

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 for the latest information.**

2017

Submission Identification Number (SID) ▶

Taxpayer's name PREM KUMAR PEDDIRAJU	Social security number 609-67-7543
Spouse's name GOWRI SYAMA SUDHA PEDDIRAJU	Spouse's social security number 941-90-8230

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	92,994.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,351.
3 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)	3	8,627.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	3,276.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

7	7	5	4	3
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 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 GLOBAL TAXES LLC to enter or generate my PIN

0	8	2	3	0
---	---	---	---	---

 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: **PREM KUMAR** Last name: **PEDDIRAJU** Your social security number: **609-67-7543**

If a joint return, spouse's first name and initial: **GOWRI SYAMA SUDHA** Last name: **PEDDIRAJU** Spouse's social security number: **941-90-8230**

Home address (number and street). If you have a P.O. box, see instructions. **3010 OAK GREEN CT** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ELLCOTT CITY MD 21043** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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)
SAIPURNA	PEDDIRAJU	941-90-8243	Son	<input checked="" type="checkbox"/>
SAANVIKA	PEDDIRAJU	165-77-2330	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you: **2**
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: _____

Add numbers on lines above ▶ **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 92,994.

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**

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 ▶ **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 total income ▶ **22** 92,994.

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 adjusted gross income ▶ **37** 92,994.

38	Amount from line 37 (adjusted gross income)	38	92,994.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,578.
41	Subtract line 40 from line 38	41	71,416.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	55,216.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,351.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	7,351.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	2,000.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	2,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,351.
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,351.
64	Federal income tax withheld from Forms W-2 and 1099	64	8,627.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	8,627.
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,276.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,276.
b	Routing number 0 7 1 0 0 0 0 1 3 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 2 5 7 2 6 9 3 9 5		
77	Amount of line 75 you want applied to your 2018 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

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 SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/24/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name ▶ GLOBAL TAXES LLC	Firm's EIN ▶ 30-1017196			
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to 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

PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU

609-67-7543

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		2,558.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	2,558.

Interest You Paid

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

10	Home mortgage interest and points reported to you on Form 1098	10	
11	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 ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. See instructions	14	
15	Add lines 10 through 14	15	

Gifts to Charity

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

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

Casualty and Theft Losses

20	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	20	
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Job Expenses and Certain Miscellaneous Deductions

21	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>	21	20,880.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	20,880.
25	Enter amount from Form 1040, line 38 25 92,994.		
26	Multiply line 25 by 2% (0.02)	26	1,860.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	19,020.

Other Miscellaneous Deductions

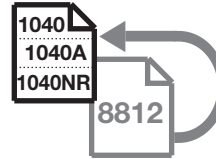
28	Other—from list in instructions. List type and amount ▶	28	
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?		
	<input checked="" type="checkbox"/> No. 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.	29	21,578.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU

Your social security number

609-67-7543

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit.				
If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:				
1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).	}	1		2,000.
1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).				
1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).				
2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49		2		2,000.
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit		3		0.
4a Earned income (see separate instructions)	4a			
b Nontaxable combat pay (see separate instructions)	4b			
5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5			
6 Multiply the amount on line 5 by 15% (0.15) and enter the result		6		
Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.				

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	8	
9	Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	
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Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

2017

Department of the Treasury
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Taxpayer identification number 609-67-7543
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ACTC	AOTC
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
c Have you determined that the taxpayer has not released the claim to another person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

Part V Credit Eligibility Certification

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

2017

Attachment
Sequence No. **129A**

▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name PREM KUMAR PEDDIRAJU	Occupation in which you incurred expenses	Social security number 609-67-7543
--	---	--

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

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,400.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	15,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,080.
5 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.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (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.)	6	20,880.

