. C<br>to the result) | CA Amounts<br>(income earned or<br>received as a CA<br>resident and income<br>earned or received<br>from CA sources<br>as a nonresident) |
| 22                                | <b>b</b> Enter totals from Side 1, line 22a, col. A through col. E. . . . . <b>22b</b>   | <input checked="" type="radio"/> 95,695.                             | <input checked="" type="radio"/> 1,642.  | <input checked="" type="radio"/> 453.                                       | <input checked="" type="radio"/> 94,506.  | <input checked="" type="radio"/> 5,120.  |
| 23                                | Educator expenses. . . . . <b>23</b>   | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   |   |   |  |
| 24                                | Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>24</b>  | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 25                                | Health savings account deduction . . . . . <b>25</b>   | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   |   |   |  |
| 26                                | Moving expenses . . . . . <b>26</b>  | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 27                                | Deductible part of self-employment tax . . . <b>27</b>   | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 28                                | Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>28</b>   | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 29                                | Self-employed health insurance deduction <b>29</b>   | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 30                                | Penalty on early withdrawal of savings . . . <b>30</b>   | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 31a                               | Alimony paid. <b>b</b> Enter recipient's:<br>SSN <input checked="" type="radio"/> _____ - _____<br>Last name <input checked="" type="radio"/> _____ <b>31a</b> | <input checked="" type="radio"/>                                     |  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 32                                | IRA deduction . . . . . <b>32</b>  | <input checked="" type="radio"/>                                     |  |   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 33                                | Student loan interest deduction . . . . . <b>33</b>  | <input checked="" type="radio"/>                                     |  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 34                                | Tuition and fees . . . . . <b>34</b>   | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   |   |   |  |
| 35                                | Domestic production activities deduction . <b>35</b>   | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   |   |   |  |
| 36                                | Add line 23 through line 35 in each column, A through E . . . . . <b>36</b>  | <input checked="" type="radio"/>                                     | <input checked="" type="radio"/>   | <input checked="" type="radio"/>  | <input checked="" type="radio"/>  | <input checked="" type="radio"/>   |
| 37                                | <b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. . . . <b>37</b>  | <input checked="" type="radio"/> 95,695.                             | <input checked="" type="radio"/> 1,642.  | <input checked="" type="radio"/> 453.                                       | <input checked="" type="radio"/> 94,506.  | <input checked="" type="radio"/> 5,120.  |

**Part III Adjustments to Federal Itemized Deductions**

|    |  |         |
|----|--|---------|
| 38 | <b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . <input checked="" type="radio"/> <b>38</b>   | 22,720. |
| 39 | Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . <input checked="" type="radio"/> <b>39</b>  | 2,674.  |
| 40 | Subtract line 39 from line 38 . . . . . <input checked="" type="radio"/> <b>40</b>   | 20,046. |
| 41 | Other adjustments including California lottery losses. See instructions. Specify _____ <input checked="" type="radio"/> <b>41</b>  |         |
| 42 | Combine line 40 and line 41 . . . . . <input checked="" type="radio"/> <b>42</b>   | 20,046. |
| 43 | <b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b><br>Single or married/RDP filing separately . . . . . <b>\$187,203</b><br>Head of household . . . . . <b>\$280,808</b><br>Married/RDP filing jointly or qualifying widow(er) . . . . . <b>\$374,411</b><br><b>No.</b> Transfer the amount on line 42 to line 43.<br><b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . <input checked="" type="radio"/> <b>43</b> | 20,046. |
| 44 | <b>Enter the larger of the amount on line 43 or your standard deduction. See instructions.</b> . . . . . <input checked="" type="radio"/> <b>44</b>  | 20,046. |

**Part IV California Taxable Income**

|    |  |         |
|----|--|---------|
| 45 | <b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . <input checked="" type="radio"/> <b>45</b>   | 5,120.  |
| 46 | Enter your deductions from line 44 . . . . . <input checked="" type="radio"/> <b>46</b>  | 20,046. |
| 47 | <b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>47</b> <u>0</u> <u>0</u> <u>5</u> <u>4</u> <u>2</u> |         |
| 48 | <b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . <input checked="" type="radio"/> <b>48</b>   | 1,086.  |
| 49 | <b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . <input checked="" type="radio"/> <b>49</b>   | 4,034.  |

