

NRPY1217V011555



**Form CT-1040NR/PY - 2017**  
Connecticut Nonresident and Part-Year  
Resident Income Tax Return (Rev. 12/17)

Page 1 of 4

Other taxable year, beginning:

and ending:

Y	S	N	FJ	N	FS	N	HH	N	QW		
860	-	83	-	4830	-	-					
YAKUB PASHA				SHAIK				N	Dec.	Y	P
								N	Dec.	N	N
8154 WASHINGTON BLVD						N	CT-8379	N	CT-2210		
APT 513						N	CT-1040CRC				
JESSUP				MD	20794	-	•				

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	56793
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	56793
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. <b>Connecticut adjusted gross income:</b> Line 4 subtracted from Line 3.	5.	56793
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	37713
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	56793
8. Income tax	8.	2423
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.6640
10. Line 9 multiplied by Line 8	10.	1609
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	1609
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	1609
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. <b>Connecticut income tax:</b> Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	1609
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. <b>Total tax:</b> Add Line 16 and Line 17.	18.	1609

Clip check here. Do not staple.  
Do not send W-2 or 1099 forms.



Form CT-1040NR/PY, Page 2 of 4

NRPY1217V021555



• 860834830

19. Amount from Line 18

19. • 1609

**W-2, W-2G, and 1099 Information**

	Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a.	20 - 0344995	• 37713	•	1638
20b.	-	• 0	•	0
20c.	-	• 0	•	0
20d.	-	• 0	•	0
20e.	-	• 0	•	0

20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20f. 0

20. **Total Connecticut income tax withheld:** Amounts in Column C. 20. 1638

21. All 2017 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

22a. Claim of right credit (from Form CT-1040CRC, Line 6) 22a. 0

23. **Total payments:** Add Lines 20, 21, 22 and 22a. 23. 1638

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 29

25. Amount of Line 24 you want **applied to your 2018 estimated tax** 25. 0

26. CHET contribution (from Schedule CT-CHET, Line 4) 26. 0

26a. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26a. 0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 29

**If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.**

27a. Acct. type  Y  N  Sv. 27b. Rout. # 011900254 27c. Acct. # 385022898562

27d. Refund going to a bank account outside the U.S. 27d.  N

28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01). 31. 0

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. **Total amount due:** Add Lines 28 through 31. 32. 0.00

**Declaration:** I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here  
Keep a copy for your records.

Your signature •		Date •	Home/cell telephone number
Spouse's signature (if joint return) •		Date •	Daytime telephone number •
Paid preparer's signature • APPANA RUPA VENKATA SATYA		Date • 061418	Telephone number • 6789659729
Preparer's SSN or PTIN P02090332			
Paid preparer's name APPANA RUPA VENKA	Firm's name, address, and ZIP code • GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041		FEIN 301017196

**Third Party Designee** - Complete the following to authorize DRS to contact another person about this return. Self-employed  N

Designee's name •	Telephone number •	Personal identification number (PIN) • _____
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NRPY1217V021555

Form CT-1040NR/PY, Page 3 of 4

NRPY1217V031555



• 860834830

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Domestic production activities (from federal Form 1040, Line 35)	38.	0
39. Other - specify •	39.	0
40. <b>Total additions:</b> Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of Connecticut teacher's retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other - specify •	51.	0
52. <b>Total subtractions:</b> Add Lines 41 through 51.	52.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

53. Connecticut AGI during residency portion of taxable year	53.	0
	<b>Col. A</b>	<b>Col. B</b>
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1217V031555

NRPY1217V041555



• 860834830

**Schedule 3 - Individual Use Tax**

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62. Individual use tax: Add Lines 62a, 62b, and 62c.	62. •	0

**Schedule 4 - Contributions to Designated Charities**

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g.	0
63h. MHCIA	63h.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63h.	63.	0

Taxpayer email

# Schedule CT-SI

## Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

# 2017

**Complete this schedule if you were a nonresident or part-year resident of Connecticut** and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial <b>YAKUB PASHA</b>	Last name <b>SHAIK</b>	Your Social Security Number <b>8 6 0 : 8 3 : 4 8 3 0</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