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

PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					92,994.
Adjustments to income					
Adjusted gross income					92,994.
Tax expense					2,558.
Interest expense . . .					
Contributions					
Miscellaneous deductions					19,020.
Other Itemized Deductions					
Total itemized/standard deduction . .					21,578.
Exemption amount . .					16,200.
Taxable income					55,216.
Tax					7,351.
Alternative min tax . .					
Total credits					2,000.
Other taxes					
Payments					8,627.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,276.
Effective tax rate % . .					5.75
**Tax bracket %					15.0

**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 (PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU) and Social Security Number (609-67-7543)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) 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) 77543 Spouse's PIN (5 numbers) 08230 Date 02/25/2018

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name PEDDIRAJU
 First name PREM KUMAR
 Middle initial Suffix
 Social security no. 609-67-7543
 Occupation SOFTWARE ENGINEER
 Date of birth 03/30/1981 (mm/dd/yyyy)
 Age as of 1-1-2018 36
 Date of death
 Legally blind
 E-mail address PREM.PEDDIRAJU@GMAIL.COM
 Work phone Ext
 Cell phone (623) 296-5168
 Home phone
 Fax number

Spouse:

Last name (if different) PEDDIRAJU
 First name GOWRI SYAMA SUDHA
 Middle initial Suffix
 Social security no. 941-90-8230
 Occupation HOMEMAKER
 Date of birth 06/23/1982 (mm/dd/yyyy)
 Age as of 1-1-2018 35
 Date of death
 Legally blind
 E-mail address PREM.PEDDIRAJU@GMAIL.COM
 Work phone Ext
 Cell phone (224) 522-4437
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (623) 296-5168
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 3010 OAK GREEN CT Apt no.
 City ELLICOTT CITY State MD ZIP code 21043

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
SAIPURNA PUSKAL PEDDIRAJU		941-90-8243 Son	07/08/2011	6	12		L	
SAANVIKA PEDDIRAJU		165-77-2330 Daughter	01/30/2017	0	11		L	

* **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

Part-Year Resident State Allocation Worksheet

2017

► Keep for your records

Name(s) Shown on Return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	92,994.	<u>MD</u>	<u>MD</u>	4,480.
		<u>AZ</u>	<u>AZ</u>	88,514.
		—	—	—
S Wages, salaries, tips		—	—	—
		—	—	—
		—	—	—
		—	—	—

* Enter state of source only if income is associated with a trade or a business ▼

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	92,994.				
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid					
S Alimony paid					
23 T IRA deduction					
S IRA deduction					
24 T Student loan interest deduction . . .					
S Student loan interest deduction . . .					
25 T Tuition and fees deduction					
S Tuition and fees deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
31 Total adjustments T						
32 Adjusted gross income T						92,994.

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU) and Social Security Number (609-67-7543)

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. 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. 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 [X]

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

Driver's License Detail

Taxpayer:

Issuing state: AZ, License number: D09373924, Issue date: 12/20/2017, Expiration date: 10/16/2018, Does not expire: [], NY Document number: _____

Spouse:

Issuing state: AZ, License number: D09497881, Issue date: 12/20/2017, Expiration date: 10/16/2018, Does not expire: [], NY Document number: _____

State Identification Card Detail

Taxpayer:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], NY Document number: _____

Spouse:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], 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, Returning client to same firm

Identity Verification Method (select one):

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

Documents Used to Verify Primary Taxpayer Identity:

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

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

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

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU; Social Security Number: 609-67-7543

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

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

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative	<input type="checkbox"/>	<input type="checkbox"/>
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 PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
Virtuouspros Inc		4,480.	184.	4,480.	168.
COGNIZANT TECHNOLOGY		88,514.	8,443.	88,514.	2,390.
Totals		92,994.	8,627.	92,994.	2,558.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C	92,994.		92,994.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	8,627.		8,627.
3 & 7	Total social security wages/tips	92,994.		92,994.
4	Total social security tax withheld	5,766.		5,766.
5	Total Medicare wages and tips	92,994.		92,994.
6	Total Medicare tax withheld	1,348.		1,348.
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	14,260.		14,260.
b	Elective deferrals to qualified plans			
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	14,260.		14,260.
14 a	Total deductible mandatory state tax			
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	92,994.		92,994.
17	Total state tax withheld	2,558.		2,558.
19	Total local tax withheld.			

Name as shown on return PREM KUMAR PEDDIRAJU	Social Security Number 609-67-7543
---	---------------------------------------

Employer EIN 46-4247594
Employer Name Virtuouspros Inc
 Name (cont.) _____
Street Address or P. O. Box 10000 N 31ST AVENUE
City Phoenix **State** AZ **ZIP** 85051
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.

