

# File by Mail Instructions for your Federal Amended Tax Return

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



Noga Raviv  
21341 Gosier  
Boca Raton, FL 33428

<b>Balance Due/Refund</b>	Your federal amended tax return shows you are due a refund of \$0.00. The IRS estimates it will take up to 16 weeks to process your amended tax return. Your refund will be mailed to you		
<b>What You Need to Mail</b>	<p>Your amended tax return - Form 1040X. Remember to sign and date the return.</p> <p>Be sure to attach all forms or schedules that changed to your amended return.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Austin, TX 73301-0052</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
<b>What You Need to Keep</b>	<p>Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.</p>		
<b>Federal Tax Return Summary</b>	Adjusted Gross Income Correct Amount	\$	52,033.00
	Taxable Income Correct Amount	\$	41,633.00
	Total Tax Correct Amount	\$	6,095.00
	Total Payments/Credits Correct Amount	\$	7,835.00
	No Refund or Amount Due	\$	0.00



Hi Noga,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2017 taxes:

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.**This return is for calendar year** ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial Noga	Last name Raviv	Your social security number 589-43-6175
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If a joint return, spouse's first name and initial	Last name	Spouse's social security number
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Current home address (number and street). If you have a P.O. box, see instructions. 21341 Gosier	Apt. no.	Your phone number (561) 665-0770
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City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Boca Raton FL 33428	Foreign country name	Foreign province/state/county	Foreign postal code
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**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☒ Single ☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)  
☐ Married filing jointly ☐ Married filing separately ☐ Qualifying widow(er)

**Full-year coverage.**If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."  
See instructions.☒ Yes ☐ No

Use Part III on the back to explain any changes

**Income and Deductions**

<b>1</b>	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . <input type="checkbox"/>	<b>1</b>	52,033.	0.	52,033.
<b>2</b>	Itemized deductions or standard deduction . . . . .	<b>2</b>	6,350.	0.	6,350.
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	45,683.	0.	45,683.
<b>4</b>	Exemptions. <b>If changing, complete Part I on page 2 and enter the amount from line 29</b> . . . . .	<b>4</b>	4,050.	0.	4,050.
<b>5</b>	Taxable income. Subtract line 4 from line 3 . . . . .	<b>5</b>	41,633.	0.	41,633.

**Tax Liability**

6	Tax. Enter method(s) used to figure tax (see instructions): QDCGTW	6	6,095.	0.	6,095.
7	Credits. If a general business credit carryback is included, check here . . . . . ▶ <input type="checkbox"/>	7	0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	8	6,095.	0.	6,095.
9	Health care: individual responsibility (see instructions) . . . . .	9	0.	0.	0.
10	Other taxes . . . . .	10	1,622.	0.	1,622.
11	Total tax. Add lines 8, 9, and 10 . . . . .	11	7,717.	0.	7,717.

**Payments**

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. ( <b>If changing</b> , see instructions.) . . . . .	12	7,835.	0.	7,835.
13	Estimated tax payments, including amount applied from prior year's return . . . . .	13	0.	0.	0.
14	Earned income credit (EIC) . . . . .	14	0.	0.	0.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	15	0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	16		0.	
17	Total payments. Add lines 12 through 15, column C, and line 16 . . . . .	17			7,835.

**Refund or Amount You Owe**

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS. . . . .	18		118.	
19	Subtract line 18 from line 17 (If less than zero, see instructions.) . . . . .	19		7,717.	
20	<b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference . . . . .	20			
21	If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return . . . . .	21			
22	Amount of line 21 you want <b>refunded to you</b> . . . . .	22		0.	
23	Amount of line 21 you want <b>applied to your (enter year):</b> estimated tax . . . . .	23			

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 1	0	1
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 0	0	0
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b> 0	0	0
<b>27</b>	Other dependents . . . . .	<b>27</b> 0	0	0
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 1	0	1
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b> 4,050.	0.	4,050.
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Sign Here**

► Your signature \_\_\_\_\_ Date \_\_\_\_\_ Product Designer  
Your occupation \_\_\_\_\_

► Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer Use Only**

► Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Self-Prepared  
Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

PTIN \_\_\_\_\_ ☐ Check if self-employed

Phone number \_\_\_\_\_ EIN \_\_\_\_\_

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial Noga	Last name Raviv	<b>Your social security number</b> 589-43-6175
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. 21341 Gosier		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). Boca Raton FL 33428		<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 ☒ 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 . . . . .

Boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you \_\_\_\_\_

• did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

Dependents on 6c not entered above \_\_\_\_\_

Add numbers on lines above ▶ 1

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)

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

d Total number of exemptions claimed . . . . .