# 2017 Other State Tax Credit

# S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return: R A V I N D R A N A T H C H O W D A R J O N N A L SSN, ITIN, or FEIN: 6 7 3 7 0 4 8 5 9

**Part I Double-Taxed Income** (Read specific line instructions for Part I before completing.)

| (a) Income item(s) description                         | (b) Double-taxed income taxable by California | (c) Double-taxed income taxable by other state |
|--|---|--|
| <input checked="" type="radio"/> WAGES, SALARIES, TIPS | <input checked="" type="radio"/> 5,120.       | <input checked="" type="radio"/> 94,053.       |
| <input type="radio"/>                                  | <input type="radio"/>                         | <input type="radio"/>                          |
| <input type="radio"/>                                  | <input type="radio"/>                         | <input type="radio"/>                          |
| <b>1 Total double-taxed income</b>                     | <input checked="" type="radio"/> 5,120.       | <input checked="" type="radio"/> 94,053.       |

**Part II Figure Your Other State Tax Credit** (Read specific line instructions for Part II before completing.)

|   |  |           |
|---|--|-----------|
| <b>2</b> California tax liability. See instructions . . . . .   | <input checked="" type="radio"/> <b>2</b>  | 226.00    |
| <b>3</b> Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b) . . . . .                                      | <input checked="" type="radio"/> <b>3</b>  | 5,120.00  |
| <b>4</b> California adjusted gross income. See instructions . . . . .   | <input checked="" type="radio"/> <b>4</b>  | 5,120.00  |
| <b>5</b> Divide line 3 by line 4. Do not enter more than 1.0000 . . . . .   | <input checked="" type="radio"/> <b>5</b>  | 1.0000    |
| <b>6</b> Multiply line 2 by line 5 . . . . .  | <input checked="" type="radio"/> <b>6</b>  | 226.00    |
| <b>7</b> Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> AZ See instructions . . . . . | <input checked="" type="radio"/> <b>7</b>  | 2,394.00  |
| <b>8</b> Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c) . . . . .                                     | <input checked="" type="radio"/> <b>8</b>  | 94,053.00 |
| <b>9</b> Adjusted gross income taxable by other state. See instructions . . . . .   | <input checked="" type="radio"/> <b>9</b>  | 95,695.00 |
| <b>10</b> Divide line 8 by line 9. Do not enter more than 1.0000 . . . . .  | <input checked="" type="radio"/> <b>10</b> | 0.9828    |
| <b>11</b> Multiply line 7 by line 10 . . . . .  | <input checked="" type="radio"/> <b>11</b> | 2,353.00  |
| <b>12</b> Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code <b>187</b> . See instructions . . . . .                   | <input checked="" type="radio"/> <b>12</b> | 226.00    |

Name as Shown on Return

RAVINDRANATH CHOWDAR JONNALAGADDA

Social Security No.

673-70-4859

**Line 7 – Wages, Salaries, Tips, Etc.**

|   | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|---|----------------------------|-------------------------|
| 1 Excess reimbursements from Form 2106 included in wage income . . . . .  |                            |                         |
| 2 Active duty military pay . . . . .  |                            |                         |
| 3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .           |                            |                         |
| 4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .             |                            |                         |
| 5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). . . . .                  |                            |                         |
| 6 Ridesharing fringe benefit differences . . . . .  |                            |                         |
| 7 HSA employer contributions . . . . .  |                            | 453.                    |
| 8 Paid Family Leave Insurance (PFL) benefits . . . . .  |                            |                         |
| 9 Employer-provided adoption benefits income exclusions. . . . .  |                            |                         |
| 10 In-Home Supportive Services (IHSS) supplementary payment . . . . .   |                            |                         |
| 11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits . . . . . |                            |                         |
| 12 Native American income (Form 3504) . . . . .   |                            |                         |
| 13 Clergy housing exclusion. This is the amount entered on W-2s   |                            |                         |
| a as smallest of amount spent or fair rental value. . . . .   |                            |                         |
| b Enter the amount spent on qual. housing expenses . . . . .  |                            |                         |
| 14 Other (itemize):   |                            |                         |
| a _____   |                            |                         |
| b _____   |                            |                         |
| c _____   |                            |                         |
| d _____   |                            |                         |
| Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 7. . . . .       |                            | 453.                    |

