

FOR TAX YEAR 2017

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE

Sterling, VA 20165

(703)584-5533

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE
Sterling, VA 20165
nandakumarkv@aotax.com
Phone: (703)584-5533 | Fax:

February 05, 2018

Karthikeyan Rajagopalan & Nithya Kannan
515 E Grant St Apt 709
Minneapolis, MN 55404

Subject: Preparation of Your 2017 Tax Returns

Karthikeyan Rajagopalan & Nithya Kannan:

Thank you for choosing ADVANTAGE ONE TAX CONSULTING INC to assist you with your 2017 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2017 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2017 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (703)584-5533.

Sincerely,

Sumit Panjabi
ADVANTAGE ONE TAX CONSULTING INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

ADVANTAGE ONE TAX CONSULTING INC

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515 E Grant St Apt 709
Minneapolis, MN 55404

Karthikeyan Rajagopalan & Nithya Kannan:

| Return Type | Refund/Balance Due | Transaction Method |
|----------------------|--------------------|--------------------------|
| Federal Income Tax | \$2,209 Refund | Direct Deposit to **5040 |
| Minnesota Income Tax | \$566 Refund | Direct Deposit to **5040 |

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Minnesota Income Tax

Sincerely,

Sumit Panjabi
ADVANTAGE ONE TAX CONSULTING INC

ADVANTAGE ONE TAX CONSULTING INC

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February 05, 2018

Karthikeyan Rajagopalan & Nithya Kannan
515 E Grant St Apt 709
Minneapolis, MN 55404

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (703)584-5533.

Sincerely,

Sumit Panjabi
ADVANTAGE ONE TAX CONSULTING INC

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE
Sterling, VA 20165
nandakumarkv@aotax.com
Phone: (703)584-5533 | Fax:

| Customer Name | Customer Information | |
|--|----------------------|------------------------|
| Karthikeyan Rajagopalan & Nithya Kannan 515 E Grant St Apt 709 Minneapolis, MN 55404 | Invoice #: | |
| | Date: | February 05, 2018 |
| | Phone: | (201)920-0240 |
| | E-mail: | KARTHYKN1784@GMAIL.COM |

Your 2017 tax return was prepared by Sumit Panjabi.

| Description | Fee |
|---------------------------------------|---|
| Federal And Supplemental Forms | |
| Form 1040 | U.S. Individual Income Tax Return |
| Form 8812 | Additional Child Tax Credit |
| Form 8867 | Paid Preparer's Due Diligence Checklist |
| Form 8879 | E-File Signature Authorization |
| Form 9325 | General Information for Electronic Filing |
| Form W-2 | Wage and Tax Statement |
| Tax Act Impact | Tax Act Impact Worksheet |
| Tax Computation | Computation of Regular Tax |
| Wks 8812 | Form 8812 Worksheet - Child Tax Credit |
| Comparison | Tax Year Comparison Sheet |
| W-2 Listing | Listing of All Forms W-2 |
| Minnesota Forms | |
| MN 1 | Individual Income Tax Return |
| MN 1W | Withholding Information |
| MN EF_ACK | E-file Acknowledgement |
| Total Forms | 14 |
| | Forms Subtotal |
| | Total Balance Due |
| | 0.00 |
| | 0.00 |

Payment due upon receipt. Thank you for your business!

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Taxpayer name

KARTHIKEYAN RAJAGOPALAN & NITHYA KA

Taxpayer address (optional)

515 E GRANT ST APT 709
MINNEAPOLIS, MN 55404

1. Your federal income tax return for 2017 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ADVANTAGE ONE TAX CONSULTING INC.
2. Your return was accepted on 01-30-2018 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5408932018030hdxwnfb.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

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

See separate instructions.