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 497.

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 ▶

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.

7 40,867.

8a

9a 497.

10

11

12 11,480.

13

14

15b

16b

17

18

19

20b

21

22 52,844.

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 . 27 811.

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 . . . . . 36 811.

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 52,033.

**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>	52,033.																				
<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>	6,350.																				
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	45,683.																				
<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>	4,050.																				
<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>	41,633.																				
<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>	6,095.																				
<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>	6,095.																				
<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>																					
<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>																					
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	6,095.																				
<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	1,622.																				
<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>	0.																				
<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>	7,717.																				
<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	7,835.																				
<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>	<b>66a</b>																					
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<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>																					
<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 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>	7,835.																				
<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>	118.																				
<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>	118.																				
<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<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	Daytime phone number
<input type="text"/>	<input type="text"/>	Product Designer	(561) 665-0770
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Paid Preparer Use Only**

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

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Noga Raviv

**Net Profit From Business**

(Sole Proprietorship)

- **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **09A**

Social security number (SSN)

589-43-6175

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

**And You:**

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service  
Design

**B** Enter business code (see page 2)

5 4 1 3 3 0

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

21341 Gosier

City, town or post office, state, and ZIP code

Boca Raton, FL 33428

**F** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

**G** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

**Part II Figure Your Net Profit**

<b>1</b>	<b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	<b>1</b>	11,480.
<b>2</b>	<b>Total expenses</b> (see page 2). If more than \$5,000, you <b>must</b> use Schedule C		<b>2</b>	
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> , and <b>Schedule SE, line 2</b> (see page 2). (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2.) Estates and trusts, enter on <b>Form 1041, line 3</b>		<b>3</b>	11,480.

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ► .....
- 5** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business ..... **b** Commuting (see page 2) ..... **c** Other .....
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No



**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Noga Raviv

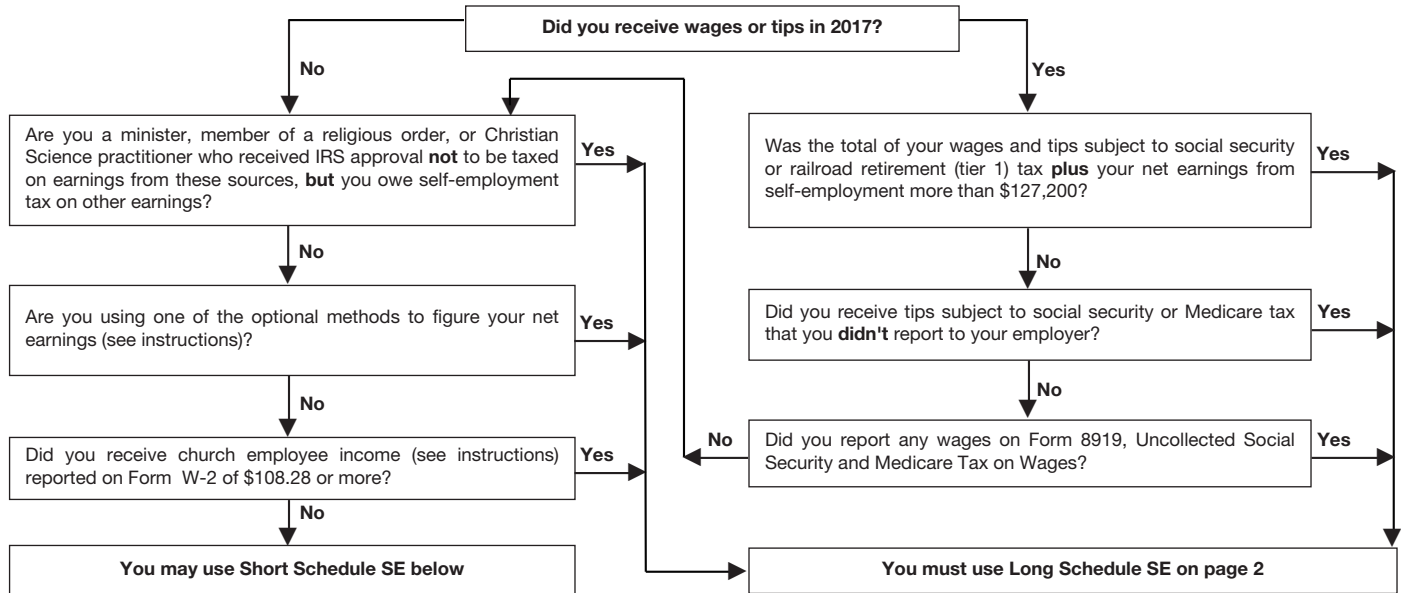
Social security number of person  
with **self-employment** income ►

589-43-6175

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b> (	)
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	11,480.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	11,480.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b. . . . . ►	<b>4</b>	10,602.
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	1,622.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	811.



## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Noga Raviv

**Primary SSN:** 589-43-6175

**Federal Return Submitted:** March 26, 2018 09:05 PM PDT

**Federal Return Acceptance Date:** 03/26/2018

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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.

# File by Mail Instructions for your 2017 California Amended Tax Return

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



Noga Raviv  
21341 Gosier  
Boca Raton, FL 33428

<b>Balance Due/Refund</b>	<p>Your California state amended tax return shows you owe a balance due of \$43.00.</p> <p>You are paying by check.</p>			
<b>What You Need to Mail</b>	<p>Your amended tax return - Form 540 with Schedule X. Remember to sign and date the return.</p> <p>Your payment - Mail a check or money order for \$43.00, payable to "Franchise Tax Board". Write your Social Security number and "2017 Form 540 with Schedule X" on the check. Mail the return and check together, but do not staple or attach the check to the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none"><li>- a copy of your federal return</li><li>- all revised forms, schedules, and documents supporting each change, such as corrected forms(s) W-2 or 1099, schedule(s) K-1, escrow statements and the Schedule X.</li></ul> <p>Mail your return, attachments and payment to:</p> <p>Franchise Tax Board PO Box 942867 Sacramento, CA 94267-0001</p> <p>Don't forget correct postage on the envelope.</p>			
<b>What You Need to Keep</b>	<p>Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.</p>			
<b>2017 California Tax Return Summary</b>	<table><tr><td>Payment Due</td><td>\$</td><td>43.00</td></tr></table>	Payment Due	\$	43.00
Payment Due	\$	43.00		
<b>Special Formatting</b>	<p>Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.</p>			

TAXABLE YEAR

2017

California Online e-file Return Authorization  
for Individuals

FORM

8453-OL

Your first name and initial NOGA		Last name RAVIV		Suffix	Your SSN or ITIN 589-43-6175
If filing jointly, spouse's/RDP's first name		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 21341 GOSIER		Apt. no.	PMB/private mailbox		Daytime telephone number (561) 665-0770
City BOCA RATON				State FL	ZIP code 33428
Foreign country name		Foreign province/state/county			Foreign postal code

**Part I Tax Return Information** (whole dollars only)

1 California adjusted gross income. See instructions .....1 10,669.

2 Refund or no amount due. See instructions .....2

3 Amount you owe. See instructions .....3 363.

**Part II Settle Your Account Electronically for Taxable Year 2017** (Payment due 4/17/2018)

4 ☐ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

**Part III Make Estimated Tax Payments for Taxable Year 2018** These are not installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

**Part IV Banking Information** (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit

9 Routing number 13 Routing number

10 Account number 14 Account number

11 Type of account: ☐ Checking ☐ Savings 15 Type of account: ☐ Checking ☐ Savings

**Part V Declaration of Taxpayer(s)**

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.  
*It is unlawful to forge a spouse's/RDP's signature.*

Date

## Voucher at bottom of page. ■

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2017 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 17, 2018.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday on April 16, 2018, tax returns filed and payments mailed or submitted on April 17, 2018, will be considered timely.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

✂ — DETACH HERE — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — DETACH HERE — ✂

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

**2017**

## Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

**3582 (e-file)**

589-43-6175 RAVI  
NOGA RAVIV

17

21341 GOSIER  
BOCA RATON FL 33428

Amount of Payment

43.

TAXABLE YEAR

**2017****California Nonresident or Part-Year  
Resident Income Tax Return****Long Form**

FORM

**540NR**

APE

AMENDED 1

589-43-6175 RAVI  
NOGA RAVIV

17 PBA 541330

A  
R  
RP21341 GOSIER  
BOCA RATON FL 33428  
05-27-1994

**Filing Status**

1 ☒ Single

2 ☐ Married/RDP filing jointly. See inst.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here \_\_\_\_\_

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died \_\_\_\_\_

If your California filing status is different from your federal filing status, check the box here ☐

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐ 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

**7 Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ☒ 7 ☐ 1 X \$114 = ☒ \$ 114

**8 Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 ☐ X \$114 = ☒ \$

**9 Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 ☐ X \$114 = ☒ \$

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
SSN	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions ☒ 10 ☐ X \$353 = ☒ \$