**Part 1 - Connecticut Income - Part-Year Residents:** Complete **Schedule CT-1040AW, Part-Year Resident Income Allocation.** Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

**Nonresidents:** Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc. ....	▶ 1	37,713	
2. Taxable interest .....	▶ 2		
3. Ordinary dividends .....	▶ 3		
4. Alimony received .....	▶ 4		
5. Business income or (loss) .....	▶ 5		
6. Capital gain or (loss) .....	▶ 6		
7. Other gains or (losses) .....	▶ 7		
8. Taxable amount of IRA distributions .....	▶ 8		
9. Taxable amount of pensions and annuities .....	▶ 9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc. ....	▶ 10		
11. Farm income or (loss) .....	▶ 11		
12. Unemployment compensation .....	▶ 12		
13. Taxable amount of social security benefits .....	▶ 13		
14. Other income: See instructions. ....	▶ 14		
15. Gross income from Connecticut sources: Add Lines 1 through 14. ....	▶ 15	37,713	00

**Part 2 - Adjustments to Connecticut Income -** Enter adjustments **directly** related to income reported above.

16. Educator expenses .....	▶ 16		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials .....	▶ 17		
18. Health savings account deduction .....	▶ 18		
19. Moving expenses .....	▶ 19		
20. Deductible part of self-employment tax .....	▶ 20		
21. Self-employed SEP, SIMPLE, and qualified plans .....	▶ 21		
22. Self-employed health insurance deduction .....	▶ 22		
23. Penalty on early withdrawal of savings .....	▶ 23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____ - _____ - _____ ▶	▶ 24		
25. IRA deduction .....	▶ 25		
26. Student loan interest deduction .....	▶ 26		
27. Tuition and fees .....	▶ 27		
28. <i>Reserved for future use</i> .....	▶ 28		
29. Total adjustments: Add Lines 16 through 27. ....	▶ 29		
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT-1040NR/PY</b> , Line 6. ....	▶ 30	37,713	00

**Employee Apportionment Worksheet -** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 32.

A. Working days (or other basis) outside Connecticut .....	▶ A		
B. Working days (or other basis) inside Connecticut .....	▶ B		
C. Total working days: Add Line A and Line B. ....	▶ C		
D. Nonworking days (Holidays, weekends, etc.) .....	▶ D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places. ....	▶ E		
F. Total income being apportioned .....	▶ F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. .... Basis, if other than working days: _____	▶ G		

# Schedule CT-1040AW

## Part-Year Resident Income Allocation

# 2017

**Part-year residents** must complete this schedule before completing Schedule CT-SI and attach it to Form CT-1040NR/PY. Complete in blue or black ink only.

Your first name and middle initial <b>YAKUB PASHA</b>	Last name <b>SHAIK</b>	Your Social Security Number <b>8 6 0 : 8 3 : 4 8 3 0</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number

		Federal Income as Modified <small>See instructions.</small>	Connecticut Resident Period	Connecticut Nonresident Period	
		Column A <small>Income from federal return</small>	Column B <small>Income from Column A for this period</small>	Column C <small>Income from Column A for this period</small>	Column D <small>Income from Column C from Connecticut sources</small>
1. Wages, salaries, tips, etc. ....	1	56,793	37,713	19,080	0
2. Taxable interest.....	2				
3. Ordinary dividends.....	3				
4. Alimony received .....	4				
5. Business income or (loss).....	5				
6. Capital gain or (loss).....	6				
7. Other gains or (losses) .....	7				
8. Taxable amount of IRA distributions .....	8				
9. Taxable amount of pensions and annuities.....	9				
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	10				
11. Farm income or (loss).....	11				
12. Unemployment compensation .....	12				
13. Taxable amount of social security benefits .....	13	0		0	
14. Other income: See instructions. ....	14				
15. Add Lines 1 through 14. ....	▶ 15	56,793 00 ▶	37,713 00 ▶	19,080 00 ▶	0 00 ▶