**Line 15 – IRA Distributions**

|   | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|---|----------------------------|-------------------------|
| 1 Other (itemize):  |                            |                         |
| a _____   |                            |                         |
| b _____   |                            |                         |
| c _____   |                            |                         |
| d _____   |                            |                         |
| Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 15. . . . . |                            |                         |

**Line 16 – Pensions and Annuities**

|  | <b>(B)</b><br>Subtractions | <b>(C)</b><br>Additions |
|--|----------------------------|-------------------------|
| 1 Form 1099-R, Railroad Retirement Benefits. . . . .   |                            |                         |
| 2 Other (itemize):   |                            |                         |
| a _____  |                            |                         |
| b _____  |                            |                         |
| c _____  |                            |                         |
| d _____  |                            |                         |
| Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 16. . . . . |                            |                         |

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . JONNALAGADDA  
 First Name . . . . . RAVINDRANATH CHOWDAR  
 Middle Initial . . . . .          Suffix . . . . .           
 Social Security No. . . . . 673-70-4859  
 Date of Birth . . . . . 11/27/1991 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 26  
 Date of Death . . . . .          (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . .          Ext           
 Home phone . . . . .         

**Spouse/RDP:**

Last name (if different) . . . . .           
 First Name . . . . .           
 Middle Initial . . . . .          Suffix . . . . .           
 Social Security No. . . . .           
 Date of Birth . . . . .          (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . .           
 Date of Death . . . . .          (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . .          Ext         

Check to print phone number on Form 540. . . . .  Home       Taxpayer work       Spouse/RDP work  
 Check to print email address on Form 540, 540NR or 540X . . . . .  Taxpayer       Spouse

c/o Address . . . . .           
 Street Address . . . . . 500 N METRO BLVD  
 Unit Description . . . . . APT      Unit Number 1134      Private Mailbox (PMB) . . . . .           
 City . . . . . CHANDLER      State . . . . . AZ      ZIP Code . . . . . 85226  
 Foreign province/country               Foreign postal code           
 Foreign country . . . . .         

**Military Filers:**

APO       FPO  
 For Military Extension:  
 Military indicator . . ▶ Taxpayer               Spouse/RDP         

## Part II — Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter the state of residence as of December 31, 2017 . . . . . AZ  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . .           
 In which state (or foreign country) did taxpayer reside before this change? . . . . .           
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶         

## Part III — Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 Taxpayer **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is child but **not** dependent:  
 Child's name . . . . .           
 Child's social security number . . . . .           
 Qualifying widow(er)  
 Year spouse/RDP died . .  2015       2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

| First Name | I | Last Name | Social Security Number | Relationship |
|------------|---|-----------|------------------------|--------------|
|            |   |           |                        |              |
|            |   |           |                        |              |
|            |   |           |                        |              |
|            |   |           |                        |              |



Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

X File the California return electronically

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[X] Direct deposit your client's state tax refund?
Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) . . . . . WELLS FARGO
Account type . . . . . Checking . [X] Savings . [ ]
Routing number . . . . . 107002192
Account number . . . . . 2445476449

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available . . . . . 227.
Amount to be deposited in first account . . . . .
Amount to be deposited in second account . . . . .
Name of Financial Institution (optional) . . . . .
Account type . . . . . Checking . [ ] Savings . [ ]
Routing number . . . . .
Account number . . . . .
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 . . . . .

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above . . . . .
State balance-due amount from this return . . . . .
Enter an amount to withdraw from the account above . . . . .
If partial payment is made, the remaining balance due . . . . .

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.?

Part IX – California Contributions

Table with 3 columns: Contribution Number, Contribution Name, and a blank column for input. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, etc.