1 Wages, tips, other comp	4,480.	2 Federal tax withheld	184.
3 Social security wages	4,480.	4 Social sec tax withheld	278.
5 Medicare wages and tips	4,480.	6 Medicare tax withheld	65.
7 Social security tips		8 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 not 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
MD	16995769	4,480.	168.
_____	_____	_____	_____
_____	_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code **9** _____
10 Dependent care benefits (Check if employer furnished care at work) . . . ▶ **10** _____
 Dependent care benefits - Amount forfeited from flexible spending account . . . _____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11** _____

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

PREM KUMAR PEDDIRAJU	609-67-7543 Page 2
Employer Name <u>Virtuouspros Inc</u>	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 609-67-7543

First name PREM KUMAR M.I. Last name PEDDIRAJU Suff. _____

Address 3010 OAK GREEN CT City ELLICOTT CITY St MD ZIP code 21043

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

► Keep for your records

Name as shown on return
PREM KUMAR PEDDIRAJU

Social Security Number
609-67-7543

Employer EIN 13-3924155

Employer Name COGNIZANT TECHNOLOGY

Name (cont.)

Street Address or P. O. Box 211 QUALITY CIR STE 150

City COLLEGE STATION State TX ZIP 77845

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.

1	Wages, tips, other comp	88,514.	2	Federal tax withheld	8,443.
3	Social security wages	88,514.	4	Social sec tax withheld	5,488.
5	Medicare wages and tips	88,514.	6	Medicare tax withheld	1,283.
7	Social security tips		8	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	48.	A: Enter amount attributable to RRTA Tier 2 tax
DD	14,212.	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 not 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	13-3924155 000 4	88,514.	2,390.

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

- 9 Verification Code 9 6bd3-e90b-7687-0b38
 10 Dependent care benefits (Check if employer furnished care at work) 10
 Dependent care benefits - Amount forfeited from flexible spending account
 11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11

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

PREM KUMAR PEDDIRAJU	609-67-7543 Page 2
Employer Name COGNIZANT TECHNOLOGY	

Part I Statutory employees

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

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

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

Part III Unreported Tip Income

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

Part IV Substitute Form W-2

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

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

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

d QuickZoom to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

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

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 609-67-7543

First name M.I. Last name Suff.

PREM KUMAR PEDDIRAJU

Address City St ZIP code

3010 OAK GREEN CT ELLICOTT CITY MD 21043

Foreign Province/County Foreign Postal Code

Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Name as Shown on Return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security No. 609-67-7543
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children: 2 X \$1,000. Enter the result	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22	2	92,994.
3	1040 filers: enter the total of any — <ul style="list-style-type: none"> Exclusion of income from Puerto Rico, and Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. 1040A filers: Enter -0-.	3	0.
4	Add lines 2 and 3. Enter the total	4	92,994.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result.	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i>	8	2,000.

Part 2

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30	9	7,351.
10	Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"> Mortgage interest credit, Form 8396 Adoption Credit, Form 8839 Residential energy efficient property credit, Form 5695, Part I District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result.	12	7,351.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below.	13	2,000.

Enter this amount on Form 1040, line 52, or Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Caution: Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above.	1	
2	Enter earned income from the Earned Income Worksheet that applies to you	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: <ul style="list-style-type: none"> • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below.	6	7,114.
7	1040 filers: Enter the total of any — <ul style="list-style-type: none"> • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	7	
8	Add lines 6 and 7. Enter the total	8	
9	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — <ul style="list-style-type: none"> • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. 	9	
10	Subtract line 9 from line 8. If zero or less, enter -0-	10	
11	Enter the larger of line 4 or line 10	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-.	12	
13	Next, figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 Then, go to line 13. Enter the total of the amounts from — <ul style="list-style-type: none"> • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. 	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet	14	
15	Add lines 13 and 14. Enter the total	15	

Enter this amount on line 11 of the Child Tax Credit Worksheet.