**11 Exemption amount:** Add line 7 through line 10 ☒ 11 ☐ \$ 114

**12 Total California wages from your Form(s) W-2, box 16** ☒ 12 00

**13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10** ☒ 13 52033 00

**14 California adjustments – subtractions.** Enter the amount from Schedule CA (540NR), line 37, column B ☒ 14 00

**15 Subtract line 14 from line 13.** If less than zero, enter the result in parentheses. See instructions ☒ 15 52033 00

**16 California adjustments – additions.** Enter the amount from Schedule CA (540NR), line 37, column C ☒ 16 00

**17 Adjusted gross income from all sources.** Combine line 15 and line 16 ☒ 17 52033 00

**18 Enter the larger of:** Your California **itemized deductions** from Schedule CA (540NR), line 44; **OR** Your California **standard deduction**. See instructions ☒ 18 4236 00

**19 Subtract line 18 from line 17.** This is your **total taxable income**. If less than zero, enter -0- ☒ 19 47797 00

Total Taxable Income

Exemptions

Filing Status

Your name: RAVIV

Your SSN or ITIN: 589-43-6175

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	1882	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	10669	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	9801	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 3 9 4
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	386	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	2 0 5 1
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	39	23	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	363	00
Special Credits	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	41		00
	42	Add line 40 and line 41	42	363	00
	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
Other Taxes	58	Enter credit name _____ code _____ and amount	58		00
	59	Enter credit name _____ code _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
	62	Add line 50 and line 55 through 61. These are your total credits	62		00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	63	363	00
	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
Payments	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	363	00
	81	California income tax withheld. See instructions	81		00
	82	2017 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86		00
Overpaid Tax/Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101		00
	102	Amount of line 101 you want applied to your 2018 estimated tax	102		00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103		00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104	363	00

Your name: RAVIV

Your SSN or ITIN: 589-43-6175

Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . .	● 400	00
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	00
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	00
California Firefighters' Memorial Fund . . . . .	● 406	00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	00
California Sea Otter Fund . . . . .	● 410	00
California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	00
School Supplies for Homeless Children Fund . . . . .	● 422	00
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	00
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	00
Revive the Salton Sea Fund . . . . .	● 432	00
California Domestic Violence Victims Fund . . . . .	● 433	00
Special Olympics Fund . . . . .	● 434	00
Type 1 Diabetes Research Fund . . . . .	● 435	00
California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	00
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	00
<b>120</b> Add code 400 through code 440. This is your total contribution . . . . .	<b>● 120</b>	00



Your name: RAVIV Your SSN or ITIN: 589-43-6175

**121 AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **121** 3 6 3 .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**122** Interest, late return penalties, and late payment penalties. .... **122** 00  
**123** Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . ● **123** 00  
**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **124** 363 00

**125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **125** 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
☐ Checking  
☐ Savings  
● Routing number ● Type ● Account number ● **126** Direct deposit amount 00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:  
☐ Checking  
☐ Savings  
● Routing number ● Type ● Account number ● **127** Direct deposit amount 00

**IMPORTANT:** Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's/RDP's signature (if a joint tax return, both must sign) \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
● Your email address. Enter only one email address. ● Preferred phone number

( 5 6 1 ) 6 6 5 0 7 7 0

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

SELF-PREPARED

Firm's name (or yours, if self-employed)

Firm's address

● PTIN

● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

( )

**2 0 1 7****California Explanation of  
Amended Return Changes****X**

Attach this schedule to amended Form 540, Form 540 2EZ, or Long or Short Form 540NR

Name(s) as shown on amended tax return

N O G A R A V I V

Your SSN or ITIN

5 8 9 4 3 6 1 7 5

**Part I Financial Adjustments – Reconciliation**

<b>1</b> Enter the amount you owe, as shown on the amended tax return . . . . .	<input checked="" type="radio"/> <b>1</b>	363.	00
<b>2</b> Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions . . . . .	<input checked="" type="radio"/> <b>2</b>	0.	00
<b>3</b> Add line 1 and line 2 . . . . .	<input checked="" type="radio"/> <b>3</b>	363.	00
<b>4</b> Enter the refund, as shown on the amended tax return. See instructions . . . . .	<input checked="" type="radio"/> <b>4</b>		00
<b>5</b> Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest . . . . .	<input checked="" type="radio"/> <b>5</b>	320.	00
<b>6</b> Add line 4 and line 5 . . . . .	<input checked="" type="radio"/> <b>6</b>	320.	00
<b>7 AMOUNT YOU OWE.</b> If line 3 is more than line 6, subtract line 6 from line 3. See instructions. . . . .	<input checked="" type="radio"/> <b>7</b>	43.	00
<b>8</b> Penalties/Interest. See instructions: <b>Penalties 8a</b> _____ <b>Interest 8b</b> _____	<input checked="" type="radio"/> <b>8c</b>		00
<b>9 REFUND.</b> If line 6 is more than line 3, subtract line 3 from line 6. See instructions. . . . .	<input checked="" type="radio"/> <b>9</b>		00