**Part X – Preparer Information**

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

**Part XI – Extension Status**

**Yes No**  
  Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶ \_\_\_\_\_

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

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

**Yes No** \*Note Payment is required for electronic filing  
  Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

|   | Taxpayer | Spouse |
|---|----------|--------|
| Date deployed overseas or entered combat zone/QHDA . . . . .      | _____    | _____  |
| Date returned from overseas or entered combat zone/QHDA . . . . . | _____    | _____  |
| Combat zone/QHDA Operation or Area Served . . . . .               | _____    | _____  |

**QuickZoom** to Form 540 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|---|---------------------------------------|

## Tax Payments for the Current Year

|                            |  | State |         |
|----------------------------|--|-------|---------|
|                            |  | Date  | Payment |
| 1                          | First Payment . . . . .  |       |         |
| 2                          | Second Payment . . . . .   |       |         |
| 3                          | Third Payment . . . . .  |       |         |
| 4                          | Fourth Payment . . . . .   |       |         |
| <b>Additional Payments</b> |  |       |         |
| 5                          | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
|                            | Payment . . . . .  |       |         |
| 6                          | Overpayment from previous year applied to current year . . . . . | 6     |         |
| 7                          | Amount paid with current year extension . . . . .                | 7     |         |
| 8                          | <b>Total tax payments</b> . . . . .                              | 8     |         |

## Income Taxes Withheld for the Current Year

|      |  |      |      |
|------|--|------|------|
| 9    | State withholding on Forms W-2 . . . . .             | 9    | 227. |
| 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 |      |
| b    | State withholding on Forms 1099-G . . . . .          | b    |      |
| c    | State withholding on Forms 1099-K . . . . .          | c    |      |
| 13   | Other state tax withholding . . . . .                | 13   |      |
| 14   | <b>Total income tax withheld</b> . . . . .           | 14   | 227. |
| 15   | Date return will be filed and balance paid . . . . . | 15   |      |

# Credits Worksheet

**2017**

▶ Keep for your records

|   |                                       |
|---|---------------------------------------|
| Name<br>RAVINDRANATH CHOWDAR JONNALAGADDA | Social Security Number<br>673-70-4859 |
|---|---------------------------------------|

| Code  | Current Credits   | Carryover Amount | Available Credit |
|---|---|------------------|------------------|
| 233   | California Competes, FTB 3531 . . . . .                                     |                  |                  |
| 223   | Motion Picture and Television Production, FTB 3541 . . . . .                |                  |                  |
| 197   | Child Adoption . . . . .  |                  |                  |
| 232   | Child and Dependent Care Expenses Credit, FTB 3506 . . . . .                |                  |                  |
| 235   | College Access, FTB 3592 . . . . .  |                  |                  |
| 173   | Dependent Parent . . . . .  |                  |                  |
| 205   | Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .           |                  |                  |
| 204   | Donated Agricultural Products Transportation, FTB 3547 . . . . .            |                  |                  |
| 203   | Enhanced Oil Recovery, FTB 3546 . . . . .                                   |                  |                  |
| 176   | Enterprise Zone Hiring, FTB 3805Z . . . . .                                 |                  |                  |
| 218   | Environmental Tax, FTB 3511 . . . . .                                       |                  |                  |
| 170   | Joint Custody Head of Household . . . . .                                   |                  |                  |
| 198   | Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .         |                  |                  |
| 172   | Low-Income Housing, FTB 3521 . . . . .                                      |                  |                  |
| 211   | Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .                   |                  |                  |
| 213   | Natural Heritage Preservation, FTB 3503 . . . . .                           |                  |                  |
| 237   | New California Motion Picture and Television Production, FTB 3541 . . . . . |                  |                  |
| 238   | New Donated Fresh Fruits or Vegetables, FTB 3814 . . . . .                  |                  |                  |
| 234   | New Employment, FTB 3554 . . . . .  |                  |                  |
| None  | Nonrefundable Renter's Credit . . . . .                                     |                  |                  |
| 187   | Other State Tax, Schedule S . . . . .                                       |                  | 226 .            |
| 188   | Prior Year Alternative Minimum Tax, FTB 3510 . . . . .                      |                  |                  |
| 162   | Prison Inmate Labor, FTB 3507 . . . . .                                     |                  |                  |
| 183   | Research, FTB 3523 . . . . .  |                  |                  |
| 163   | Senior Head of Household . . . . .  |                  |                  |
| 210   | Targeted Tax Area Hiring, FTB 3809 . . . . .                                |                  |                  |
| <b>Repealed Credits with Carryover Provision – FTB 3540</b> |   |                  |                  |
| 175   | Agricultural Products . . . . .   |                  |                  |
| 196   | Commercial Solar Electric System . . . . .                                  |                  |                  |
| 181   | Commercial Solar Energy . . . . .   |                  |                  |
| 209   | Community Development Financial Institutions Investment . . . . .           |                  |                  |
| 224   | Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .               |                  |                  |
| 194   | Employee Ridesharing . . . . .  |                  |                  |
| 190   | Employer Childcare Contribution . . . . .                                   |                  |                  |
| 189   | Employer Childcare Program . . . . .  |                  |                  |
| 191   | Employer Ridesharing (Large Employer) . . . . .                             |                  |                  |
| 192   | Employer Ridesharing (Small Employer) . . . . .                             |                  |                  |
| 193   | Employer Ridesharing (Public Transit Passes) . . . . .                      |                  |                  |
| 182   | Energy Conservation . . . . .   |                  |                  |
| 176   | Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .                       |                  |                  |
| 207   | Farmworker Housing . . . . .  |                  |                  |
| 198   | Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .   |                  |                  |
| 160   | Low-Emission Vehicles . . . . .   |                  |                  |
| 220   | New Jobs . . . . .  |                  |                  |
| 185   | Orphan Drug . . . . .   |                  |                  |
| 184   | Political Contributions . . . . .   |                  |                  |
| 174   | Recycling Equipment . . . . .   |                  |                  |
| 186   | Residential Rental and Farm Sales . . . . .                                 |                  |                  |
| 206   | Rice Straw . . . . .  |                  |                  |
| 171   | Ridesharing . . . . .   |                  |                  |
| 200   | Salmon and Steelhead Trout Habitat Restoration . . . . .                    |                  |                  |
| 180   | Solar Energy . . . . .  |                  |                  |
| 179   | Solar Pump . . . . .  |                  |                  |
| 210   | Targeted Tax Area Sales or Use Tax . . . . .                                |                  |                  |
| 178   | Water Conservation . . . . .  |                  |                  |
| 161   | Young Infant . . . . .  |                  |                  |