Your first name and initial: **KARTHIKEYAN** Last name: **RAJAGOPALAN** Your social security number: **834-57-5932**

If a joint return, spouse's first name and initial: **NITHYA** Last name: **KANNAN** Spouse's social security number: **943-92-7597**

Home address (number and street). If you have a P.O. box, see instructions. **515 E GRANT ST** Apt. no. **709**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MINNEAPOLIS MN 55404**

Foreign country name Foreign province/state/county Foreign postal code

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

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) Chk if child under age 17 qualifying for child tax credit (see instructions) |
|-----------------|--------------------|--|-------------------------------------|--|
| NAYONIKA | KARTHIKEYAN | 955-91-0823 | DAUGHTER | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **3**

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

No. of children on 6c who:
 • lived with you **1**
 • did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **3**

Income

| | | | |
|-----|---|-----|--------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 71,952 |
| 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 <input type="checkbox"/> | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions | 15a | |
| b | Taxable amount | 15b | |
| 16a | Pensions and annuities | 16a | |
| b | Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits | 20a | |
| b | Taxable amount | 20b | |
| 21 | Other income | 21 | |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 71,952 |

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 | 31a | |
| b | Recipient's SSN | | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Reserved for future use | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 0 |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income | 37 | 71,952 |

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit

OMB No. 1545-0074

2017

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.**

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

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.*

CAUTION

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).

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**

3 Subtract line 2 from line 1. If zero, **stop** here; you cannot claim this credit **3**

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?
 No. Leave line 5 blank and enter -0- on line 6.
 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?
 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.
 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.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 8812 (Form 1040A or 1040) 2017

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)

► 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.

| | |
|--|--|
| Taxpayer name(s) shown on return KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN | Taxpayer identification number 834-57-5932 |
| Enter preparer's name and PTIN SUMIT PANJABI P00624311 | |

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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • 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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 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"/> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> |
| 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"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> |

For Paperwork Reduction Act Notice, see separate instructions.

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 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 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 |
|---|---|

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**

2017

▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶ **5408932018030hdxwnfb**

| | | |
|---|--|---|
| Taxpayer's name KARTHIKEYAN RAJAGOPALAN | | Social security number 834-57-5932 |
| Spouse's name NITHYA KANNAN | | Spouse's social security number 943-92-7597 |

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 | 71,952 |
| 2 | Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 5,136 |
| 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 | 7,345 |
| 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 | 2,209 |
| 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 RTN=021200339 Acct=381035165040

I authorize ADVANTAGE ONE TAX CONSULTIN to enter or generate my PIN 91058
ERO firm name Enter five digits, but don't enter all zeros
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. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize ADVANTAGE ONE TAX CONSULTIN to enter or generate my PIN 51566
ERO firm name Enter five digits, but don't enter all zeros
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. 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. 540893-36506
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 ▶ 02-05-2018

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (2017)

| | | | | | | | | | | | | | |
|--|--|---|--|--|--|-----------------------------------|--|--|--|--|--|--|--|
| | | a Employee's social security number 834-57-5932 | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile | | | |
| b Employer identification number (EIN) 58-1760235 | | | | 1 Wages, tips, other compensation 71,952 | | | | 2 Federal income tax withheld 7,345 | | | | | |
| c Employer's name, address, and ZIP code INFOSYS LIMITED 6100 TENNYSON PKWY 200 PLANO TX 75024 | | | | 3 Social security wages 71,952 | | | | 4 Social security tax withheld 4,461 | | | | | |
| | | | | 5 Medicare wages and tips 71,952 | | | | 6 Medicare tax withheld 1,043 | | | | | |
| | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| d Control number | | | | 9 Verification code | | | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial KARTHIKEYAN | | Last name RAJAGOPALAN | | Suff. | | 11 Nonqualified plans | | | | 12a See instructions for box 12 C 24 | | | |
| f Employee's address and ZIP code 515 E GRANT ST APT 709 MINNEAPOLIS MN 554044600 | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b DD 6,743 | | | | | | | |
| | | | | 14 Other | | | | 12c | | | | | |
| | | | | | | | | 12d | | | | | |
| 15 State Employer's state ID number MN 3501875 | | 16 State wages, tips, etc. 71,952 | | 17 State income tax 3,259 | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | | |

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2017 Federal tax return by ADVANTAGE ONE TAX CONSULTANTS

| | | | | | | | | | | | | | |
|---|--|--|--|--|--|-----------------------------------|--|---------------------------------------|--|---|--|--|--|
| | | a Employee's social security number | | OMB No. 1545-0008 | | Safe, accurate, FAST! Use | | IRS e-file | | Visit the IRS website at www.irs.gov/efile | | | |
| b Employer identification number (EIN) | | | | 1 Wages, tips, other compensation | | | | 2 Federal income tax withheld | | | | | |
| c Employer's name, address, and ZIP code | | | | 3 Social security wages | | | | 4 Social security tax withheld | | | | | |
| | | | | 5 Medicare wages and tips | | | | 6 Medicare tax withheld | | | | | |
| | | | | 7 Social security tips | | | | 8 Allocated tips | | | | | |
| d Control number | | | | 9 Verification code | | | | 10 Dependent care benefits | | | | | |
| e Employee's first name and initial | | Last name | | Suff. | | 11 Nonqualified plans | | | | 12a See instructions for box 12 | | | |
| f Employee's address and ZIP code | | | | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/> | | 12b | | | | | | | |
| | | | | 14 Other | | | | 12c | | | | | |
| | | | | | | | | 12d | | | | | |
| 15 State Employer's state ID number | | 16 State wages, tips, etc. | | 17 State income tax | | 18 Local wages, tips, etc. | | 19 Local income tax | | 20 Locality name | | | |

Form **W-2** Wage and Tax Statement

2017

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

W-2 Detail Listing

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

| T/S | Employer Name | FEDERAL | | | STATE | |
|-----|-----------------|---------|-------|------------|--------|-------|
| | | Gross | W/H | State Code | Gross | W/H |
| T | INFOSYS LIMITED | 71,952 | 7,345 | MN | 71,952 | 3,259 |
| | Totals | 71,952 | 7,345 | | 71,952 | 3,259 |

Client Copy

Computation of Regular Tax

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

STATEMENT FOR LINE 44 OF FORM 1040

TAX PER TAX TABLE \$ 6,136

\$ 6,136 TAX COMPUTED USING ONLY AVAILABLE METHOD

Client Copy

Name(s) as shown on return

Tax ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

Before you begin: Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R.

- CAUTION!**
- 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 earlier under Qualifying Child. Also see Taxpayer identification number needed by due date of return, earlier.
 - If you do not have a qualifying child, you cannot claim the child tax credit.
- * See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2017.

Part 1

- Number of qualifying children: 1 X \$1,000. Enter the result. **1.** 1,000
- Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. **2.** 71,952
- 1040 Filers.** Enter the total of any -
 - 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 and 1040NR Filers.** Enter -0-.
- Add lines 2 and 3. Enter the total. **4.** 71,952
- Enter the amount shown below for your filing status.
 - Married filing jointly - \$110,000
 - Single, head of household, or qualifying widow(er) - \$75,000
 - Married filing separately - \$55,000
- Is the amount on line 4 more than the amount on line 5?
 - No.** Leave line 6 blank. Enter -0- on line 7.
 - 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.
- Multiply the amount on line 6 by 5% (.05). Enter the result. **7.** 0
- Is the amount on line 1 more than the amount on line 7?
 - No. STOP**
You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.
 - Yes.** Subtract line 7 from line 1. Enter the result. *Go to Part 2 below.*

Part 2

- Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. **9.** 6,136
- Add the following amounts from:

| Form 1040 | or | Form 1040A | or | Form 1040NR | + | _____ |
|-----------------------------|----|------------|----|-------------|------------|-------|
| Line 48 | | ----- | | Line 46 | | _____ |
| Line 49 | | Line 31 | | Line 47 | | _____ |
| Line 50 | | Line 33 | | ----- | | _____ |
| Line 51 | | Line 34 | | Line 48 | | _____ |
| Form 5695 , line 30 | | | | | | _____ |
| Form 8910 , line 15 | | | | | | _____ |
| Form 8936 , line 23 | | | | | | _____ |
| Schedule R , line 22 | | | | | | _____ |
| Enter the total. | | | | | 10. | _____ |

- Are you claiming any of the following credits?
 - 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.
 - No.** Enter the amount from line 10.
 - Yes.** If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here.
- Subtract line 11 from line 9. Enter the result. **12.** 6,136
- Is the amount on line 8 of this worksheet more than the amount on line 12?
 - No.** Enter the amount from line 8.
 - Yes.** Enter the amount from line 12. See the **TIP** below.

