

**INDY TAX SVC
2601 FORTUNE CIR E 204B
INDIANAPOLIS IN 46241
317-248-0770**

February 10, 2015

Parikshit Sharma
& Leena Sharma
60 South 6th St RBC PLAZA 17th FL
MINNEAPOLIS, MN 55402-

Dear Parikshit & Leena,

Enclosed are your 2014 Federal and state income tax returns.

Your Federal income tax refund is \$3,984.00.

Your Federal tax return will be filed electronically after you submit your signature pages to your tax preparer. Your refund will be deposited to your personal account by the Internal Revenue Service. Please keep a copy of the return with your records.

Your 2014 MN state tax return is enclosed. There is a state tax refund of \$1,131.00. Your MN state return will be filed electronically after you submit your signature pages to your tax preparer. Please keep the enclosed copy for your records.

If you have any questions, please call us. We appreciate the opportunity to serve you.

Sincerely,

Dylan Hardisty

US 1040

Main Information Sheet

2014

PRINTED 02/10/2015

Parikshit Sharma
Leena

60 South 6th St RBC PLAZA 17th FL
MINNEAPOLIS MN 55402-

Email parikchitsharma@gmail.com
Taxpayer Occupation IT Service
Filing Status MARRIED FILING JOINT

	Taxpayer	Spouse
SSN	339-08-9877	926-98-6040
Birth	01/19/1981	06/27/1981
Death		
Day Phone		
Evening		
Cell or Fax	612-636-7767	
PIN	89877	86040

Spouse Occupation Software Engineer

Preparer ID: DH

Preparation Fee: _____

Date: 02/10/2015Preparer: Dylan Hardisty

Time in return _____ min.

Recap of 2014 Income Tax Return

Earned Income 31,562.
Federal AGI 31,562.
Taxable Income 11,262.
EIC

Federal Tax 1,128.
Withholding 5,112.
Refund/(Due) 3,984.
Tax Bracket 10.0 %

State			MN		
Tax			602.		
Withholding			1,733.		
Refund/Due			1,131.		
State					
Tax					
Withholding					
Refund/Due					

Bank Product Information	Check	Direct Deposit	Debit Card
Qualifying refund			
Fees			
Net refund			
Federal disbursement			
State disbursement			
Check one			

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2014**Submission Identification**

Number (SID)

▶ 00355841 4

Taxpayer's name

Parikshit Sharma

Social security number

339-08-9877

Spouse's name

Leena Sharma

Spouse's social security number

926-98-6040

Part I Tax Return Information-Tax Year Ending December 31, 2014 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	31,562.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	1,128.
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	5,112.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	3,984.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2014, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only☒ I authorize Indy Tax Service to enter or generate my PIN**ERO firm name**

as my signature on my tax year 2014 electronically filed income tax return.

89877

Enter five numbers, but

do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 01/30/2015**Spouse's PIN: check one box only**☒ I authorize Indy Tax Service to enter or generate my PIN**ERO firm name**

as my signature on my tax year 2014 electronically filed income tax return.

86040

Enter five numbers, but

do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2014 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 01/30/2015**Practitioner PIN Method Returns Only-continue below****Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

35584166723

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Dylan Hardisty Date ▶ 01/30/2015**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2014)

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning ,2014, ending ,20		See separate instructions.
Your first name and initial Parikshit Sharma		Last name Sharma
Your social security number 339-08-9877		
If a joint return, spouse's first name and initial Leena Sharma		Last name Sharma
Spouse's social security number 926-98-6040		
Home address (number and street). If you have a P.O. box, see instructions. 60 South 6th St RBC PLAZA 17th FL		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MINNEAPOLIS MN 55402-		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

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) with dependent child
	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	2																							
	b <input checked="" type="checkbox"/> Spouse																									
	c Dependents: If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>		No. of children on 6c who: <input type="checkbox"/> lived with you 0 <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0																							
	<table> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	(1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)																			
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)																						
d Total number of exemptions claimed																										

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	31,562.
	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. List type and amount	21		
22 Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	31,562.	

Adjusted Gross Income	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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	31,562.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	31,562.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1950, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,400.
41	Subtract line 40 from line 38	41	19,162.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	11,262.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,128.
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	1,128.
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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,128.