# California Electronic Filing Information Worksheet

**2017**

▶ Keep for your records

|   |  |
|---|--|
| Name as Shown on Return<br><u>RAVINDRANATH CHOWDAR JONNALAGADDA</u> | Social Security Number<br><u>673-70-4859</u> |
|---|--|

## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

|  |   |                          |
|--|---|--------------------------|
| Firm Name<br><u>GLOBAL TAXES LLC</u>   | Social Security Number/Preparer Tax ID Number       |                          |
| Name<br><u>GLOBAL TAXES LLC</u>        | Phone Number<br><u>(678)965-9729</u>                | Fax Number               |
| Address<br><u>2530 Pebble Creek Ln</u> | Employer Identification Number<br><u>30-1017196</u> |                          |
| City<br><u>Cumming</u>                 | State<br><u>GA</u>                                  | Zip Code<br><u>30041</u> |
| Country                                | E-mail Address<br><u>kumar@gtaxfile.com</u>         |                          |

## Paid Preparer Information

|   |   |                          |
|---|---|--------------------------|
| Firm Name<br><u>GLOBAL TAXES LLC</u>                    | Social Security Number/Preparer Tax ID Number<br><u>P02090332</u> |                          |
| Name<br><u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u> | Employer Identification Number<br><u>30-1017196</u>               | Fax Number               |
| Address<br><u>2530 Pebble Creek Ln</u>                  | Phone Number<br><u>(678)965-9729</u>                              |                          |
| City<br><u>Cumming</u>                                  | State<br><u>GA</u>  | Zip Code<br><u>30041</u> |
| Country   | E-mail Address<br><u>kumar@gtaxfile.com</u>                       |                          |

## Electronic Filing Review Check

|  |   | Yes                      | No                                  |
|--|---|--------------------------|-------------------------------------|
| 1 Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Are there more than twenty five copies of Schedule S? . . . . .  | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Is this an amended return, or is there an amended Form 3805P attached? . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .         | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .  | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Are there more than 97 detail lines on forms to be filed? (See help) . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Is this a fiscal year filer? . . . . .   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . . | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .                   | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Is Federal Form 4852 (substitute W2) being used? . . . . .  | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Check that you have the correct selections for the RDP return? . . . . .  | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 On the 3506, are there any foreign care providers? . . . . .  | ▶ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Is Direct Debit selected and no balance due on the return? . . . . .  | ▶ | <input type="checkbox"/> | <input type="checkbox"/>            |

**California FTB e-file  
Tax Return Signature / Consent to Disclosure**

Name  
RAVINDRANATH CHOWDAR JONNALAGADDA

SSN or FEIN  
673-70-4859

**A – Practitioner PIN Authorization**

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN) . . . . .   
By checking this box you are electing to file Form 8453 for this return. . . . .