Note: Railroad Employees

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:	Federal	State	Local
10 Forms W-2	8,627.	2,558.	
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 Total Withholding Lines 10 through 18d	8,627.	2,558.	
20 Total Tax Payments for 2017	8,627.	2,558.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income	_____	_____	_____
b Optional Method and Church Employee income	_____	_____	_____
c Add lines 1a and 1b	_____	_____	_____
d One-half of self-employment tax	_____	_____	_____
e Subtract line 1d from line 1c	_____	_____	_____
2 If not required to file Schedule SE:			
a Net farm profit or (loss)	_____	_____	_____
b Net nonfarm profit or (loss)	_____	_____	_____
c Add lines 2a and 2b	_____	_____	_____
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	_____	_____	_____
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	_____	_____	_____

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	92,994 .	_____	92,994 .
7 a Taxable employer-provided adoption benefits	_____	_____	_____
b Foreign earned income exclusion	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	92,994 .	_____	92,994 .
9 a Taxable dependent care benefits	_____	_____	_____
b Nontaxable combat pay	_____	_____	_____
10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5	92,994 .	_____	92,994 .
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	92,994 .	_____	92,994 .

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	_____	_____	_____
16 Wages, salaries, tips, etc	92,994 .	_____	92,994 .
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.	92,994 .	_____	92,994 .

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

23 Self-employed, church and statutory employees	_____	_____	_____
24 Wages, salaries, tips, etc	92,994 .	_____	92,994 .
25 Nontaxable combat pay	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	92,994 .	_____	92,994 .

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
---	---------------------------------------

2016 State and Local Income Tax Information

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

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		21,578.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		92,994.
6	Tax liability for Form 2210 or Form 2210-F		5,351.
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
 PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	92,994.
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	_____
Total Gross Income	92,994.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 92,994.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	2,558.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	19,020.
Phaseout of itemized deductions	_____
Total Itemized Deductions	21,578.
Standard deduction	_____
Exemption amount	16,200.

Taxable Income 55,216.

Income tax	7,351.
Alternative minimum tax	_____
Total Taxes before Credits	7,351.
Nonbusiness credits	2,000.
Business credits	_____
Total Credits	2,000.
Self-employment tax	_____
Other taxes	_____

Total Tax 5,351.

Withholding	8,627.
Estimated tax payments	_____
Other payments	_____
Total Payments	8,627.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,276.

Refund 3,276.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	5.75 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>7,351.</u>
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>7,351.</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 92,994.
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 92,994.
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) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
AZ	01/01/17	11/30/17	5.6000	5.6000	0.0000	934.	0.	855.
MD	12/01/17	12/31/17	6.0000	6.0000	0.0000	884.	0.	75.

Total general sales taxes from table 930.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 930.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 2,558.

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

Paid Preparer Smart Worksheet

If different from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

A Enter paid preparer code from Firm/Preparer Info. 1

SMART WORKSHEET FOR: Child Tax Credit Worksheet

Line 6 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) <u>5,766.</u>
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>1,348.</u>
C	Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) <u>0.</u>
D	Add line A, B, and C <u>7,114.</u>
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u>
F	Subtract line E from line D. <u>7,114.</u>
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). <u>0.</u>
I	Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u>
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. _____
K	Add lines H, I, and J <u>0.</u>
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) _____
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) _____
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J _____
O	Add line L, M, and N _____
Line 6 Amount	
P	Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 <u>7,114.</u>



171010013

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions on Page 2.

Print Using Blue or Black Ink Only.

PREM KUMAR PEDDIRAJU 609677543
First Name Initial Last Name SSN/Taxpayer Identification Number

GOWRI SYAMA SUDHA PEDDIRAJU 941908230
Spouse's First Name Initial Spouse's Last Name SSN/Taxpayer Identification Number

Part I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2018 estimated tax
2. Amount of overpayment to be refunded to you REFUND
3. Total amount due (Pay in full by April 15, 2018. See instructions.) 13

Part II Taxpayer Declaration and Signature Authorization

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2017 Maryland electronic income tax return.

Your PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 77543 as my signature on my tax year 2017 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter or generate my PIN 08230 as my signature on my tax year 2017 electronically filed income tax return.

