

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

Your first name and initial: **RAMALINGAM** Last name: **BABU** Your social security number: **478-59-5879**

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

Home address (number and street). If you have a P.O. box, see instructions. **226 RANDOLPH DRIVE** Apt. no. **205B**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **MADISON WI 53717**

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

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 _____

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. and full name here. ▶

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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

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

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

Dependents on 6c not entered above _____

Add numbers on lines above ▶ **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	60,384
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	60,384

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	0
37	Subtract line 36 from line 22. This is your adjusted gross income	37	60,384

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 60,384

39a Check You were born before January 2, 1953, Blind. } Total boxes
if: Spouse was born before January 2, 1953, Blind. } checked ▶ 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . ▶ 39b

Standard Deduction for -

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . 40 14,830

41 Subtract line 40 from line 38 41 45,554

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions . . . 42 4,050

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 41,504

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 6,120

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 6,120

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

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 0

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶ 56 6,120

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59

60 a 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 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax ▶ 63 6,120

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 10,516

65 2017 estimated tax payments and amount applied from 2016 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 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 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶ 74 10,516

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 4,396

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here . ▶ 76a 4,396

Direct deposit? ▶ b Routing number 0 5 3 0 0 0 1 9 6 ▶ c Type: Checking Savings
See ▶ d Account number 2 3 7 0 3 5 4 9 9 5 0 1
instructions.

77 Amount of line 75 you want applied to your 2018 estimated tax . . . ▶ 77

Amount You Owe

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 78586 Date 03-13-2018 Your occupation SOFTWARE ENGINEER Daytime phone number

Joint return? See ▶ Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Identity Protection PIN (see inst.)
instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature Sridhar Kumar Date Check if PTIN self-employed P01794147

Print/Type preparer's name Sridhar Kumar

Firm's name ▶ EWM TAX LLC Firm's EIN ▶ 38-4054887

Firm's address ▶ 16192 Coastal Highway Lewes, DE 19958 Phone no. 703-468-1139

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

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

RAMALINGAM BABU

Your social security number

478-59-5879

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):			
	a <input checked="" type="checkbox"/>	Income taxes, or	5	2,953
	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	2,953
Interest You Paid	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	
	Note: Your mortgage interest deduction may be limited (see instructions).			
	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	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	
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 instr. ▶ FORM 2106-EZ 13,085	21	13,085
	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	13,085
	25	Enter amount from Form 1040, line 38 25 60,384		
	26	Multiply line 25 by 2% (0.02)	26	1,208
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	11,877
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶	28	
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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	14,830
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the instructions for Form 1040.

Schedule A (Form 1040) 2017

Unreimbursed Employee Business Expenses

2017

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Attachment
Sequence No. **129A**

Your name RAMALINGAM BABU	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 478-59-5879
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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 cents (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	510
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	6,400
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment . . .	4	1,240
5 Meals and entertainment expenses: \$ <u>9,870</u> x 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	4,935
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	13,085

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

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

Individual Income Tax Return 2017

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning <u>17</u> and ending					<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.
RAMALINGAM BABU 226 RANDOLPH DRIVE 205B Your SSN: 478595879 MADISON WI 53717 DANE Spouse's SSN:					
Filing Status	<input checked="" type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Married Filing Jointly	<input type="checkbox"/> 3. Married Filing Separately	<input type="checkbox"/> 4. Head of Household	<input type="checkbox"/> 5. Qualifying Widow(er)
Were you a resident of N.C. for the entire year of 2017?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Return for deceased taxpayer. <input type="checkbox"/> Return for deceased spouse. <input type="checkbox"/>	Year spouse died: _____ Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.					
Did you claim the standard deduction on your 2017 federal return?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are you a veteran?					<input type="checkbox"/>
Is your spouse a veteran?					<input checked="" type="checkbox"/>

FS 1 PP Y DT N OC N TPRES N SPRES N STDD N VT N SVT N

BABU 226 53717 DS N EA N TD SD

RAMALINGAM BABU 478595879

WI 53717

226 RANDOLPH DRIVE 205B MADISON

06	60384	18	Y	0	26C	0
07	0	20A		2535	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	0
11	8750	21B		0	29	0
13	08733	21C		0	30	0
14	45092	21D		0	31	0
15	2480	26A		0	32	0
16	0	26B		0	34	55

