

# Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Shirish S & Lisa J Dikkar  
1600 Birtles CT  
Galena, OH 43021

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$13,770.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1050126554 Routing Transit Number: 124003116.																		
<b>When Will You Get Your Refund?</b>	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2018. To get your estimated refund date from TurboTax, log into My TurboTax at <a href="http://www.turbotax.com">www.turbotax.com</a> . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.																		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form)   Printed copy of your federal return																		
<b>2017 Federal Tax Return Summary</b>	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>99,543.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>58,231.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>5,801.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>19,571.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>13,770.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>5.83%</td></tr></table>	Adjusted Gross Income	\$	99,543.00	Taxable Income	\$	58,231.00	Total Tax	\$	5,801.00	Total Payments/Credits	\$	19,571.00	Amount to be Refunded	\$	13,770.00	Effective Tax Rate		5.83%
Adjusted Gross Income	\$	99,543.00																	
Taxable Income	\$	58,231.00																	
Total Tax	\$	5,801.00																	
Total Payments/Credits	\$	19,571.00																	
Amount to be Refunded	\$	13,770.00																	
Effective Tax Rate		5.83%																	

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning		, 2017, ending		, 20		See separate instructions.
Your first name and initial <b>Shirish S</b>		Last name <b>Dikkar</b>				<b>Your social security number</b> <b>156-13-3919</b>
If a joint return, spouse's first name and initial <b>Lisa J</b>		Last name <b>Dikkar</b>				<b>Spouse's social security number</b> <b>273-86-8917</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>1600 Birtles CT</b>					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). <b>Galena OH 43021</b>					<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code		

**Filing Status**

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .				Boxes checked on 6a and 6b <b>2</b>
b <input checked="" type="checkbox"/> Spouse . . . . .				
c Dependents:				No. of children on 6c who: • lived with you <b>2</b> • did not live with you due to divorce or separation (see instructions)
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	
Dhruv S	Dikkar	048-91-3665	Son	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Ari S	Dikkar	756-91-3911	Son	
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed . . . . .				Add numbers on lines above ▶ <b>4</b>

If more than four dependents, see instructions and check here ☐

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	124,558.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	43.
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	0.
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	-25,058.
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. 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	99,543.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

**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	99,543.

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	99,543.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,112.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	74,431.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	58,231.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,801.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	7,801.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	2,000.
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	2,000.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	5,801.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	5,801.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,358.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	213.
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,571.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	13,770.
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	13,770.
<b>b</b>	Routing number 1 2 4 0 0 3 1 1 6 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 1 0 5 0 1 2 6 5 5 4		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>	

**Amount You Owe**

<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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) ▶
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**Sign Here**

Joint return? See instructions. Keep a copy for your records.

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 <b>Software Consultant</b>	Daytime phone number <b>(614) 432-8017</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Unemployed</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	<b>Self-Prepared</b>		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Shirish S &amp; Lisa J Dikkar

Your social security number

156-13-3919

**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** 99,543. . . . .
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 7,466. . . . .
- 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 ☒ Income taxes, or . . . . . **5** 7,825. . . . .
- b ☐ General sales taxes . . . . .

- 6 Real estate taxes (see instructions) . . . . . **6** 10,951. . . . .
- 7 Personal property taxes . . . . . **7**
- 8 Other taxes. List type and amount ► . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 18,776. . . . .**Interest  
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098 . . . . . **10** 6,336. . . . .
- 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** 6,336. . . . .

**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**

**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. ► . . . . . **21**
- 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**
- 25 Enter amount from Form 1040, line 38 **25** . . . . .
- 26 Multiply line 25 by 2% (0.02) . . . . . **26**
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27**

**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?
- ☒ **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** 25,112. . . . .
- ☐ **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 C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Shirish S Dikkar</b>		Social security number (SSN) <b>156-13-3919</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>Software Development and Services</b>	<b>B</b> Enter code from instructions ► <b>3 3 4 0 0 0</b>	
<b>C</b> Business name. If no separate business name, leave blank. <b>Dikkar Software Solutions</b>	<b>D</b> Employer ID number (EIN) (see instr.) <b>4 2 2 7 0 7 6 4 2</b>	
<b>E</b> Business address (including suite or room no.) ► <b>1600 Birtles CT</b> City, town or post office, state, and ZIP code <b>Galena, OH 43021</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>H</b> If you started or acquired this business during 2017, check here . <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>J</b> If "Yes," did you or will you file required Forms 1099? . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	25,058.
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>		<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
			<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			<b>28</b>	<b>28</b>	25,058.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			<b>29</b>	<b>29</b>	-25,058.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .			<b>30</b>		
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			<b>31</b>	<b>31</b>	-25,058.
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>