**Part II Reason(s) for Amending****1** Check all that apply:

- |  |   |  |
|--|---|--|
| <input checked="" type="radio"/> <b>a</b> <input type="checkbox"/> Protective claim for refund           | <input checked="" type="radio"/> <b>f</b> <input type="checkbox"/> NOL carryback            | <input checked="" type="radio"/> <b>k</b> <input type="checkbox"/> Military HR 100 |
| <input checked="" type="radio"/> <b>b</b> <input type="checkbox"/> Reservation source income adjustments | <input checked="" type="radio"/> <b>g</b> <input type="checkbox"/> Error on original return | <input checked="" type="radio"/> <b>l</b> <input type="checkbox"/> Informal claim  |
| <input checked="" type="radio"/> <b>c</b> <input type="checkbox"/> Pass-through entity adjustments       | <input checked="" type="radio"/> <b>h</b> <input type="checkbox"/> Credit adjustment        | <input checked="" type="radio"/> <b>m</b> <input type="checkbox"/> Other           |
| <input checked="" type="radio"/> <b>d</b> <input type="checkbox"/> Federal audit and/or adjustments      | <input checked="" type="radio"/> <b>i</b> <input type="checkbox"/> Earned income tax credit |  |
| <input checked="" type="radio"/> <b>e</b> <input type="checkbox"/> FTB audit contact                     | <input checked="" type="radio"/> <b>j</b> <input type="checkbox"/> Disaster Loss            |  |

**2** If you checked boxes a, b, c, d, m or multiple boxes, provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

2017

# California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

N O G A R A V I V

5 8 9 4 3 6 1 7 5

**Part I Residency Information.** Complete all lines that apply to you and your spouse/RDP for taxable year 2017.**During 2017:****1** My California (CA) Residency (Check one)a Myself: ☐ Nonresident ☒ Part-Year Resident ☐ Residentb Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

	Yourself	Spouse/RDP
<b>2 a</b> I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> NY	<input type="radio"/> _____
<b>b</b> I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/> _____	<input type="radio"/> _____
<b>3</b> I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> _____	<input type="radio"/> _____
<b>4</b> I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input checked="" type="radio"/> NY 10/01/2017	<input type="radio"/> _____
<b>5</b> I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/> _____	<input type="radio"/> _____
<b>6</b> The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> 214	<input type="radio"/> _____
<b>7</b> I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> _____
<b>8 Before 2017:</b> I was a CA resident for the period of . . . . .	<input type="radio"/> 06/14/2016 - <input checked="" type="radio"/> 10/01/2017	<input type="radio"/> _____ - <input type="radio"/> _____

**Part II Income Adjustment Schedule****Section A — Income**

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>7</b> Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . <b>7</b>	<input checked="" type="radio"/> 40,867.	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 40,867.	<input type="radio"/> 0.
<b>8</b> Taxable interest. (b) . . . . . <b>8(a)</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>9</b> Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> 497. . . . . <b>9(a)</b>	<input checked="" type="radio"/> 497.	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 497.	<input type="radio"/> 0.
<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes. . . . . <b>10</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>11</b> Alimony received. See instructions. . . . . <b>11</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>12</b> Business income or (loss) . . . . . <b>12</b>	<input checked="" type="radio"/> 11,480.	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 11,480.	<input type="radio"/> 11,480.
<b>13</b> Capital gain or (loss). See instructions . . . <b>13</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>14</b> Other gains or (losses) . . . . . <b>14</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>15</b> IRA distributions. See instructions. (a) <input type="radio"/> . . . . . <b>15(b)</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>16</b> Pensions and annuities. See instructions. (a) <input type="radio"/> . . . . . <b>16(b)</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>17</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>18</b> Farm income or (loss) . . . . . <b>18</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>19</b> Unemployment compensation . . . . . <b>19</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>20</b> Social security benefits. (a) <input type="radio"/> . . . . . <b>20(b)</b>	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____	<input type="radio"/> _____
<b>21</b> Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V <b>21</b> e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	<input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	<input type="radio"/> _____ <input type="radio"/> _____ <input checked="" type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____ <input type="radio"/> _____	<b>21</b> <input checked="" type="radio"/> _____	<b>21</b> <input checked="" type="radio"/> _____
<b>22 a</b> Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . . . <b>22a</b>	<input checked="" type="radio"/> 52,844.	<input type="radio"/> _____	<input type="radio"/> _____	<input checked="" type="radio"/> 52,844.	<input type="radio"/> 11,480.