### Part 2 – Adjustments to Income

16. Educator expenses .....	16				
17. Certain business expenses of reservists, performing artists, and fee-basis government officials.....	17				
18. Health savings account deduction .....	18				
19. Moving expenses.....	19				
20. Deductible part of self-employment tax .....	20				
21. Self-employed SEP, SIMPLE, and qualified plans..	21				
22. Self-employed health insurance deduction.....	22				
23. Penalty on early withdrawal of savings.....	23				
24. Alimony paid .....	24				
25. IRA deduction .....	25				
26. Student loan interest deduction .....	26				
27. Tuition and fees .....	27				
28. <i>Reserved for future use</i> .....	28				
29. Total adjustments: Add Lines 16 through 27. ....	29				
30. Subtract Line 29 from Line 15. ....	▶ 30	56,793 00 ▶	37,713 00 ▶	19,080 00 ▶	0 00 ▶

**Line 30, Column A, must equal the amount on Form CT-1040NR/PY, Line 5.**  
**Add Columns B and D for each line and enter the totals on Lines 1 through 30 on Schedule CT-SI.**

### Part 3 – Part-Year Resident Information

#### Moved Into Connecticut

- Date **you** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_
- Date **your spouse** moved into Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **prior** residence: \_\_\_\_\_

#### Moved Out of Connecticut

- Date **you** moved out of Connecticut 08 / 31 / 17 and state of **new** residence: MD \_\_\_\_\_
- Date **your spouse** moved out of Connecticut \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and state of **new** residence: \_\_\_\_\_

#### Income From Connecticut Sources During Nonresident Period

- Did **you** receive income from Connecticut sources during your nonresident period? .....  Yes  No
- Did **your spouse** receive income from Connecticut sources during his or her nonresident period? .....  Yes  No

Connecticut Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name . . . . . Shaik
First Name . . . . . Yakub Pasha
Middle Initial . . . . . Suffix . . . . .
Social Security No. . . . . 860-83-4830
Date of Birth . . . . . 04/12/1992
Date of Death . . . . .
Daytime Phone . . . . .
Home Phone . . . . .

Spouse:

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

\* Check one box for taxpayer and one box for spouse to print daytime phone numbers on Form CT-1040 or CT-1040NR, page 2. Check daytime or home box to print on Form CT-1040EXT or CT-1040X.

Address . . . . . 8154 WASHINGTON BLVD Apt no. . . . . 513
City . . . . . JESSUP State . . . . . MD ZIP Code . . . . . 20794
Taxpayer email address

Connecticut forms provide only two lines of 30 characters each for the main address (not including City, State, and Zip). We may have abbreviated certain words in your address. If the address below is incorrect or incomplete, please adjust. If using "c/o" or "Attn.", enter these on the first Address line only.

Address, Line 1 8154 WASHINGTON BLVD
Address, Line 2 APT 513

Part II - Main Form

- Form CT-1040: Resident Tax Return (Long form)
Form CT-1040NR/PY: Nonresident Tax Return
[X] Form CT-1040NR/PY: Part-Year Resident Tax Return

Connecticut residency dates (use MM/DD/YYYY format) . . . From 01/01/2017 To 08/31/2017

Part III - Filing Status

- [X] Single
Married filing jointly
Married filing separately
Spouse's full name . . . . .
Spouse's social security number . . . . .
Taxpayer did not live with spouse for the entire year
Head of household (with qualifying person)
Qualifying widow(er) with dependent child

Part IV - Other Information

- I qualify as a farmer or fisherman
Yes No
[X] My city and zip code of residence are different than what's entered above
If so, enter resident City 5 digit resident Zip code

Part V - Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the DRS, as applicable by law.

- [X] The state return will be filed 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

EF Status Dates:

Date return was EFiled . . . . .
Date return was accepted by the state . . . . .
Date Form CT-1040V was given to client . . . . .