**Health Savings Accounts (HSAs)**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

Shirish S Dikkar

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶

156-13-3919

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶	<input type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter . . . . .	6	
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	7	0.
8	Add lines 6 and 7 . . . . .	8	0.
9	Employer contributions made to your HSAs for 2017 . . . . .	9	
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	0.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	13	0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2017 from all HSAs (see instructions) . . . . .	14a	694.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b	
c	Subtract line 14b from line 14a . . . . .	14c	694.
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	694.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	17b	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	



# Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

Shirish S & Lisa J Dikkar

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					99,543.
Adjustments to income					
Adjusted gross income					99,543.
Tax expense . . . . .					18,776.
Interest expense . . .					6,336.
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					25,112.
Exemption amount . .					16,200.
Taxable income . . . .					58,231.
Tax. . . . .					7,801.
Alternative min tax . .					
Total credits . . . . .					2,000.
Other taxes . . . . .					
Payments . . . . .					19,571.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .					13,770.
Effective tax rate % . .					5.83
**Tax bracket % . . .					15.0

\*\*Tax bracket % is based on Taxable income.



## Audit Defense Order Confirmation

Thank you for choosing Audit Defense for your 2017 income tax return. This service is provided by an independent tax firm TaxAudit.com brought to you by the experts at TaxResources, Inc.

Name: Shirish S & Lisa J Dikkar  
Confirmation Number: TTDW17980218692  
Amount Paid: 59.99

When TaxAudit.com defends your income tax return during an IRS or state audit, you have professional representation throughout the entire process.

### TaxAudit.com:

- Defends your 2017 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before the tax agency sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

### If you paid for Audit Defense by credit card:

1. You'll receive an email from TaxAudit.com in two to five days notifying you that your membership has been processed
2. View and print your certificate at <http://intuit.taxaudit.com>
3. To ensure you receive your confirmation email, please add [AuditDefenseCertificates@taxaudit.com](mailto:AuditDefenseCertificates@taxaudit.com) to your email address book

### If you choose to pay for Audit Defense with your tax refund (e-filed returns only):

1. You'll need notice that the IRS has accepted your e-filed return and your refund has been processed
2. Two to five days after this, you'll receive an email from TaxAudit.com notifying you that your membership has been processed
3. View and print your certificate at <http://intuit.taxaudit.com>
4. To ensure you receive your confirmation email, please add [AuditDefenseCertificates@taxaudit.com](mailto:AuditDefenseCertificates@taxaudit.com) to your email address book

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**IMPORTANT:** If you're **filing by mail** and **did not pay** for Audit Defense with a credit card, your order will not go through. We recommend going back and either e-filing your return or paying by credit card.

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**If you receive any audit or tax notice from the IRS or state taxing agency, contact TaxAudit.com immediately at 877-829-9695.** TaxAudit.com's customer service office hours are 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. TaxAudit.com must be your only contact with the IRS or state (please read the Audit Defense Membership Agreement).

For more information, or to purchase Audit Defense for other tax returns, visit TaxAudit.com's website at <http://intuit.taxaudit.com>.

# Healthcare Entry Sheet

► Keep for your records

2017

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

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

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 Shirish Dikkar	156-13-3919	04/07/79	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2 Lisa Dikkar	273-86-8917	09/19/82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3 Dhruv Dikkar	048-91-3665	12/12/12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4 Ari Dikkar	756-91-3911	07/22/14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
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. . . . . ►

**Completion checkbox:**

☐

Check this box once you are finished with all the healthcare related entries.