[] I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only

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

I certify this numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature Date 05242018

DO NOT MAIL



175020013

OR FISCAL YEAR BEGINNING _____ 2017, ENDING _____

609677543 Your Social Security Number 941908230 Spouse's Social Security Number

PREM KUMAR Your First Name Initial

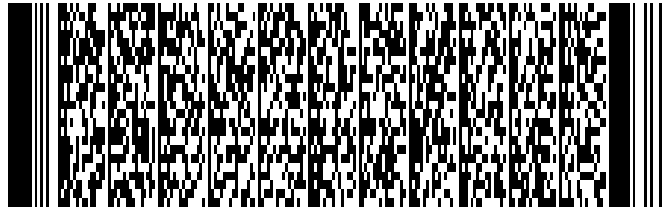
PEDDIRAJU Your Last Name

GOWRI SYAMA SUDHA Spouse's First Name Initial

PEDDIRAJU Spouse's Last Name

3010 OAK GREEN CT Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

ELLICOTT CITY MD 21043 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town State ZIP Code



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.

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 HOWARD 4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

3010 OAK GREEN CT Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

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

ELLICOTT CITY MD 21043 HOWARD City State ZIP Code Maryland County

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. [X] 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 12012017 TO 12312017

Other state of residence: AZ

If you began or ended legal residence in Maryland in 2017 place a P in the box. 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 [X] Spouse Enter number checked [2] See Instruction 10 A. \$ 6400
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 [2] See Instruction 10 C. \$ 6400
D. Enter Total Exemptions (Add A, B and C.) [4] Total Amount D. \$ 12800



175020113

NAME PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU SSN 609677543

INCOME See Instruction 11.	1. Adjusted gross income from your federal return	▶ 1.	<u>92994</u>
	1a. Wages, salaries and/or tips	▶ 1a.	<u>92994</u>
	1b. Earned income	▶ 1b.	_____
	1c. Capital Gain or (loss)	▶ 1c.	_____
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	▶ 1d.	_____
1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450 ▶ <input type="checkbox"/>			
ADDITIONS TO INCOME 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>92994</u>
	SUBTRACTIONS FROM INCOME 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>88514</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>88514</u>
16. Maryland adjusted gross income (Subtract line 15 from line 7.)		▶ 16.	<u>4480</u>
All taxpayers must select one method and check the appropriate box.			
DEDUCTION METHOD See Instruction 16.	▶ <input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
	▶ <input checked="" type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A)	▶ 17a.	<u>21578</u>
	17b. State and local income taxes (See Instruction 14.)	▶ 17b.	<u>2558</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>916</u>	
18. Net income (Subtract line 17 from line 16.)	▶ 18.	<u>3564</u>	
19. Exemption amount from Exemptions area (See Instruction 10.)	▶ 19.	<u>617</u>	
20. Taxable net income (Subtract line 19 from line 18.)	▶ 20.	<u>2947</u>	
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	▶ 21.	<u>87</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 (Attach Form 502CR.)	▶ 24.	_____
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	▶ 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>87</u>
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 0320 or use the Local Tax Worksheet	▶ 28.	<u>94</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 (Attach Form 502CR.)	▶ 31.	_____
	32. Total credits (Add lines 29 through 31.)	▶ 32.	_____
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.	▶ 33.	<u>94</u>
34. Total Maryland and local tax (Add lines 27 and 33.)	▶ 34.	<u>181</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. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	▶ 39.	<u>181</u>	



175020213

NAME PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU SSN 609677543

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, Amount of overpayment to be 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: [] Checking [] Savings

51b.Routing Number (9-digits) [] 51c. Account Number []

[] 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.

Your signature _____ Date _____ APPANA RUPA VENKATA S Signature of preparer other than taxpayer
Spouse's signature _____ Date _____ 2530 PEBBLE CREEK LN Street address of preparer
CUMMING GA 30041 City, State, ZIP
6467277157 Telephone number of preparer 02090332 Preparer's PTIN (required by law)

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



17502B013

609677543 Your Social Security Number

941908230 Spouse's Social Security Number

Print Using Blue or Black Ink Only

PREM KUMAR Your First Name Initial

PEDDIRAJU Your Last Name

GOWRI SYAMA SUDHA Spouse's First Name Initial

PEDDIRAJU Spouse's Last Name



Summary

- 1. Enter the total number checked below for Regular dependents (4) ... 2
2. Enter the total number checked below for dependents 65 or over (5) ... 2
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) ... 2

Dependents (If a dependent listed below is age 65 or over, please check both 4 and 5.)