Please indicate how the taxpayer(s) PIN(s) are entered into the program.  
Automatically generate a PIN equal to last 5 digits of client's SSN . . . . .   
Taxpayer(s) entered own PIN(s) . . . . .   
Preparer entered PIN(s) on behalf of taxpayer(s) . . . . .

**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. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2017 e-file Handbook for Authorized e-file Providers*.

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

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN 587278 Self-Select PIN \_\_\_\_\_

**C – Signature of Taxpayer/Spouse/RDP**

**Perjury Statement**

Under penalties of perjury, I declare that I have examined this 2017 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

**Electronic Funds Withdrawal Consent**

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

---

**The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.**

Taxpayer's PIN: 04859 Date: 03/12/18  
Spouse's/RDP's PIN: \_\_\_\_\_

---

**D – Decedent 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 am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

---

---



## Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

| <b>Form 540NR California Income Tax Withheld Smart Worksheet</b> |  |
|--|--|
| <b>A</b>   | California income tax withheld from the Tax Payments Worksheet . . . . . <u>227.</u>   |
| <b>B</b>   | Real estate and nonresident withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____<br><b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet or you will not get the state income tax deduction on your federal Schedule A. |
| <b>C</b>   | California income tax withheld for line 81. Subtract line B from line A . . . . . <u>227.</u>  |

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

| <b>Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet</b> |  |
|---|--|
| 1   | Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is <b>not</b> entered . . . . . <u>5,120.</u> |

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

| <b>Double-Taxed Income Smart Worksheet</b>  |  |   |   |   |
|---|--|---|---|---|
| <b>(a)</b><br>Income item(s)<br>description | <b>(b)</b><br>Double-taxed<br>income<br>taxable<br>by California | <b>(c)*</b><br>Column (b)<br>amount<br>if different | <b>(d)</b><br>Double-taxed<br>income<br>taxable<br>by other state | <b>(e)*</b><br>Column (d)<br>amount<br>if different |
| Wages, Salaries, Tips                       | <u>5,120.</u>  | _____   | <u>94,053.</u>  | _____   |
| _____                                       | _____  | _____   | _____   | _____   |
| _____                                       | _____  | _____   | _____   | _____   |
| _____                                       | _____  | _____   | _____   | _____   |

\* Use this column **only** if you need to modify an amount calculated by the program in column (b) or (d).

SMART WORKSHEET FOR: Schedule S: Other State Tax Credit

| <b>Other State Tax Computation Smart Worksheet</b>   |   |                    |                                     |  |        |   |         |
|--|---|--------------------|-------------------------------------|--|--------|---|---------|
| Carefully review transferred nonresident state amounts and verify that the amounts are what California requires to calculate the credit. | <table border="1"><thead><tr><th style="text-align: center;"><b>A</b><br/>Amount</th><th style="text-align: center;"><b>B*</b><br/>Amount if<br/>Different</th></tr></thead><tbody><tr><td style="text-align: right;">Income tax liability paid to <u>AZ</u> . . . . .</td><td style="text-align: center;">2,394.</td></tr><tr><td style="text-align: right;"><b>B</b> Adjusted gross income taxable by other state . . . . .</td><td style="text-align: center;">95,695.</td></tr></tbody></table> | <b>A</b><br>Amount | <b>B*</b><br>Amount if<br>Different | Income tax liability paid to <u>AZ</u> . . . . . | 2,394. | <b>B</b> Adjusted gross income taxable by other state . . . . . | 95,695. |
| <b>A</b><br>Amount   | <b>B*</b><br>Amount if<br>Different   |                    |                                     |  |        |   |         |
| Income tax liability paid to <u>AZ</u> . . . . .   | 2,394.  |                    |                                     |  |        |   |         |
| <b>B</b> Adjusted gross income taxable by other state . . . . .  | 95,695.   |                    |                                     |  |        |   |         |
| * Use column B only if you need to modify any amount calculated by the program in column A.  |   |                    |                                     |  |        |   |         |