# Tax Payments Worksheet

2017

► Keep for your records

Name(s) Shown on Return <b>Shirish S &amp; Lisa J Dikkar</b>	Social Security Number <b>156-13-3919</b>
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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							
<b>Tot Estimated Payments . . .</b>							

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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2017 extensions . . . . .					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2 . . . . .			19,358.	4,559.	3,266.
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 . . . . .	St	Loc			
18 a	Other withholding . . . .	St	Loc			
b	Other withholding . . . .	St	Loc			
c	Other withholding . . . .	St	Loc			
d	Positive Adjustment . . .	St	Loc			
e	Negative Adjustment . .	St	Loc			
f	Additional Medicare Tax. . . . .					
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .			19,358.	4,559.	3,266.
20	<b>Total Tax Payments for 2017</b> . . . . .			19,358.	4,559.	3,266.

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) . .						

# Federal Carryover Worksheet

**2017**

► Keep for your records

Name(s) Shown on Return

Shirish S & Lisa J Dikkar

Social Security Number

156-13-3919

## 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
OH			2,948.		691.	
<b>Totals . .</b>			2,948.		691.	

## 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
OH	2,948.	691.

## 2016 Locality Tax Refund Information

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

Shirish S &amp; Lisa J Dikkar

156-13-3919

Other Tax and Income Information			2016	2017
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3		25,112.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	87,183.	99,543.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6		5,801.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

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 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers			2016	2017
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		



## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

---

**Taxpayer:** Shirish S & Lisa J Dikkar

**Primary SSN:** 156-13-3919

**Federal Return Submitted:** April 16, 2018 02:31 PM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 04/16/2018

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The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

### 1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### 2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

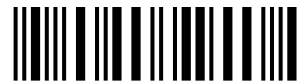
# Electronic Filing Instructions for your 2017 Ohio Tax Return

Important: Your taxes are not finished until all required steps are completed.



Shirish S & Lisa J Dikkar  
1600 Birtles CT  
Galena, OH 43021

<b>Balance Due/Refund</b>	Your Ohio state tax return (Form IT 1040) shows a refund due to you in the amount of \$1,853.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1050126554 Routing Transit Number: 124003116.												
<b>Where's My Refund?</b>	Before you call the Ohio Department of Taxation with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Ohio Department of Taxation directly at 1-800-282-1784.												
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.												
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form)   Printed copy of your state and federal returns												
<b>2017 Ohio Tax Return Summary</b>	<table><tr><td>Taxable Income</td><td>\$</td><td>92,343.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>2,706.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,559.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,853.00</td></tr></table>	Taxable Income	\$	92,343.00	Total Tax	\$	2,706.00	Total Payments/Credits	\$	4,559.00	Amount to be Refunded	\$	1,853.00
Taxable Income	\$	92,343.00											
Total Tax	\$	2,706.00											
Total Payments/Credits	\$	4,559.00											
Amount to be Refunded	\$	1,853.00											

Department of  
Taxation  
Rev. 9/17**2017 Ohio IT 1040**  
**Individual Income Tax Return**

17000133

1

04 16 18

Check here if this is an amended return. Include the Ohio IT RE (do **NOT** include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required)

156 13 3919

If deceased



check box

Spouse's SSN (if filing jointly)

273 86 8917



If deceased

check box

Enter school district # for  
this return (see instructions).SD# **2104**

First name

SHIRISH

M.I. Last name

S DIKKAR

Spouse's first name (only if married filing jointly)

LISA

M.I. Last name

J DIKKAR

Address line 1 (number and street) or P.O. Box

1600 BIRTLES CT

Address line 2 (apartment number, suite number, etc.)

City

GALENA

State

OH

ZIP code

43021

Ohio county (first four letters)

DELA

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

**Ohio Residency Status** – Check applicable box
☒ Full-year resident      ☐ Part-year resident      ☐ Nonresident  
Indicate state 

Check applicable box for spouse (only if married filing jointly)

☒ Full-year resident      ☐ Part-year resident      ☐ Nonresident  
Indicate state 
**Ohio Political Party Fund**

Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

**Note:** Checking this box will not increase your tax or decrease your refund.**Filing Status** – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

☒ Married filing jointly

Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if  
joint return) as a dependent.1. **Federal adjusted gross income** (from the federal 1040, line 37; 1040A, line 21;

1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10). Include page 1 of your

federal return if the amount is zero or negative. Place a "-" in box at the right if negative. .... 1.