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

**Yes**     **No**  
 Elect **direct deposit** of state tax refund  
 Use **electronic funds withdrawal** of state tax payment (EF Only)

**Bank Information:**

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

Name of Financial Institution (optional) . . . . BANK OF AMERICA  
 Account type . . . . Checking  Savings   
 Routing number . . . . . 011900254  
 Account number . . . . . 385022898562

Payment date to withdraw from the account above . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_

**International ACH Transactions**

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

**Part VII – Paid Preparer and Third Party Designee Information**

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

Preparer is the third party designee  
 Do **not** transfer third party designee information from federal return

If Not, Complete the following:

Designee's name . . . . . \_\_\_\_\_  
 Designee's phone number . . . . . \_\_\_\_\_  
 Personal identification number . . . . \_\_\_\_\_

**Part VIII – Extension Status**

**Yes**     **No**  
 Tax return due date extended?  
 Extended due date . . . . \_\_\_\_\_

**QuickZoom** to Form CT-1040 EXT: Application for Extension of Time to File Inc Tax Return . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form CT-1040: Resident Income Tax Return . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form CT-1040NR/PY: Nonresident and Part-Year Resident Income Tax Return . . . ▶ \_\_\_\_\_



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Yakub Pasha Shaik	Social Security Number 860-83-4830
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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 . . . . .		
<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	1,638.
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	1,638.
15	Date return will be filed and balance paid . . . . .	15	



175020013

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2017, ENDING \_\_\_\_\_

860834830

Your Social Security Number Spouse's Social Security Number

YAKUB PASHA

Your First Name Initial

SHAIK

Your Last Name

Spouse's First Name Initial

Spouse's Last Name



8154 WASHINGTON BLVD

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

513

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

JESSUP

City or Town

MD

State

20794

ZIP Code

REQUIRED: Physical address as of December 31, 2017 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

1400

4 Digit Political Subdivision Code (See Instruction 6)

HOWARD

Maryland Political Subdivision (See Instruction 6)

8154 WASHINGTON BLVD

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

513

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

JESSUP

City

MD

State

20794

ZIP Code

HOWARD

Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. [X] Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [ ] Married filing joint return or spouse had no income
3. [ ] Married filing separately, Spouse SSN
4. [ ] Head of household
5. [ ] Qualifying widow(er) with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM 09012017 TO 12312017

Other state of residence: CT

If you began or ended legal residence in Maryland in 2017 place a P in the box. [P]
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. [ ]

Enter Military Income amount here: \_\_\_\_\_

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. [X] Yourself [ ] Spouse . . . . Enter number checked [1] See Instruction 10 A. \$ 3200
B. [ ] 65 or over [ ] 65 or over
[ ] Blind [ ] Blind . . . . . Enter number checked [ ] X \$1,000 . . . . . B. \$
C. Enter number from line 3 of Dependent Form 502B . . . . . [ ] See Instruction 10 C. \$
D. Enter Total Exemptions (Add A, B and C.) . . . . . [1] Total Amount . . . . D. \$ 3200

Print Using Blue or Black Ink Only
Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.