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22 b	Enter totals from Side 1, line 22a, col. A through col. E . . . . .	52,844.			52,844.	11,480.
23	Educator expenses . . . . .					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . .					
25	Health savings account deduction . . . . .					
26	Moving expenses . . . . .					
27	Deductible part of self-employment tax . . . . .	811.			811.	811.
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .					
29	Self-employed health insurance deduction . . . . .					
30	Penalty on early withdrawal of savings . . . . .					
31a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ . . . . .					
32	IRA deduction . . . . .					
33	Student loan interest deduction . . . . .					
34	Tuition and fees . . . . .					
35	Domestic production activities deduction . . . . .					
36	Add line 23 through line 35 in each column, A through E . . . . .	811.			811.	811.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . .	52,033.			52,033.	10,669.

### Part III Adjustments to Federal Itemized Deductions

**38 Federal Itemized Deductions.** Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . ☐ **38** 2,416.

**39** Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes **only**) (or Schedule A (Form 1040NR), line 1). See instructions. . . . . ☐ **39** 2,416.

**40** Subtract line 39 from line 38 . . . . . ☐ **40** 0.

**41** Other adjustments including California lottery losses. See instructions. Specify \_\_\_\_\_ ☐ **41**

**42** Combine line 40 and line 41 . . . . . ☐ **42** 0.

**43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?**

Single or married/RDP filing separately . . . . . \$187,203

Head of household . . . . . \$280,808

Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411

**No.** Transfer the amount on line 42 to line 43.

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . ☐ **43** 0.

**44 Enter the larger of the amount on line 43 or your standard deduction. See instructions** . . . . . ☐ **44** 4,236.

### Part IV California Taxable Income

**45 California AGI.** Enter your California AGI from line 37, column E . . . . . ☐ **45** 10,669.

**46** Enter your deductions from line 44 . . . . . ☐ **46** 4,236.

**47 Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . ☐ **47** 0.2050

**48 California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 . . . . . ☐ **48** 868.

**49 California Taxable Income.** Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . ☐ **49** 9,801.

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.**This return is for calendar year** ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Noga

Last name

Raviv

Your social security number

589-43-6175

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

Last name

Spouse's social security number

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

21341 Gosier

Apt. no.

Your phone number

(561) 665-0770

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

Boca Raton FL 33428

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

See instructions.

☒ Yes☐ No

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
<b>1</b>	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	<b>1</b> 52,033.	0.	52,033.
<b>2</b>	Itemized deductions or standard deduction . . . . .	<b>2</b> 6,350.	0.	6,350.
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> 45,683.	0.	45,683.
<b>4</b>	Exemptions. <b>If changing, complete Part I on page 2 and enter the amount from line 29</b> . . . . .	<b>4</b> 4,050.	0.	4,050.
<b>5</b>	Taxable income. Subtract line 4 from line 3 . . . . .	<b>5</b> 41,633.	0.	41,633.

**Tax Liability**

<b>6</b>	Tax. Enter method(s) used to figure tax (see instructions): QDCGTW	<b>6</b> 6,095.	0.	6,095.
<b>7</b>	Credits. If a general business credit carryback is included, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b> 0.	0.	0.
<b>8</b>	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	<b>8</b> 6,095.	0.	6,095.
<b>9</b>	Health care: individual responsibility (see instructions) . . . . .	<b>9</b> 0.	0.	0.
<b>10</b>	Other taxes . . . . .	<b>10</b> 1,622.	0.	1,622.
<b>11</b>	Total tax. Add lines 8, 9, and 10 . . . . .	<b>11</b> 7,717.	0.	7,717.

**Payments**

<b>12</b>	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. ( <b>If changing</b> , see instructions.) . . . . .	<b>12</b> 7,835.	0.	7,835.
<b>13</b>	Estimated tax payments, including amount applied from prior year's return . . . . .	<b>13</b> 0.	0.	0.
<b>14</b>	Earned income credit (EIC) . . . . .	<b>14</b> 0.	0.	0.
<b>15</b>	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b> 0.	0.	0.
<b>16</b>	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>	0.	
<b>17</b>	Total payments. Add lines 12 through 15, column C, and line 16 . . . . .	<b>17</b>	7,835.	