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, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	1,128.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5,112.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> Re-served d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,112.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,984.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,984.
Direct deposit? <input checked="" type="checkbox"/>	b Routing number 291070001 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
See instructions <input checked="" type="checkbox"/>	d Account number 9441554641		
77	Amount of line 75 you want applied to your 2015 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)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name Dylan Hardisty	Phone no. 317-248-0770	Personal identification number (PIN) 66723

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature Dylan Hardisty	Date	Your occupation IT Service	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Software Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Dylan Hardisty	Preparer's signature Dylan Hardisty	Date 02/10/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01668679
Firm's name Indy Tax Service	Firm's EIN 35-2260216			
Firm's address 2601 Fortune Circle E Ste 204B INDIANAPOLIS IN 46241-	Phone no. 317-248-0770			

W-2 DETAIL REPORT - 2014

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
-----	-----	-----	-----	-----	-----	-----	--	-----	-----	-----	-----
IGate Technologies INC	25-1855497	X	31562	5112	1957	458	MN	31562	1733		
			-----	-----	-----	---		-----	-----		
			31562	5112	1957	458		31562	1733		

2014

SSN: 339-08-9877

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Leave unused boxes blank. Do not use staples on anything you submit.

PARIKSHIT

SHARMA

339089877

Place
an X if a
Foreign
Address:

LEENA

SHARMA

926986040

60 SOUTH 6TH ST RBC PLAZA 17TH FL

01191981

MINNEAPOLIS

MN

55402-

06271981

2014 Federal**Filing Status**

(1) Single

☒

(2) Married filing joint

(3) Married filing separate:

(place an X in
one oval box):(4) Head of
household

(5) Qualifying widow(er)


Enter spouse's name and
Social Security number here**State Elections Campaign Fund**If you want \$5 to go to help candidates for state of-
fices pay campaign expenses, you may each enter
the code number for the party of your choice. This
will not increase your tax or reduce your refund.**Political Party and Code Number:**Republican 11 Grassroots 14
Democratic Farmer-Labor . 12 Libertarian 16
Independent 13 General Campaign Fund .. 99**From Your Federal Return** (for line references see instructions), enter the amount of:**A** Wages, salaries, tips, etc.:**B** IRA, Pensions and annuities:**C** Unemployment:**D** Federal adjusted gross income:

31562

31562

Do not send W-2s. Enclose Schedule M1W to
claim Minnesota withholding.

- 1 Federal taxable income** (from line 43 of federal Form 1040,
line 27 of Form 1040A or line 6 of Form 1040EZ) **1** ■ 11262
- 2 State income tax or sales tax addition.** If you itemized deductions
on federal Form 1040, complete the worksheet in the instructions. **2** ■
- 3** Other additions to income, including disallowed itemized deductions,
personal exemptions, non-Minnesota bond interest and domestic production
activities deduction (see instructions; enclose Schedule M1M) **3** ■
- 4** Add lines 1 through 3 (if a negative number, place an X in the oval box) **4** 11262
- 5** State income tax refund from line 10 of federal Form 1040 **5** ■
- 6** Other subtractions, such as net interest or mutual fund dividends from U.S. bonds
or K-12 education expenses (see instructions; enclose Schedule M1M) **6** ■
- 7** Total subtractions. Add lines 5 and 6 **7**
- 8 Minnesota taxable income.** Subtract line 7 from line 4. If zero or less, leave blank **8** 11262
- 9 Tax** from the table in the M1 instructions **9** 602
- 10** Alternative minimum tax (enclose Schedule M1MT) **10** ■
- 11** Add lines 9 and 10. **11** 602
- 12 Full-year residents:** Enter the amount from line 11 on line 12. Skip lines 12a and 12b.
Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on
line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR) . **12** 602
- a.** ■ 31562 **b.** ■ 31562
- 13** Tax on lump-sum distribution (enclose Schedule M1LS) **13** ■
- 14** Tax before credits. Add lines 12 and 13 **14** 602