175020113

NAME YAKUB PASHA SHAIK SSN 860834830

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . .	▶ 1.	<u>56793</u>
	1a. Wages, salaries and/or tips . . . . .	▶ 1a.	<u>56793</u>
	1b. Earned income . . . . .	▶ 1b.	_____
	1c. Capital Gain or (loss) . . . . .	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities ( <b>Attach Form 502R.</b> ) . . . . .	▶ 1d.	_____
<b>1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 . . . . .</b> ▶ <input type="checkbox"/>			
<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . .	▶ 2.	_____
	3. State retirement pickup . . . . .	▶ 3.	_____
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . .	▶ 4.	_____
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____	▶ 5.	_____
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . .	▶ 6.	_____
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . .	▶ 7.	<u>56793</u>
	<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . .	▶ 8.
9. Child and dependent care expenses . . . . .		▶ 9.	_____
10. Pension exclusion from worksheet in Instruction 13 . . . . .		▶ 10.	_____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . .		▶ 11.	_____
12. Income received during period of nonresidence (See Instruction 26.) . . . . .		▶ 12.	<u>37712</u>
13. Subtractions from attached Form 502SU . . . . . ▶ _____		▶ 13.	_____
14. Two-income subtraction from worksheet in Instruction 13 . . . . .		▶ 14.	_____
15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . .		▶ 15.	<u>37712</u>
16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . .		▶ 16.	<u>19081</u>
<b>DEDUCTION METHOD</b> See Instruction 16.		<b>All taxpayers must select one method and check the appropriate box.</b>	
	▶ <input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	▶ <input checked="" type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A) . . . . .	▶ 17a.	<u>13192</u>
	17b. State and local income taxes (See Instruction 14.) . . . . .	▶ 17b.	<u>3102</u>
Subtract line 17b from line 17a and enter amount on line 17.			
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . .	▶ 17.	<u>3390</u>	
18. Net income (Subtract line 17 from line 16.) . . . . .	▶ 18.	<u>15691</u>	
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	▶ 19.	<u>1075</u>	
20. Taxable net income (Subtract line 19 from line 18.) . . . . .	▶ 20.	<u>14616</u>	
<b>MARYLAND TAX COMPUTATION</b>	21. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	▶ 21.	<u>642</u>
	22. Earned income credit (½ of federal earned income credit. See Instruction 18.) . . . . .	▶ 22.	_____
	23. Poverty level credit (See Instruction 18.) . . . . .	▶ 23.	_____
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 24.	_____
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	▶ 25.	_____
	26. Total credits (Add lines 22 through 25.) . . . . .	▶ 26.	_____
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . .	▶ 27.	<u>642</u>
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . .	▶ 28.	<u>468</u>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . .	▶ 29.	_____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . .	▶ 30.	_____
	31. Local tax credit from Part L, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . .	▶ 31.	_____
	32. Total credits (Add lines 29 through 31.) . . . . .	▶ 32.	_____
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0. . . . .	▶ 33.	<u>468</u>
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	▶ 34.	<u>1110</u>	
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) . . . . .	▶ 35.	_____	
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) . . . . .	▶ 36.	_____	
37. Contribution to Maryland Cancer Fund (See Instruction 20.) . . . . .	▶ 37.	_____	
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) . . . . .	▶ 38.	_____	
39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . . . . .	▶ 39.	<u>1110</u>	



175020213

NAME YAKUB PASHA SHAIK SSN 860834830

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2017 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment to be applied/refunded, Interest charges), and 50 (TOTAL AMOUNT DUE).

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: [X] Checking [ ] Savings

51b. Routing Number (9-digits) 011900254 51c. Account Number 385022898562

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here [ ] if you authorize your preparer to discuss this return with us. Check here [ ] if you authorize your paid preparer not to file electronically. Check here [ ] if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

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

Signatures and dates for taxpayer and preparer. Preparer: APPANA RUPA VENKATA S, 2530 PEBBLE CREEK LN, CUMMING GA 30041, Telephone number of preparer 6467277157, Preparer's PTIN 02090332

For returns filed without payments, mail your completed return to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001. For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on TOP of Form 502 and mail to: Comptroller of Maryland, Payment Processing, PO Box 8888, Annapolis, MD 21401-8888

Maryland Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . Yakub Pasha
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . Shaik
Social Security No. . . . . 860-83-4830

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]
Home Phone . . . . . \* [ ]

\* Check these boxes to print daytime and/or home phone numbers on the government forms.

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .

65/Over . . [ ] Blind . . [ ] Disabled . . [ ]

Daytime Phone . . . . . \* [ ]

Street Address . . . . . 8154 Washington Blvd Apt Number . . . . . 513
City or Town . . . . . Jessup
State . . . . . MD ZIP Code . . . . . 20794
Foreign Code . . . . . Foreign Country . . . . . Foreign Zip Code . . . . .

Locality Information:

Maryland county (Baltimore City residents leave blank.) . . . . . HOWARD
City, town or taxing area (If not listed, leave blank.) . . . . .
Local tax rate . . . . . 0.0320

If taxpayer and spouse taxing areas are different, check the '2 tax areas' box and enter the Maryland county for taxpayer and spouse. Enter BCITY if taxing area is Baltimore City.

[ ] 2 tax areas
Taxpayer . . . . .
Spouse . . . . .