99543 00

2a. Additions – Ohio Schedule A, line 10 (include schedule)..... 2a.

00

2b. Deductions – Ohio Schedule A, line 35 (include schedule)..... 2b.

00

3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b)..... 3.

99543 00

4. Exemption amount (if claiming dependent(s), include Schedule J) ..... 4.

7200 00

Number of exemptions claimed on your federal return: 4

5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)..... 5.

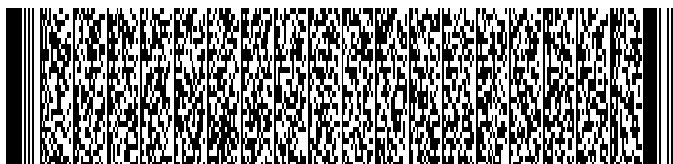
92343 00

6. Taxable business income – Ohio Schedule IT BUS, line 13 (include schedule)..... 6.

00

7. Line 5 minus line 6 (if less than zero, enter zero) ..... 7.

92343 00


  
Postmark date      Code

04/16/2018 05:31 PM

**2017 IT 1040 – page 1 of 2**

REV 12/08/17 TTMAC

Do not staple or paper clip.



SSN 156 13 3919

17000233

7a. Amount from line 7 on page 1 .....	7a.	92343	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	2706	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule) .....	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b) .....	8c.	2706	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule) .....	9.	0	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	2706	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due .....	X 12.		00
13. <b>Total Ohio tax liability</b> before withholding or estimated payments (add lines 10, 11 and 12).....	13.	2706	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return .....	14.	4559	00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return .....	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (include schedule) .....	16.		00
17. <b><u>Amended return only</u></b> – amount previously paid with original and/or amended return .....	17.		00
18. <b>Total Ohio tax payments</b> (add lines 14, 15, 16 and 17) .....	18.	4559	00
19. <b><u>Amended return only</u></b> – overpayment previously requested on original and/or amended return .....	19.		00
20. Line 18 minus line 19 .....	20.	4559	00

If line 20 is **MORE THAN** line 13, skip to line 24. OTHERWISE, continue to line 21.

21.	Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22.	Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23.	Total amount due (line 21 plus line 22). <b>Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"</b> .....	<b>AMOUNT DUE ▶ 23.</b>		00
24.	Overpayment (line 20 minus line 13) .....	24.	1853	00
25.	<b>Original return only</b> – amount of line 24 to be credited toward 2018 income tax liability.....	25.		00
26.	<b>Original return only</b> – amount of line 24 to be donated:			
	a. Wishes for Sick Children      b. Wildlife species                          c. Military injury relief			
	00    00    00			
	d. Ohio History Fund                          e. State nature preserves                          f. Breast / cervical cancer			
	00    00    00	Total .... 26g.		00
27.	<b>REFUND</b> (line 24 minus lines 25 and 26g).....	<b>YOUR REFUND ▶ 27.</b>	1853	00

**Sign Here (required):** I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Your signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

▶ Spouse's signature \_\_\_\_\_ Phone number (614) 432-8017

Check here to authorize your preparer to discuss this return with Taxation

Preparer's printed name SELF-PREPARED

Phone number \_\_\_\_\_ Preparer's TIN (PTIN) \_\_\_\_\_

**If your refund is \$1.00 or less, no refund will be issued.  
If you owe \$1.00 or less, no payment is necessary.**

**NO Payment Included – Mail to:**  
Ohio Department of Taxation  
P.O. Box 2679  
Columbus, OH 43270-2679

**Payment Included – Mail to:**  
Ohio Department of Taxation  
P.O. Box 2057  
Columbus, OH 43270-2057



# Ohio Schedule J

## Dependents Claimed on the Ohio IT 1040 Return



17230133

9

04 16 18

 Tax Year  
**2017**

 SSN of primary filer (required)  
156 13 3919

**Do not list below the primary filer and/or spouse reported on Ohio IT 1040.** Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