Form for Dependent 1: SAIPURNA PUSHKAL PEDDIRAJU, SON, Regular checked, 65 or over unchecked.

Form for Dependent 2: SAANVIKA PEDDIRAJU, DAUGHTER, Regular checked, 65 or over unchecked.

Form for Dependent 3: Empty fields.

Form for Dependent 4: Empty fields.

Form for Dependent 5: Empty fields.

Form for Dependent 6: Empty fields.

MARYLAND FORM IND PV

PAYMENT VOUCHER



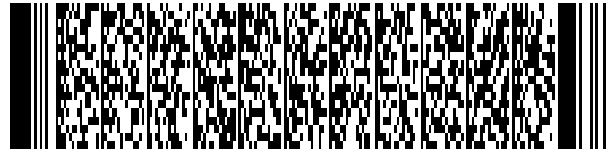
17502M013

2017

IMPORTANT:

Review the instructions before completing this form. This form should only be submitted with payments from Form 502 or Form 505.

Print Using Blue or Black Ink Only.



1. 609677543 Your Social Security Number

2. 941908230 If Joint Return, Spouse's Social Security Number

3. PEDDIRAJU PREM KUMAR Your Last Name Your First Name MI

4. PEDDIRAJU GOWRI SYAMA SUDHA If Joint Return, Spouse's Last Name Spouse's First Name MI

5. 3010 OAK GREEN CT Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

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

7. ELLICOTT CITY MD 21043 City or Town State ZIP Code

8. If you electronically filed your tax return, enter an "E" on Line 8. If you filed a paper tax return, enter a "P" on Line 8. 8. E

9. If you filed your taxes using Form 502, enter "502" on Line 9. If you filed your taxes using Form 505, enter "505" on Line 9. Use a separate Form IND PV for each type of tax return filed 9. 502

10. Amount Paid By Check or Money Order 10. \$ 13 00

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.

INSTRUCTIONS

The Form IND PV is a payment voucher you will send with your check or money order for any balance due on the "Total Amount Due" line of your 2017 Form 502 or 2017 Form 505. If you are paying electronically (not sending a check or money order) for your balance due, you do not need to complete this form.

Note: If your paper or electronic tax return has a balance due, you may pay electronically at www.marylandtaxes.gov by selecting Bill Pay. The amount that you designate will be debited from your bank or financial institution on the date that you choose.

Specific Instructions

- Line 1 Enter your Social Security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.
Line 2 If you are filing a joint return, enter the spouse's SSN shown second on your return.
Line 3 Enter your name as shown on your return. Print clearly.
Line 4 Enter your spouse's name as shown on your return. Print clearly.
Line 5 Enter street number and street name. If using a PO Box address, enter "PO Box" and the PO Box number.
Line 6 If applicable, enter floor, suite, or apartment number for current mailing address. If address is PO Box, leave blank.

Line 7 Enter City or Town, State and ZIP Code. If using a foreign address, enter the city or town and state or province on the "City or Town" line. Enter the name of the country on the "State" line. Enter the postal code on the "ZIP Code" line.

Line 10 Enter the amount you are paying by check or money order.

Payment Instructions

- Make your check or money order payable to "Comptroller of Maryland."
Use blue or black ink only.
Write the type of tax and year of tax being paid on your check. It is recommended that you include your Social Security number on your check.
DO NOT SEND CASH.

Mailing Instructions

- Attach check or money order to Form IND PV.
Do not attach Form IND PV and check/money order to Form 502 or Form 505.
If mailing Form IND PV with Form 502 or 505, place Form IND PV with attached check/money order on top of Form 502 or Form 505.