Physical address as of December 31, 2017 (Maryland residents and part-year residents only)

4 Digit Political Subdivision Code
1400
Physical Street Address Line 1 (Street No. and Name) (No PO Box)
8154 Washington Blvd
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
513 City or Town
Jessup State
MD ZIP Code
20794

Check to confirm address information is correct . . . . . [X]

Part II - Main Form

[ ] Form 502: Resident Tax Return (Long form) . . . . .
[ ] Form 505: Nonresident Tax Return . . . . .

1 a State of legal residence . . . . .

Yes No

b [ ] [ ] Were you a resident of that state the entire year of 2017?

c [ ] [ ] Did you file a Maryland income tax return for 2016?

Resident Nonresident

d If Yes, was it [ ] [ ]

e Dates of Maryland residence in 2017:
from . . . . . to . . . . . Check if 'none' . . . . . [ ]

Yes No

f [ ] [ ] Are you or your spouse a member of the military?

g If Pennsylvania resident, enter Pennsylvania city . . . . .

h If Pennsylvania resident, enter Pennsylvania county . . . . .

[X] Form 502: Part-Year Resident Tax Return . . . . .

2 a Other state of residence . . . . . CT

b Dates of Maryland residence . . . . . from . . . . . 09/01/17 to 12/31/17

c Number of months in residence . . . . . Taxpayer . . . . . Spouse . . . . . Average . . . . . 4

d If you received pension income, number of months . . . Taxpayer. \_\_\_\_ Spouse . \_\_\_\_

### Part III – Filing Status

- 1 Single (if you can be claimed on another person's return, use filing status 6)  
 2 Married filing joint return or spouse had no income  
 3 Married filing separately. Spouse's social security number . . . \_\_\_\_\_  
 4 Head of household  
 5 Qualifying widow(er) with dependent child  
 6 Dependent taxpayer

### Part IV – Other Information

- 1 At least two-thirds of gross income is derived from farming or fishing  
 2 You want the Maryland Revenue Administration Division to figure the underpayment penalty Form 502UP (see Tax Help for more information)
- Yes No**  
  3 Do you want to itemize even if itemized deductions are less than the standard deduction? \*  
  4 Do you want to take the standard deduction even if less than itemized deductions? \*
- \* Answer "Yes" to only one of questions 3 and 4 above, not both. (See Tax Help for more information.)
- 5 Enter tax liability from 2016 Form 502, line 34,  
or Form 505, line 37. (Enter '0' if no tax was owed) . . . . . \_\_\_\_\_  
6 Enter nonresident tax paid by pass-through entities from 2016  
Form 505, line 45 . . . . . \_\_\_\_\_  
 8 You agree to receive your statement of refund (Form 1099-G) electronically (see Tax Help)

### Part V – Decedent Information

Taxpayer date of death . . . . . \_\_\_\_\_  
Spouse date of death . . . . . \_\_\_\_\_

**Taxpayer Spouse**  
  If the taxpayer or spouse is deceased, you are acting as a 'personal representative' for the deceased

Name/title of taxpayer's personal representative . . . \_\_\_\_\_  
Name/title of spouse's personal representative . . . \_\_\_\_\_

### Part VI – Military Information – Form 502

#### Taxpayer:

- Yes No**  
1 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

#### Spouse:

- Yes No**  
2 a   Active duty military?  
b If Maryland is your home of record and you were stationed overseas during the tax year, what is your:  
1 Amount of military pay attributable to service outside the United States included in federal gross income . . . . . \_\_\_\_\_  
2 Total military pay received during the tax year . . . . . \_\_\_\_\_
- Yes No**  
c   In combat zone?  
d   Killed in action?