- |  |  |  |
|--|--|--|
| 1. Dependent's SSN (required)<br><b>048 91 3665</b><br>Dependent's first name (required)<br><b>DHRUV</b> | Dependent's date of birth (MM DD YYYY - Required)<br><b>12 12 2012</b><br>M.I. Dependent's Last name (required)<br><b>S DIKKAR</b> | Dependent's relationship to you (required)<br><b>SON</b> |
| 2. Dependent's SSN (required)<br><b>756 91 3911</b><br>Dependent's first name (required)<br><b>ARI</b>   | Dependent's date of birth (MM DD YYYY - Required)<br><b>07 22 2014</b><br>M.I. Dependent's Last name (required)<br><b>S DIKKAR</b> | Dependent's relationship to you (required)<br><b>SON</b> |
| 3. Dependent's SSN (required)<br><br>Dependent's first name (required)                                   | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                                     | Dependent's relationship to you (required)               |
| 4. Dependent's SSN (required)<br><br>Dependent's first name (required)                                   | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                                     | Dependent's relationship to you (required)               |
| 5. Dependent's SSN (required)<br><br>Dependent's first name (required)                                   | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                                     | Dependent's relationship to you (required)               |
| 6. Dependent's SSN (required)<br><br>Dependent's first name (required)                                   | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                                     | Dependent's relationship to you (required)               |
| 7. Dependent's SSN (required)<br><br>Dependent's first name (required)                                   | Dependent's date of birth (MM DD YYYY - Required)<br><br>M.I. Dependent's Last name (required)                                     | Dependent's relationship to you (required)               |

Do not staple or paper clip.



For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

, 2017, ending

, 20

See separate instructions.

Your first name and initial

Shirish S

Last name

Dikkar

Your social security number

156–13–3919

If a joint return, spouse's first name and initial

Lisa J

Last name

Dikkar

Spouse's social security number

273–86–8917

Home address (number and street). If you have a P.O. box, see instructions.

1600 Birtles 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).

Galena OH 43021

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

Foreign country name

Foreign province/state/county

Foreign postal code

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) ☒ if child under age 17 qualifying for child tax credit (see instructions)

Dhruv S Dikkar 048–91–3665 Son ☒

Ari S Dikkar 756–91–3911 Son ☒

☐

☐

d Total number of exemptions claimed . . . . .

Boxes checked on 6a and 6b

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 ▶

Income

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

8a Taxable interest. Attach Schedule B if required . . . . .

b Tax-exempt interest. Do not include on line 8a . . . . . 8b

9a Ordinary dividends. Attach Schedule B if required . . . . .

b Qualified dividends . . . . . 9b

10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .

11 Alimony received . . . . .

12 Business income or (loss). Attach Schedule C or C-EZ . . . . .

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797 . . . . .

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

18 Farm income or (loss). Attach Schedule F . . . . .

19 Unemployment compensation . . . . .

20a Social security benefits 20a b Taxable amount . . . . . 20b

21 Other income. List type and amount . . . . .

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

7 124,558.

8a 43.

9a

10 0.

11

12 –25,058.

13

14

15b

16b

17

18

19

20b

21

22 99,543.

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

99,543.

**Tax and Credits****Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:  
Single or Married filing separately, \$6,350  
Married filing jointly or Qualifying widow(er), \$12,700  
Head of household, \$9,350

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	99,543.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked ▶ 39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	25,112.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	74,431.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	58,231.
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,801.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	7,801.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	2,000.
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	2,000.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	5,801.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	5,801.

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	19,358.
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC)</b> . . . . . NO	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	213.
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	19,571.

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	13,770.										
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	13,770.										
<b>b</b>	Routing number <table border="1"><tr><td>1</td><td>2</td><td>4</td><td>0</td><td>0</td><td>3</td><td>1</td><td>1</td><td>6</td></tr></table> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	4	0	0	3	1	1	6			
1	2	4	0	0	3	1	1	6					
<b>d</b>	Account number <table border="1"><tr><td>1</td><td>0</td><td>5</td><td>0</td><td>1</td><td>2</td><td>6</td><td>5</td><td>5</td><td>4</td></tr></table>	1	0	5	0	1	2	6	5	5	4		
1	0	5	0	1	2	6	5	5	4				

**Amount You Owe**

<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶	<b>77</b>	
<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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**

Joint return? See instructions. Keep a copy for your records.

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 <b>Software Consultant</b>	Daytime phone number <b>(614) 432-8017</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Unemployed</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	<b>Self-Prepared</b>		Firm's EIN ▶	
Firm's address ▶			Phone no.	