TN PN 7034681139 PP 384054887



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>55</u>	<input type="checkbox"/> Payment Due <u>0</u>
I certify that, to the best of my knowledge, this return is accurate and complete.	If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.
Your Signature _____ Date _____	EWM TAX LLC
Spouse's Signature (If filing joint return, both must sign.) _____ Date _____	Paid Preparer's Signature <u>384054887</u> Date <u>703-468-1139</u>
Home Telephone Number (Include area code)	Paid Preparer's FEIN, SSN, or PTIN _____ Paid Preparer's Telephone Number _____

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) BABU Your Social Security Number 478595879

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	60384
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	60384
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	60384
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	8750
12.	Subtract Line 11 from Line 10	12.	51634
13.	Part-year residents and nonresidents taxable percentage	13.	0.8733
14.	N.C. Taxable Income	14.	45092
15.	N.C. Income Tax	15.	2480
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	2480
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	2480

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	2535
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	2535
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	2535
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	55

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	55

D-400 Sch PN (45)

10-16-17

2017 Part-Year Resident and Nonresident Schedule
 North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Legal Name (First 10 Characters) BABU	Your Social Security Number 478595879
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

Important: Refer to the Instructions before completing this form.

22 52732 23 60384 NRT N PYT Y NRS N PYS N

Part 2. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is:(Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
01 01 17	07 25 17		

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
Total Income	COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax	
1. Wages, salaries, tips, etc	60384	52732	1.
2. Taxable interest	0	0	2.
3. Taxable dividends	0	0	3.
4. Taxable refunds, credits, or offsets of state and local income taxes	0	0	4.
5. Alimony received	0	0	5.
6. Business income or (loss)	0	0	6.
7. Capital gain or (loss)	0	0	7.
8. Other gains or (losses)	0	0	8.
9. Taxable amount of IRA distributions	0	0	9.
10. Taxable amount of pensions and annuities	0	0	10.
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	0	0	11.
12. Farm income or (loss)	0	0	12.
13. Unemployment compensation	0	0	13.
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	0	0	14.
15. Other income	0	0	15.
16. Total Income	60384	52732	16.
	COLUMN A	COLUMN B	
North Carolina Adjustments	Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax	
17. Additions			
a. Interest income from obligations of states other than N.C.	0	0	17a.
b. Adjustment for bonus depreciation	0	0	17b.
c. Adjustment for section 179 expense deduction	0	0	17c.
d. Other additions to federal adjusted gross income that relate to gross income	0	0	17d.
18. Total additions	0	0	18.

Legal Name (First 10 Characters)	BABU	Your Social Security Number	478595879
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A	COLUMN B
	Enter the amount from Form D-400 Schedule S	Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 60384	52732

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21	22. 52732
23. Enter the amount from Column A, Line 21	23. 60384
24. Part-year residents and nonresident taxable percentage	24. 0.8733

D-400 Sch S (45)

8-24-17

2017 Supplemental Schedule
North Carolina Department of Revenue

If you complete Schedule S, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.
 Important: Refer to the instructions before completing Parts A, B, or C of this form.

Last Name (First 10 Characters) BABU	Your Social Security Number 478595879
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01	0	08	0	11D	0	12E	0	21	0
02	0	09	0	11E	0	13	0	22	0
03	0	10	0	12A	0	15	0		
04	0	11A	0	12B	0	16	0		
05	0	11B	0	12C	0	19	0		
07	0	11C	0	12D	0	20	0		

Part A. Additions to Federal Adjusted Gross Income		
1. Interest income from obligations of states other than North Carolina	1.	0
2. Adjustment for domestic production activities	2.	0
3. Adjustment for bonus depreciation	3.	0
4. Adjustment for section 179 expense deduction	4.	0
5. Other additions to federal adjusted gross income (Attach explanation or schedule)	5.	0
6. Total additions - Add Lines 1 through 5	6.	0