**Part VII – Electronic Filing Information**

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

*By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Comptroller of Maryland, as applicable by law.*

1 The state return will be filed electronically

**Electronic PDF Attachments**

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

Description	Filename

1 Date return was E-Filed . . . . . \_\_\_\_\_

**Yes No**

2 Does taxpayer authorize paid preparer not to file Maryland return electronically?

3 Date return was accepted by the state. . . \_\_\_\_\_

4 Date Form IND PV was given to client. . . \_\_\_\_\_

**QuickZoom** to the Maryland e-file Authentication Statement. . . . . ► \_\_\_\_\_

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

**Yes No**

1 Do you want Direct Deposit of state tax refund?

2 Do you want Electronic Funds Withdrawal of state tax payment (EF Only)?

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

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

4 Checking account

5 Savings account

6 Routing number . . . . . 011900254

7 Account number . . . . . 385022898562

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

9 Balance due from return . . . . . \_\_\_\_\_

10 Amount to withdraw from the account above . . . . . \_\_\_\_\_

11 If partial payment is made, remaining balance due . . . . \_\_\_\_\_

**International ACH Transactions:**

**Yes No**

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

**Part IX – Maryland Contributions**

1 Contribution to Chesapeake Bay and Endangered Species Fund. . . . . \_\_\_\_\_

2 Contribution to Developmental Disabilities Services and Support Fund . . . . \_\_\_\_\_

3 Contribution to Maryland Cancer Fund . . . . . \_\_\_\_\_

4 Contribution to Fair Campaign Financing Fund . . . . . \_\_\_\_\_

**Part X – Paid Preparer Information**

Enter the preparer's assigned code from preparer's information menu . . . . . 1

**Yes No**

Is your preparer authorized to discuss this return with us?

**Part XI – Extension Status**

**Yes** **No**

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

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

**QuickZoom** to Form 502E: Automatic Extension Payment for Personal Income Tax . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 502 . . . . . ▶

**QuickZoom** to Form 505 . . . . . ▶



# Local Tax Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <u>Yakub Pasha Shaik</u>	Social Security Number <u>860-83-4830</u>
---	--

**Taxpayer County** . . . . . HOWARD

*Enter Taxpayer County on Maryland Information Worksheet*

<b>1</b> Enter the Maryland taxable net income from line 20 . . . . .	<b>1</b>	<u>14,616.</u>
<b>2</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>2</b>	<u>19,081.</u>
<b>3</b> Enter taxpayer portion (or total if tax areas are the same) of line 2 . . . . .	<b>3</b>	<u>19,081.</u>
<b>4</b> Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2). . . . .	<b>4</b>	<u>100.00 %</u>
<b>5</b> Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4). . . . .	<b>5</b>	<u>14,616.</u>
<b>6</b> Local income tax rate . . . . .	<b>6</b>	<u>0.0320</u>
<b>7</b> Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502 . . . . .	<b>7</b>	<u>468.</u>

**Spouse County** . . . . . \_\_\_\_\_

*Enter Spouse County on Maryland Information Worksheet*

<b>8</b> Enter the Maryland taxable net income from line 20 of Form 502 . . . . .	<b>8</b>	<u>                    </u>
<b>9</b> Enter Maryland adjusted gross income (Form 502, line 16) . . . . .	<b>9</b>	<u>                    </u>
<b>10</b> Enter spouse portion of line 9. . . . .	<b>10</b>	<u>                    </u>
<b>11</b> Percentage of spouse income to total income (line 10 divided by line 9) . . . . .	<b>11</b>	<u>                    %</u>
<b>12</b> Maryland taxable net income attributed to spouse (line 8 times line 11) . . . . .	<b>12</b>	<u>                    </u>
<b>13</b> Local income tax rate . . . . .	<b>13</b>	<u>                    </u>
<b>14</b> Local income tax (multiply line 12 by line 13). Add the amount on line 7 to this amount and enter on line 28 of Form 502 . . . . .	<b>14</b>	<u>                    </u>

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Yakub Pasha Shaik	Social Security Number 860-83-4830
---------------------------	---------------------------------------

## 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	1,464.
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	
d	State withholding on Forms 1099-INT, 1099-DIV and 1099-OID . . . . .	d	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	1,464.
15	Date return will be filed and balance paid . . . . .	15	

## Part-Year Resident/Nonresident Allocation Worksheet 2017

▶ Keep for your records

Name(s) as Shown on Return <u>YAKUB PASHA SHAIK</u>	Your Social Security No. <u>860-83-4830</u>
--	--