15	Tax before credits. Amount from line 14	15	602
16	Marriage credit for joint return when both spouses have taxable earned income or taxable retirement income (<i>enclose Schedule M1MA</i>)	16 ■	
17	Other nonrefundable credits (<i>enclose Schedule M1C</i>)	17 ■	
18	Total nonrefundable credits. Add lines 16 and 17	18 ■	
19	Subtract line 18 from line 15 (<i>if result is zero or less, leave blank</i>)	19	602
20	Nongame Wildlife Fund contribution (<i>see instructions, page 15</i>) This will reduce your refund or increase amount owed	 20 ■	
21	Add lines 19 and 20	21	602
22	Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099 and W-2G forms (<i>do not send</i>)	22 ■	1733
23	Minnesota estimated tax and extension payments made for 2014	23 ■	
24	Child and Dependent Care Credit (<i>enclose Schedule M1CD</i>). Enter number of qualifying persons here:	24 ■	
25	Minnesota Working Family Credit (<i>enclose Schedule M1WFC</i>). Enter number of qualifying children here:	25 ■	
26	K-12 Education Credit (<i>enclose Schedule M1ED</i>). Enter number of qualifying children here:	26 ■	
27	Reading Credit (<i>enclose Schedule M1READ</i>). Enter number of qualifying children here:	27 ■	
28	Business and investment credits (<i>enclose Schedule M1B</i>)	28 ■	
29	Total payments. Add lines 22 through 28	29	1733
30	REFUND. If line 29 is more than line 21, subtract line 21 from line 29 (<i>see instructions</i>). For direct deposit, complete line 31.	30 ■	1131
31	Direct deposit of your refund (<i>you must use an account not associated with a foreign bank</i>):		
	X Checking Savings 291070001 9441554641		
32	AMOUNT YOU OWE. If line 21 is more than line 29, subtract line 29 from line 21 (<i>see instructions</i>)	32 ■	
33	Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract this amount from line 30 or add it to line 32 (<i>enclose Schedule M15</i>)	33 ■	
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 34 and 35.			
34	Amount from line 30 you want sent to you	34 ■	1131
35	Amount from line 30 you want applied to your 2015 estimated tax	35 ■	

I declare that this return is correct and complete to the best of my knowledge and belief.

Paid preparer: You must sign below.

Your signature

Date

Paid preparer's signature

Date

DYLAN HARDISTY

02/10/2015

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

3172480770

P01668679

Include a copy of your 2014 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of
Revenue to discuss this return with my
paid preparer or the third-party designee
indicated on my federal return.

I do not want my paid
preparer to file my return
electronically.

Schedule M1NR, Nonresidents/Part-Year Residents 2014

Sequence #11

Other State (see inst.)

Your Last Name	Social Security Number	<input type="checkbox"/> Full-year Nonresident of MN	
SHARMA	339089877	<input checked="" type="checkbox"/> Part-year MN Resident From 09/01/14 to 12/31/14 (mm/dd/yyyy)	IN
Spouse's Last Name	Spouse's Social Security Number	<input checked="" type="checkbox"/> Full-year Nonresident of MN	IN
SHARMA	926986040	<input type="checkbox"/> Part-year MN Resident From _____ to _____ (mm/dd/yyyy)	

Read the instructions for this schedule, which are on a separate sheet. Before you can complete this schedule, you must complete lines 1 through 11 of Form M1.

	A. Total Amount	B. Minnesota Portion (see instructions)
Income		
1 Wages, salaries, tips, etc. (from line 7 of Form 1040 or Form 1040A or line 1 of Form 1040EZ)	1 31562	31562
2 Taxable interest and ordinary dividend income (add lines 8a and 9a of Form 1040 or Form 1040A or from line 2 of Form 1040EZ)	2	
3 Business income or loss (from line 12 of Form 1040)	3	
4 Capital gain or loss (from line 13 of Form 1040 or line 10 of Form 1040A)	4	
5 IRA distributions and pensions and annuities (add lines 15b and 16b of Form 1040 or lines 11b and 12b of Form 1040A)	5	
6 Net income from rents, royalties, partnerships, S corporations, estates and trusts (from line 17 of Form 1040)	6	
7 Farm income or loss (from line 18 of Form 1040)	7	
8 Other income (add lines 10, 11, 14, 19, 20b and 21 of Form 1040, lines 13 and 14b of Form 1040A or line 3 of Form 1040EZ)	8	
9 Interest and dividends from non-Minnesota state or municipal bonds (add lines 3 and 4 of Schedule M1M)	9	
10 Other additions required by Minnesota (add lines 5, 6, 9, 11 and 13 of Schedule M1M.)	10	
11 Add lines 1 through 10 for each column	11 31562	31562
If your Minnesota gross income is below the minimum filing requirement, see the instructions under "Who must file" on how to complete the rest of this schedule.		
Deductions and Subtractions		
12 Certain business expenses (from line 24 of federal Form 1040)	12	
13 Self-employed SEP, SIMPLE and qualified plans and IRA deduction (add lines 28 and 32 of Form 1040 or from line 17 of Form 1040A)	13	
14 Health savings account and Archer MSA deductions (add line 25 of Form 1040 and the Archer MSA amount included on line 36 of Form 1040)	14	
15 Moving expenses (from line 26 of Form 1040)	15	
16 One-half of self-employment tax and self-employed health insurance (add lines 27 and 29 of Form 1040)	16	
17 Deductions for alimony paid and student loan interest (See instructions)	17	
18 Penalty on early withdrawal of savings (from line 30 of Form 1040)	18	
19 Other subtractions required by Minnesota (from lines 19, 20, 33 and 34 of Schedule M1M)	19	
20 Net U.S. bond interest (from line 16 of Schedule M1M) and active military pay received while a nonresident (from line 27 of Schedule M1M)	20	
21 Job Opportunity Building Zone (JOBZ) business and investment income exemptions (from line 30 of Schedule M1M)	21	
Tax Calculation		
22 Add lines 12 through 21 for each column	22	
23 Subtract line 22, column B, from line 11, column B. Enter here and on line 12a of Form M1. If your Minnesota gross income is below \$10,150 or the result is a negative amount, enter 0	23	31562
24 Subtract line 22, column A, from line 11, column A. Enter the result here and on line 12b of Form M1	24	31562
25 Divide line 23 by line 24, and enter the result as a decimal (carry to five decimal places). If line 23 is more than line 24, enter 1.0. If line 23 is zero, enter 0	25	1.00000
26 Amount from line 11 of Form M1	26	602
27 Multiply line 25 by line 26. Enter the result here and on line 12 of Form M1	27	602