This is your child tax credit.

13. 1,000

Enter this amount on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.

TIP You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
- Then, use Parts II - IV of Schedule 8812 to figure any additional child tax credit.

Carryover Worksheet
List of items that will carryover to the 2018 tax return

(Keep for your records)

2017

Name(s) as shown on return

Tax ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

Itemized Deductions

Carryover Amount

| | | |
|--|-------|-------|
| Contributions subject to 100% of AGI limitations | _____ | _____ |
| Contributions subject to 50% of AGI limitations | _____ | _____ |
| Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) | _____ | _____ |
| Contributions subject to 30% of AGI limitations | _____ | _____ |
| Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) | _____ | _____ |
| Taxable state and local refunds to Form 1040, line 10 | _____ | _____ |
| State/local taxes paid in 2018 to flow to the Schedule A | _____ | _____ |
| State donations and contributions carryover | _____ | _____ |
| State overpayment applied to next year | _____ | _____ |

Expenses

| | | |
|---|-----------|----------------|
| Office in home operating expenses | _____ | _____ |
| Office in home excess casualty losses and depreciation | _____ | _____ |
| Disallowed investment interest expense | AMT _____ | Reg. Tax _____ |
| Section 179 expense | _____ | _____ |
| Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ | _____ |
| Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use | _____ | _____ |

Losses

| | | |
|---|-----------|----------------|
| Short-term capital loss | AMT _____ | Reg. Tax _____ |
| Long-term capital loss | AMT _____ | Reg. Tax _____ |
| Net operating loss | AMT _____ | Reg. Tax _____ |
| Nonrecaptured net section 1231 losses from WK_1231C | AMT _____ | Reg. Tax _____ |

Credits

| | | |
|---|-----------|----------------|
| Mortgage interest credit | _____ | _____ |
| Credit for prior year minimum tax | _____ | _____ |
| Foreign Tax credit | AMT _____ | Reg. Tax _____ |
| District of Columbia first time home owner's credit | _____ | _____ |
| Res. energy efficient property credit | _____ | _____ |

Other

| | | |
|--|----------------|-------------------------------|
| Preparer Fee | _____ | _____ |
| Overpayment applied to next year's estimates | _____ | _____ |
| Estimated Tax Payment 1 | _____ | Estimated Tax Payment 2 _____ |
| Estimated Tax Payment 3 | _____ | Estimated Tax Payment 4 _____ |
| Federal tax liability for 2210 calculation | _____ | 5,136 |
| State tax liability for state 2210 calculation | _____ | 2,693 |
| IRA basis | Taxpayer _____ | Spouse _____ |

Passive Activity

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

At Risk Limitations

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Potential Tax Cuts and Jobs Act Impact

(For your information)

2017

Name(s) as shown on return

Tax ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

834-57-5932

| | 2017 Tax Law | Tax Cuts and Jobs Act | Difference |
|--|--------------|-----------------------|------------|
| Standard deduction | 12,700 | 24,000 | 11,300 |
| Personal exemptions | 12,150 | 0 | (12,150) |
| Itemized deduction breakdown | | | |
| Medical deduction | | | |
| Total taxes | 3,259 | 3,259 | 0 |
| Interest | | | |
| Charitable contributions | | | |
| Casualty and theft | | | |
| Job expenses and certain miscellaneous deductions | | | |
| Other miscellaneous deductions | | | |
| Total itemized deductions | 3,259 | 3,259 | 0 |
| Greater of standard deduction or itemized deductions | 12,700 | 24,000 | 11,300 |
| Taxable income before Qualified Business Income(QBI) deduction | 47,102 | 47,952 | 850 |
| Potential QBI deduction ** | | | |
| Taxable income after potential QBI deduction | 47,102 | 47,952 | 850 |
| Tax | 6,136 | 5,376 | (760) |
| Child Tax Credit - non-refundable portion | 1,000 | 500 | (500) |
| Child Tax Credit - refundable portion | 0 | 0 | 0 |
| Net change in tax if the Tax Cut and Jobs Act applied to the 2017 return | | | (260) |

| | | |
|--|---------|-------|
| Final result of 2017 return before the Tax Cuts and Jobs Act | Refund: | 2,209 |
| Potential final result of 2017 return after the Tax Cuts and Jobs Act | Refund: | 2,469 |

This document is not intended to project total tax due on the 2018 return. It is intended to show some of the more common differences that would have occurred on this tax return had the Tax Cuts and Jobs Act been in place for tax year 2017. Only the changes shown above have been taken into consideration.