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 PREM KUMAR
Middle Initial Suffix
Last Name PEDDIRAJU
Social Security No. 609-67-7543

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 GOWRI SYAMA SUDHA
Middle Initial Suffix
Last Name PEDDIRAJU
Social Security No. 941-90-8230

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

Daytime Phone * []

Street Address 3010 OAK GREEN CT Apt Number
City or Town ELLICOTT CITY
State MD ZIP Code 21043
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)
3010 OAK GREEN CT
Physical Street Address Line 2 (Apt. No., Ste No., etc.) (No PO Box)
City or Town State ZIP Code
ELLICOTT CITY MD 21043

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 AZ
b Dates of Maryland residence from 12/01/17 to 12/31/17
c Number of months in residence Taxpayer. 1 Spouse . 1 Average 1

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) JP MORGAN CHASE

4 Checking account

5 Savings account

6 Routing number 071000013

7 Account number 257269395

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 PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
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Taxpayer County HOWARD

Enter Taxpayer County on Maryland Information Worksheet

1 Enter the Maryland taxable net income from line 20	1	<u>2,947.</u>
2 Enter Maryland adjusted gross income (Form 502, line 16)	2	<u>4,480.</u>
3 Enter taxpayer portion (or total if tax areas are the same) of line 2	3	<u>4,480.</u>
4 Percentage of taxpayer income (or 100% if tax areas are the same) to total income (line 3 divided by line 2).	4	<u>100.00 %</u>
5 Maryland taxable net income attributed to taxpayer, or to both if tax areas are the same (line 1 times line 4).	5	<u>2,947.</u>
6 Local income tax rate	6	<u>0.0320</u>
7 Local income tax (multiply line 5 by line 6). Enter this amount on line 28 of Form 502	7	<u>94.</u>

Spouse County _____

Enter Spouse County on Maryland Information Worksheet

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Social Security Number 609-67-7543
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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	168.
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	Total income tax withheld	14	168.
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 PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU	Your Social Security No. 609-67-7543
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	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
T - Taxpayer; S - Spouse				
7 Wages, salaries, tips, etc. T	92,994.	4,480.	88,514.	0.
S				
8 Federally taxable interest inc T				
S				
9 Dividends T				
S				
10 State/local tax refunds T				
S				
11 Alimony received T				
S				
12 Business income or loss T				
S				
13 Capital gain or loss T				
S				
14 Other gains and losses T				
S				
15 Taxable IRA distribution T				
S				
16 Taxable pension and annuities . . T				
S				
17 Rentals, royalties, p'ship, etc. . . . T				
S				
18 Farm income or loss T				
S				
19 Unemployment compensation . . T				
S				
20 a Taxable social security benefits . T				
S				
b Taxable railroad retirements . . . T				
S				
21 Other income T				
S				
22 Total income T	92,994.	4,480.	88,514.	0.
S				

		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	Total adjustments T				
	S				
37	Adjusted gross income T	92,994.	4,480.	88,514.	0.
	S				

Maryland e-file Authentication Statement

2017

► Keep for your records

Name(s) Shown on Return

PREM KUMAR & GOWRI SYAMA SUDHA PEDDIRAJU

Social Security Number

609-67-7543

Practitioner PIN Authorization

By checking this box you are electing to file Form EL101 for this return (Practitioner PIN)

Choose one:

- Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN
- Taxpayer(s) entered own PIN(s)
- Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer Declaration and Tax Return Signature

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.

I consent to allow my Intermediate Service Provider, Transmitter, or Electronic Return Originator (ERO) to send my return to the State of Maryland and to receive the following information from the State of Maryland: (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.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Maryland of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

I am signing my Maryland Tax Return by entering the same five-digit Self-Select PIN that I used for my federal return filing.

Taxpayer's PIN (5 numbers) 77543
 Spouse's PIN (5 numbers) 08230
 Date 02/25/2018

Smart Worksheets from your 2017 Maryland Tax Return

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

Maryland Income Factor Smart Worksheet Supporting information provided by program. No Entries Are Needed.	
For part-year residents	
A	Enter amount from line 16 of Form 502 <u>4,480.</u>
B	Enter amount from line 1 of Form 502 <u>92,994.</u>
C	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>0.048175</u>

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

Itemized Deduction Decoupling Smart Worksheet	
A	State and local income taxes from Schedule A, line 5 <u>2558</u>
B	Amount deducted as contributions of Preservation and Conservation Easements for which a credit is claimed on Form 502CR, Part F <u>0</u>
C	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) _____