**Refund or Amount You Owe**

<b>18</b>	Overpayment, if any, as shown on original return or as previously adjusted by the IRS. . . . .	<b>18</b>	118.	
<b>19</b>	Subtract line 18 from line 17 (If less than zero, see instructions.) . . . . .	<b>19</b>	7,717.	
<b>20</b>	<b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>		
<b>21</b>	If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return . . . . .	<b>21</b>		
<b>22</b>	Amount of line 21 you want <b>refunded to you</b> . . . . .	<b>22</b>	0.	
<b>23</b>	Amount of line 21 you want <b>applied to your (enter year):</b> estimated tax . <b>23</b>			

Complete and sign this form on Page 2.

**Part I Exemptions**

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself . . . . .	<b>24</b> 1	0	1
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b> 0	0	0
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b> 0	0	0
<b>27</b>	Other dependents . . . . .	<b>27</b> 0	0	0
<b>28</b>	Total number of exemptions. Add lines 24 through 27 . . . . .	<b>28</b> 1	0	1
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form. . . . .	<b>29</b> 4,050.	0.	4,050.
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of changes.** In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

**Remember to keep a copy of this form for your records.**

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

**Sign Here**

► Your signature \_\_\_\_\_ Date \_\_\_\_\_ Product Designer  
Your occupation \_\_\_\_\_

► Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer Use Only**

► Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Self-Prepared  
Firm's name (or yours if self-employed) \_\_\_\_\_

Print/type preparer's name \_\_\_\_\_ Firm's address and ZIP code \_\_\_\_\_

PTIN \_\_\_\_\_ ☐ Check if self-employed

Phone number \_\_\_\_\_ EIN \_\_\_\_\_

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>Noga</b>	Last name <b>Raviv</b>	<b>Your social security number</b> <b>589-43-6175</b>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>21341 Gosier</b>		<b>Apt. no.</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Boca Raton FL 33428</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 ☒ 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 . . . . .

6b ☐ Spouse . . . . .

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed . . . . .

**1**

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 ▶

<b>Income</b>	<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>7</b>	<b>40,867.</b>
	<b>8a</b> <b>Taxable</b> interest. Attach Schedule B if required . . . . .	<b>8a</b>	
	<b>b</b> <b>Tax-exempt</b> interest. <b>Do not</b> include on line 8a . . . . .	<b>8b</b>	
	<b>9a</b> Ordinary dividends. Attach Schedule B if required . . . . .	<b>9a</b>	<b>497.</b>
	<b>b</b> Qualified dividends . . . . .	<b>9b</b>	<b>497.</b>
	<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b> Alimony received . . . . .	<b>11</b>	
	<b>12</b> Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	<b>11,480.</b>
	<b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b> Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
<b>15a</b> IRA distributions . . . . .	<b>15a</b>	<b>b</b> Taxable amount . . . . .	<b>15b</b>
<b>16a</b> Pensions and annuities . . . . .	<b>16a</b>	<b>b</b> Taxable amount . . . . .	<b>16b</b>
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>		
<b>18</b> Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>		
<b>19</b> Unemployment compensation . . . . .	<b>19</b>		
<b>20a</b> Social security benefits . . . . .	<b>20a</b>	<b>b</b> Taxable amount . . . . .	<b>20b</b>
<b>21</b> Other income. List type and amount . . . . .	<b>21</b>		
<b>22</b> Combine the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> ▶	<b>22</b>	<b>52,844.</b>	

<b>Adjusted Gross Income</b>	<b>23</b> Educator expenses . . . . .	<b>23</b>	
	<b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	<b>24</b>	
	<b>25</b> Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b> Moving expenses. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b> Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	<b>811.</b>
	<b>28</b> Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b> Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b> Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b> Alimony paid <b>b</b> Recipient's SSN ▶	<b>31a</b>	
	<b>32</b> IRA deduction . . . . .	<b>32</b>	
<b>33</b> Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b> Tuition and fees. Attach Form 8917 . . . . .	<b>34</b>		
<b>35</b> Domestic production activities deduction. Attach Form 8903 . . . . .	<b>35</b>		
<b>36</b> Add lines 23 through 35 . . . . .	<b>36</b>	<b>811.</b>	
<b>37</b> Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	<b>37</b>	<b>52,033.</b>	



**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>	52,033.
<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>	6,350.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	45,683.
<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>	4,050.
<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>	41,633.
<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>	6,095.
<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>	6,095.
<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>	
<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>	
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	6,095.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	1,622.
<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>	0.
<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>	7,717.

**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>	7,835.
<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>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election <b>66b</b>	<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>	
<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>	7,835.