	Federal Amount	Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from column C from MD sources
<b>T - Taxpayer; S - Spouse</b>				
<b>7</b> Wages, salaries, tips, etc. . . . . <b>T</b>	56,793.	19,081.	37,712.	0.
<b>S</b>				
<b>8</b> Federally taxable interest inc . . . . <b>T</b>				
<b>S</b>				
<b>9</b> Dividends . . . . . <b>T</b>				
<b>S</b>				
<b>10</b> State/local tax refunds . . . . . <b>T</b>				
<b>S</b>				
<b>11</b> Alimony received . . . . . <b>T</b>				
<b>S</b>				
<b>12</b> Business income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>13</b> Capital gain or loss . . . . . <b>T</b>				
<b>S</b>				
<b>14</b> Other gains and losses . . . . . <b>T</b>				
<b>S</b>				
<b>15</b> Taxable IRA distribution . . . . . <b>T</b>				
<b>S</b>				
<b>16</b> Taxable pension and annuities . . <b>T</b>				
<b>S</b>				
<b>17</b> Rentals, royalties, p'ship, etc. . . . <b>T</b>				
<b>S</b>				
<b>18</b> Farm income or loss . . . . . <b>T</b>				
<b>S</b>				
<b>19</b> Unemployment compensation . . <b>T</b>				
<b>S</b>				
<b>20 a</b> Taxable social security benefits . <b>T</b>				
<b>S</b>				
<b>b</b> Taxable railroad retirements . . . <b>T</b>				
<b>S</b>				
<b>21</b> Other income . . . . . <b>T</b>				
<b>S</b>				
<b>22</b> <b>Total income</b> . . . . . <b>T</b>	56,793.	19,081.	37,712.	0.
<b>S</b>				

		Federal Amount	Resident Period	Nonresident Period	
T - Taxpayer; S - Spouse		Column A Amount from federal return	Column B Amount from column A for this period	Column C Amount from column A for this period	Column D Amount from column C from MD sources
23	Educator expenses . . . . . T				
	S				
24	Certain business expenses . . . . T				
	S				
25	Health savings account . . . . . T				
	S				
26	Moving expenses . . . . . T				
	S				
27	Self-employment tax deduction . . T				
	S				
28	Self-employed SEP, SIMPLE . . . T				
	S				
29	Self-employed health insurance . T				
	S				
30	Early withdrawal penalty . . . . . T				
	S				
31	Alimony paid . . . . . T				
	S				
32	IRA deduction . . . . . T				
	S				
33	Student loan interest deduction . . T				
	S				
34	Tuition and fees deduction . . . . T				
	S				
35	Domestic production activities . . T				
	S				
	Total other adjustments . . . . . T				
	S				
36	<b>Total adjustments</b> . . . . . T				
	S				
37	<b>Adjusted gross income</b> . . . . . T	56,793.	19,081.	37,712.	0.
	S				

# Smart Worksheets from your 2017 Maryland Tax Return

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

<b>Maryland Income Factor Smart Worksheet</b> Supporting information provided by program. No Entries Are Needed.	
For part-year residents	
<b>A</b>	Enter amount from line 16 of Form 502 . . . . . <u>19,081.</u>
<b>B</b>	Enter amount from line 1 of Form 502 . . . . . <u>56,793.</u>
<b>C</b>	Divide line A by line B. The factor cannot exceed 1 and cannot be less than zero. If line A is zero or less, the factor is zero. If line A is greater than zero and line B is zero or less, the factor is 1 . . . . . <u>0.335975</u>

SMART WORKSHEET FOR: Form 502: Resident / Part Year Resident Return

<b>Itemized Deduction Decoupling Smart Worksheet</b>	
<b>A</b>	State and local income taxes from Schedule A, line 5 . . . . . <u>3102</u>
<b>B</b>	Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F . . . . . <u>0</u>
<b>C</b>	Difference between federal itemized deductions calculated with and without regard to the provisions of the Job Creation and Worker Assistance Act, the Jobs and Growth Tax Relief Reconciliation Act, the American Jobs Creation Act, the Tax Increase Prevention and Reconciliation Act, the Small Business and Work Opportunity Tax Act, and the American Recovery and Reinvestment Act (to Form 500DM, line 5a) . . . . . _____