

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

2017 California e-file Return Authorization for Individuals

8453

Your first name and initial SHRAVAN KUMAR		Last name MANDA		Suffix	Your SSN or ITIN 848-76-6986
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box C301 20520 BOTHELL EVERETT HYW			Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
City BOTHELL				State WA	ZIP code 98012
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions.	1	46,436.
2 Refund or no amount due. See instructions.	2	866.
3 Amount you owe. See instructions.	3	

Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4 Direct deposit of refund 5 Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2018 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 866.	12 The remaining amount of my refund for direct deposit _____
9 Routing number _____ 121000358	13 Routing number _____
10 Account number _____ 325059193041	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (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. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here		Date		Date
	Your signature		Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>	

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer 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 will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. 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.

ERO Must Sign	ERO's signature	Date 06/13/2018	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA			FEIN 30-1017196
					ZIP code 30041

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.

Paid Preparer Must Sign	Paid preparer's signature	Date 06/13/2018	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P02090332
	Firm's name (or yours if self-employed) and address	APPANA RUPA VENKATA SATYA SAI MANI KUMAR 2530 PEBBLE CREEK LN CUMMING GA		
				FEIN 30-1017196 ZIP code 30041

APE

848-76-6986 MAND SHRAVANKUMA MANDA

17

A R RP

C301 20520 BOTHELL EVERETT HYW BOTHELL WA 98012

04-07-1993

- 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 46436 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 46436 00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 46436 00

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

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 46436 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions 18 4236 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0- 19 42200 00

Total Taxable Income

Exemptions

Filing Status



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
120 Add code 400 through code 440. This is your total contribution	● 120	00

California Adjustments — 2017 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: S H R A V A N, K U M A R, M A N D A SSN or ITIN: 8 4 8 7 6 6 9 8 6

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: Nonresident Part-Year Resident Resident
 b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> WA	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)	<input type="radio"/> ___	<input type="radio"/> ___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> ___	<input type="radio"/> ___
5 I was a CA nonresident the entire year (enter state of residence)	<input checked="" type="radio"/> WA	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> ___	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> N	<input type="radio"/> ___
8 Before 2017: I was a CA resident for the period of	<input type="radio"/> -	<input type="radio"/> -

Part II Income Adjustment Schedule

Section A — Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 7	<input checked="" type="radio"/> 46,436.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 46,436.	<input checked="" type="radio"/> 46,436.
8 Taxable interest. (b) _____ 8(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> _____ 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> _____ 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> _____ 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> _____ 20(b)	<input type="radio"/>	<input type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V 21 e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input type="radio"/>	{ a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> }	a _____ b _____ c <input checked="" type="radio"/> d _____ e _____ f <input type="radio"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 46,436.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 46,436.	<input checked="" type="radio"/> 46,436.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E.	46,436.			46,436.	46,436.
23	Educator expenses.					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials.					
25	Health savings account deduction.					
26	Moving expenses.					
27	Deductible part of self-employment tax.					
28	Self-employed SEP, SIMPLE, and qualified plans.					
29	Self-employed health insurance deduction.					
30	Penalty on early withdrawal of savings.					
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____					
32	IRA deduction.					
33	Student loan interest deduction.					
34	Tuition and fees.					
35	Domestic production activities deduction.					
36	Add line 23 through line 35 in each column, A through E.					
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions.	46,436.			46,436.	46,436.

Part III Adjustments to Federal Itemized Deductions

38	Federal Itemized Deductions. 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 type="radio"/> 38	2,613.
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 only) (or Schedule A (Form 1040NR), line 1). See instructions.	<input type="radio"/> 39	2,613.
40	Subtract line 39 from line 38.	<input type="radio"/> 40	0.
41	Other adjustments including California lottery losses. See instructions. Specify _____	<input type="radio"/> 41	
42	Combine line 40 and line 41.	<input type="radio"/> 42	0.
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$187,203 Head of household \$280,808 Married/RDP filing jointly or qualifying widow(er) \$374,411 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43.	<input type="radio"/> 43	0.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions.	<input type="radio"/> 44	4,236.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E.	<input type="radio"/> 45	46,436.
46	Enter your deductions from line 44.	<input type="radio"/> 46	4,236.
47	Deduction Percentage. 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 type="radio"/> 47	1.0000
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47.	<input type="radio"/> 48	4,236.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0-	<input type="radio"/> 49	42,200.

California Information Worksheet

2017

▶ Keep for your records

Part I — Personal Information

Taxpayer:

Last Name MANDA
 First Name SHRAVAN KUMAR
 Middle Initial _____ Suffix _____
 Social Security No. 848-76-6986
 Date of Birth 04/07/1993 (mm/dd/yyyy)
 or age as of 1-1-2018 24
 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 C301 20520 BOTHELL EVERETT HW
 Unit Description _____ Unit Number _____ Private Mailbox (PMB) _____
 City Bothell State WA ZIP Code 98012
 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 WA
 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

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.

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) BANK OF AMERICA
Account type Checking [X] Savings
Routing number 121000358
Account number 325059193041

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

Total refund available 866.
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 Amount. Rows include California Seniors Special Fund, Alzheimer's Disease and Related Disorders Fund, Rare and Endangered Species Preservation Program, 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 SHRAVAN KUMAR MANDA	Social Security Number 848-76-6986
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
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	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	2,195.
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	Total income tax withheld	14	2,195.
15	Date return will be filed and balance paid	15	

California Electronic Filing Information Worksheet

2017

▶ Keep for your records

Name as Shown on Return <u>SHRAVAN KUMAR MANDA</u>	Social Security Number <u>848-76-6986</u>
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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 <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number	
Name <u>GLOBAL TAXES LLC</u>	Phone Number <u>(678)965-9729</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Employer Identification Number <u>30-1017196</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	E-mail Address <u>kumar@gtaxfile.com</u>	

Paid Preparer Information

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

Electronic Filing Review Check

		Yes	No
1 If any of the questions below are checked yes, the return may not be filed electronically			
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"/>

Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 8453: E-File Return Authorization

Additional Information Smart Worksheet	
A	Date this return was E-Filed ▶ _____
B	Date return was accepted by the state ▶ _____
C	Documents to attach to the FRONT of Form 8453: Form W-2 (Copy 2) _____ _____ _____
D	Retain Form 8453 and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES

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

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>2,195.</u>
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 _____ Note: 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.
C	California income tax withheld for line 81. Subtract line B from line A <u>2,195.</u>

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

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
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 not entered <u>46,436.</u>