**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>	118.																				
<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>	118.																				
<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<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 Product Designer	Daytime phone number (561) 665-0770
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	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 ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**SCHEDULE C-EZ  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

Noga Raviv

**Net Profit From Business**

(Sole Proprietorship)

- **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **09A**

Social security number (SSN)

589-43-6175

**Part I General Information**

**You May Use  
Schedule C-EZ  
Instead of  
Schedule C  
Only If You:**

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

**And You:**

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A** Principal business or profession, including product or service  
Design

**B** Enter business code (see page 2)

5 4 1 3 3 0

**C** Business name. If no separate business name, leave blank.

**D** Enter your EIN (see page 2)

**E** Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

21341 Gosier

City, town or post office, state, and ZIP code

Boca Raton, FL 33428

**F** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

**G** If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

**Part II Figure Your Net Profit**

<b>1</b>	<b>Gross receipts. Caution:</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	<b>1</b>	11,480.
<b>2</b>	<b>Total expenses</b> (see page 2). If more than \$5,000, you <b>must</b> use Schedule C		<b>2</b>	
<b>3</b>	<b>Net profit.</b> Subtract line 2 from line 1. If less than zero, you <b>must</b> use Schedule C. Enter on both <b>Form 1040, line 12</b> , and <b>Schedule SE, line 2</b> , or on <b>Form 1040NR, line 13</b> , and <b>Schedule SE, line 2</b> (see page 2). (Statutory employees <b>do not</b> report this amount on Schedule SE, line 2.) Estates and trusts, enter on <b>Form 1041, line 3</b>		<b>3</b>	11,480.

**Part III Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 2.

- 4** When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business **b** Commuting (see page 2) **c** Other
- 6** Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7** Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a** Do you have evidence to support your deduction? ☐ Yes ☐ No
- b** If "Yes," is the evidence written? ☐ Yes ☐ No

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Noga Raviv

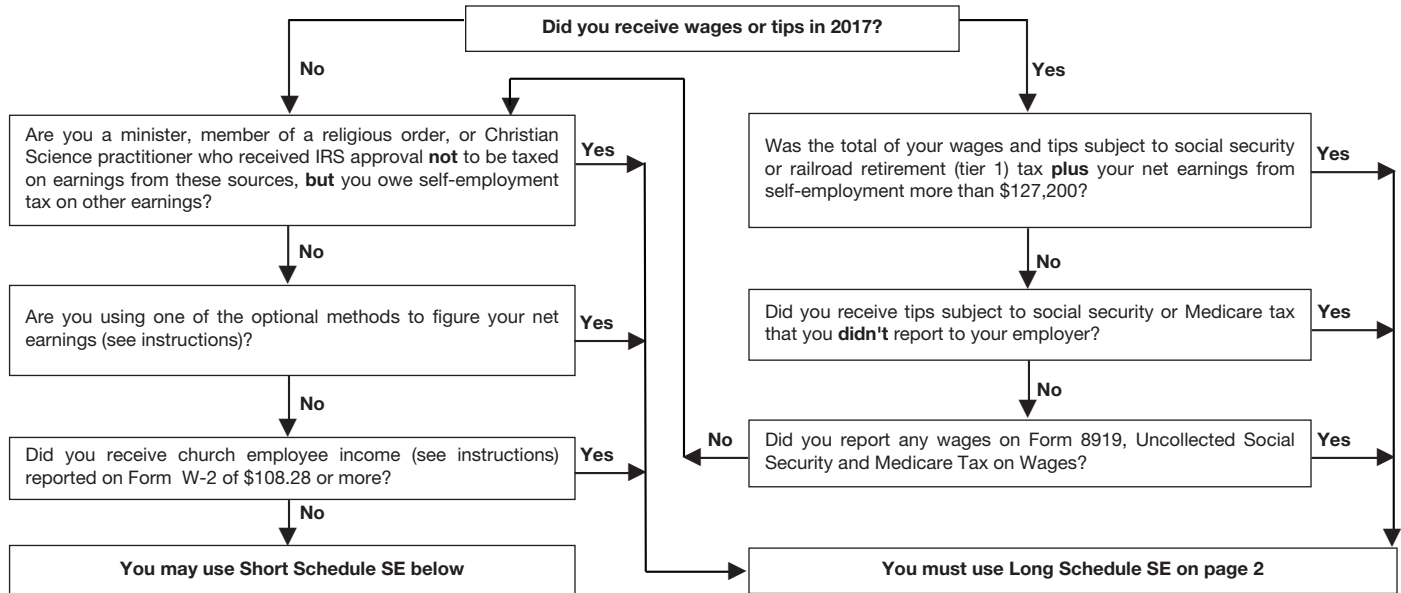
Social security number of person  
with **self-employment** income ►

589-43-6175

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	11,480.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	11,480.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b. . . . . ►	<b>4</b>	10,602.
<b>Note:</b>	If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> • More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on <b>Form 1040, line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	1,622.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Form 1040, line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	811.