** The Qualified Business Income (QBI) deduction was computed as the sum of the following:

- 20% of net Schedule C income
- 20% of net Schedule F income
- 20% of the sum of all 1065 K-1 income and 1120S K-1 income

This may not be an accurate representation of the actual QBI. There may be applicable limits that have not been considered because some necessary information is not available in the return.

**TAX RETURN COMPARISON
2015 / 2016 / 2017**

2017

| | |
|--|-----------------------------------|
| Name(s) as shown on return KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN | Identifying number 834-57-5932 |
|--|-----------------------------------|

| | 2015 | 2016 | 2017 | Difference 2016-2017 |
|---|------|--------|--------|----------------------|
| Filing Status | | 2 | 2 | |
| Number of Exemptions | | 3 | 3 | |
| Income | | | | |
| Wages, salaries, tips, etc. | | 49,681 | 71,952 | 22,271 |
| Taxable interest and dividends | | | | |
| Taxable state and local refunds | | | | |
| Alimony | | | | |
| Business income (loss) | | | | |
| Gains (losses) | | | | |
| Pensions and IRA distributions | | | | |
| Rent and royalty income (loss) | | | | |
| Part, S-corps, trusts income (loss) | | | | |
| Farm income (loss) | | | | |
| Unemployment compensation | | | | |
| Total SS benefits received | | | | |
| Taxable SS benefits | | | | |
| Other income (loss) | | | | |
| Total Income | | 49,681 | 71,952 | 22,271 |
| Adjusted Gross Income | | | | |
| Half of self-employment tax | | | | |
| IRA deduction | | | | |
| Other adjustments | | | | |
| Total Adjusted Gross Income | | 49,681 | 71,952 | 22,271 |
| Deductions | | | | |
| Medical deductions | | | | |
| State and local taxes | | | | |
| Interest | | | | |
| Contributions | | | | |
| Employee business expenses | | | | |
| Standard or other deductions | | 12,600 | 12,700 | 100 |
| Total Itemized or Standard Ded | | 12,600 | 12,700 | 100 |
| Exemption Amount | | 12,150 | 12,150 | |
| Tax and Credits | | | | |
| Taxable Income | | 24,931 | 47,102 | 22,171 |
| Tax | | 2,811 | 6,136 | 3,325 |
| Credits | | 1,000 | 1,000 | |
| Self-employment tax | | | | |
| Other taxes | | | | |
| Total Tax | | 1,811 | 5,136 | 3,325 |
| Payments | | | | |
| Withholdings | | 5,137 | 7,345 | 2,208 |
| Estimated tax payments | | | | |
| Earned income credit | | | | |
| Other payments and credits | | | | |
| Overpayment | | 3,326 | 2,209 | (1,117) |
| Overpayment Applied | | | | |
| Refund | | 3,326 | 2,209 | (1,117) |
| Balance Due | | | | |
| Resident State | | | MN | |
| Taxable income | | | 47,102 | 47,102 |
| Tax | | | 2,693 | 2,693 |
| Refund | | | 566 | 566 |
| Balance Due | | | | |
| Marginal tax rate | | 15.00 | 15.00 | |
| Effective tax rate | | | 13.03 | 13.03 |

Account Transaction Summary

2017

Name(s) as shown on return

Your ID Number

KARTHIKEYAN RAJAGOPALAN & NITHYA KANNAN

XXX-XX-5932

Account #1

Financial Institution Name BANK OF AMERICA

Routing Transit Number 021200339

Account Number 381035165040

Account Type Checking

Federal Deposit 2,209

MN Deposit 566

Net Deposit 2,775

Client Copy

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize ADVANTAGE ONE TAX CONSULTING IN to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date