Part B. Deductions from Federal Adjusted Gross Income		
7. State or local income tax refund	7.	0
8. Interest income from obligations of the United States or United States' possessions	8.	0
9. Taxable portion of Social Security and Railroad Retirement Benefits	9.	0
10. Bailey settlement retirement benefits	10.	0
11. Adjustment for bonus depreciation		
11a. 2012 0 11b. 2013 0 11c. 2014 0		
11d. 2015 0 11e. 2016 0		
11f. Total	11f.	0
12. Adjustment for section 179 expense deduction		
12a. 2012 0 12b. 2013 0 12c. 2014 0		
12d. 2015 0 12e. 2016 0		
12f. Total	12f.	0
13. Other deductions from federal adjusted gross income (Attach explanation or schedule)	13.	0
14. Total deductions - Add Lines 7 through 10, 11f, 12f and 13	14.	0

Part C. N.C. Standard Deduction or N.C. Itemized Deductions		
Enter the N.C. standard deduction		8750
15. Qualifying home mortgage interest	15.	0
16. Real estate property taxes	16.	0
17. Total home mortgage interest and real estate property taxes	17.	0
18. Qualifying home mortgage interest and real estate property taxes limitation	18.	20000
19. Allowable home mortgage interest and real estate property taxes	19.	0
20. Charitable contributions	20.	0
21. Medical and dental expenses	21.	0
22. Repayment of claim of right income	22.	0
23. Total N.C. itemized deductions	23.	0



Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return

Complete form using BLACK INK

DO NOT STAPLE

Form section for personal information including last name, first name, M.I., and social security numbers for both individuals.

Form section for home address, including street address, apartment number, city, state, and zip code.

Filing status section with options for Single, Married filing joint return, Married filing separate return, and Head of household.

Tax district section for selecting city, village, or town, and county (DANE).

PAPER CLIP withholding statements here

Special conditions section for providing legal last and first names and M.I. for withholding purposes.

Resident status Check the status that applies

Resident status options: Full-year resident of Wisconsin, Nonresident of Wisconsin, or Part-year resident of Wisconsin.



Note: Complete residence questionnaire, page 63.

PAPER CLIP check or money order here

Table with 4 columns: Income description, NO COMMAS NO CENTS, A. Federal column, and B. Wisconsin column. Rows include wages, interest, dividends, and other income.

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 32)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 32)	.00	.00
19	Health savings account deduction (see page 32)	.00	.00
20	Moving expenses (see page 32)	.00	.00
21	Deductible part of self-employment tax (see page 32)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 32)	.00	.00
23	Self-employed health insurance deduction (see page 33)	.00	.00
24	Penalty on early withdrawal of savings (see page 33)	.00	.00
25	Alimony paid (see page 33)	.00	.00
26	IRA deduction (see page 33)	.00	.00
27	Student loan interest deduction (see page 33)	.00	.00
28	Reserved for future use	Not deductible for Wisconsin	
29	Domestic production activities deduction (see page 33)	Not deductible for Wisconsin	
30	Other adjustments included in Form 1040, line 36 (see page 34) (list type and amount)	.00	.00
31	Total adjustments to income. Add lines 17 through 30	.00	.00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		7652 .00
33	Federal income. Subtract line 31, column A from line 16, column A	60384 .00	
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 34)	0 . 1 2 6 7	

Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	60384 .00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 35	36a	<input type="checkbox"/>
36b	Aliens (see page 34 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 52	36c	4945 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	55439 .00
38	Exemptions (Caution: see page 35)		
a	Fill in exemptions from your federal return <u>1</u> x \$700 ..	38a	700 .00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 ..	38b	.00
c	Add lines 38a and 38b	38c	700 .00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	54739 .00
40	Tax (see table on page 55)	40	3130 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2017-heat included <u>.00</u> } Find credit from table page 38	42a	.00
	Rent paid in 2017-heat not included <u>.00</u> }		
b	Property taxes paid on home in 2017 <u>.00</u> } Find credit from table page 39	42b	.00
43	Add credits on lines 41, 42a, and 42b	43	.00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	3130 .00
45	Fill in ratio from line 34	45	0 . 1 2 6 7
46	Multiply line 44 by ratio on line 45	46	397 .00