You must include this schedule with Form M1. Also enter amounts from lines 23 and 24 of this schedule on Form M1, lines 12a and 12b.

Schedule M1W, Minnesota Income Tax Withheld 2014

Sequence #2

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

PARIKSHIT	SHARMA	339089877
LEENA	SHARMA	926986040

If you received a W-2, 1099, W-2G, Schedule KPI, KS or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 22 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099 or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked, mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc. (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1		1605642	31562	1733

Subtotal for additional W-2s (from line 5 on the back)

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) **1** 1733**2** Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

A If the 1099 or W-2G is for: • you, enter 1 • spouse, enter 2	B Payer's 7-digit Minnesota state tax ID number (if unknown, contact the payer)	C Income amount (see the table on the back for amounts to include)	D Minnesota tax withheld (round to nearest whole dollar)

Subtotal for additional 1099 and W-2G forms (from line 6 on the back)

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) . **2****3 Total Minnesota tax withheld by partnerships, S corporations and fiduciaries**(from line 7 on the back) **3****4 Total.** Add the Minnesota tax withheld on lines 1, 2 and 3.Enter the total here and on line 22 of Form M1 **4** 1733

You must include this schedule with your Form M1.
If required, also include a copy of Schedules KPI, KS and/or KF.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning		,2014, ending	,20	See separate instructions.
Your first name and initial Parikshit Sharma		Last name		Your social security number 339-08-9877
If a joint return, spouse's first name and initial Leena Sharma		Last name		Spouse's social security number 926-98-6040
Home address (number and street). If you have a P.O. box, see instructions. 60 South 6th St RBC PLAZA 17th FL			Apt. no.	<div>▲</div> 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). MINNEAPOLIS MN 55402-				
Foreign country name		Foreign province/state/county		Foreign postal code <div> <input type="checkbox"/> You <input type="checkbox"/> Spouse </div>

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) with dependent child	
	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	2																									
	b	<input checked="" type="checkbox"/> Spouse																											
	c Dependents: <table> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)																					No. of children on 6c who: <ul style="list-style-type: none"> <input type="checkbox"/> lived with you 0 <input type="checkbox"/> did not live with you due to divorce or separation (see instructions) 0 Dependents on 6c not entered above 0
	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instr.)																								
d Total number of exemptions claimed			Add numbers on lines above	2																									

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	31,562.
	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. List type and amount	21		
22	Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	31,562.	

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis gov. 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	31,562.

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	31,562.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before Jan. 2, 1950, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,400.
41	Subtract line 40 from line 38	41	19,162.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	7,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	11,262.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	1,128.
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	1,128.
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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	1,128.

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, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	1,128.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	5,112.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC) NO	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Form 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Re-served c <input type="checkbox"/> Re-served d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,112.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,984.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,984.
b	Routing number 291070001 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 9441554641		
77	Amount of line 75 you want applied to your 2015 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 **Dylan Hardisty** Phone no. **317-248-0770** Personal identification number (PIN) **66723**

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only

Print/Type preparer's name Dylan Hardisty	Preparer's signature Dylan Hardisty	Date 02/10/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01668679
Firm's name Indy Tax Service	Firm's EIN 35-2260216			
Firm's address 2601 Fortune Circle E Ste 204B INDIANAPOLIS IN 46241-	Phone no. 317-248-0770			