Name(s) shown on Form 1NPR
RAMALINGAM BABU

Your social security number
478 59 5879

47	Fill in amount from line 46	47	397 .00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00
49	Working families tax credit. (Full-year Wisconsin residents only)	49	.00
50	Certain nonrefundable credits from line 11 of Schedule CR	50	.00
51	Add lines 48 through 50	51	.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	397 .00
53	Alternative minimum tax. Enclose Schedule MT	53	.00
54	Add lines 52 and 53	54	397 .00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55	.00
56	Other credits from Schedule CR, line 35. Enclose Schedule CR	56	.00
57	Net income tax paid to another state. Enclose Schedule OS	57	.00
58	Add lines 55, 56, and 57	58	.00
59	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax	59	397 .00
60	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 43) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	60	.00
61	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	e Military family relief .00	
	b Cancer research .00	f Second Harvest/Feeding Amer. .00	
	c Veterans trust fund. .00	g Red Cross WI Disaster Relief .00	
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00	
	Total (add lines a through h) .. ->		61i .00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 44) $\times .33 =$	62	.00
63	Other penalties (see page 44)	63	.00
64	Add lines 59 through 63	64	397 .00

Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65	418 .00
66	2017 Wisconsin estimated tax paid and amount applied from 2016 return	66	.00
67	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children \times Federal credit \times .00 \times % =	67	.00
68	Farmland preservation credit. a. Schedule FC, line 17	68a	.00
	b. Schedule FC-A, line 13	68b	.00
69	Repayment credit	69	.00
70	Homestead credit. (Full-year Wisconsin residents only)	70	.00
71	Eligible veterans and surviving spouses property tax credit	71	.00
72	Refundable credits from Schedule CR, line 40	72	.00
73	AMENDED RETURN ONLY - amount previously paid (see page 49)	73	.00
74	Add lines 65 through 73	74	418 .00
75	AMENDED RETURN ONLY - amount previously refunded (see page 49)	75	.00
76	Subtract line 75 from line 74	76	418 .00

1-050a1



Paper clip a copy of your federal income tax return and schedules to this return.

Refund or Amount You Owe

Table with 3 columns: Line number, Description, Amount. Includes lines 77-81 for AMOUNT OVERPAID and AMOUNT YOU OWE.

Third Party Designee section with checkboxes for Yes/No, fields for name, phone, and PIN.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section with lines for Your signature, Spouse's signature, and Date.

Mail your return to: Wisconsin Department of Revenue (if tax is due) and (if refund or no tax due) with addresses.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 9 rows detailing medical/dental expenses, interest, gifts, and casualty losses.

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 8 rows detailing wages, self-employment, and qualified earned income.



(Keep for your records)

Name(s)

RAMALINGAM BABU

Social Security No.

478 59 5879

Part-Year Resident and Nonresident Individuals - Complete the following worksheet to determine the amount to fill in on line 4:

- 1. Wisconsin income from line 32 of Form 1NPR 1. 7652
- 2. Wisconsin net operating loss included on line 15, Column B of Form 1NPR (enter as a positive number) 2. _____
- 3. State income tax refund from line 4, Column A of Form 1NPR 3. _____
- 4. Recoveries of federal itemized deductions included on line 15, Column A of Form 1NPR 4. _____
- 5. Add lines 1 through 4 5. 7652
- 6. Federal income from line 33 of Form 1NPR* 6. 60384
- 7. Federal net operating loss carryover from line 21 of federal Form 1040 (enter as a positive number) 7. _____
- 8. Add lines 6 and 7 8. 60384
- 9. If line 8 is smaller than line 5, subtract line 8 from line 5 and fill in the result. If line 8 is larger than line 5, subtract line 5 from line 8 and fill in the result as a negative number 9. -52732

Fill in the amount from line 9 of the worksheet on line 4 of Schedule MT.

* If military compensation of a nonresident was excluded from line 1, Column A of Form 1NPR, include the amount excluded on line 6.