

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **VENKATA SAI KARTHIK** Last name **SURVEPALLI** **Your social security number** **297-85-2222**

If a joint return, spouse's first name and initial **MEHER LALITHA** Last name **THATAVARTHI** **Spouse's social security number** **949-99-2423**

Home address (number and street). If you have a P.O. box, see instructions. **201 TONNELLE AVENUE** Apt. no. **E2** **▲ 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). **JERSEY CITY NJ 07306** **Presidential Election Campaign**

Foreign country name Foreign province/state/county Foreign postal code **Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.** ☐ You ☐ Spouse

Filing Status

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

2 ☒ 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 ☐ Married filing separately. Enter spouse's SSN above and full name here. **▶** 5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a

b ☒ **Spouse**

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <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"/>

If more than four dependents, see instructions and check here ☐ **Boxes checked on 6a and 6b** **2**

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 **2**

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **87,660.**

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** **0.**

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 ☐ **13**

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

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

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

19 Unemployment compensation **19**

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

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

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **▶** **22** **87,660.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **▶** **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Reserved for future use **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** **87,660.**

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

38	Amount from line 37 (adjusted gross income)	38	87,660.																				
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>																						
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <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	12,700.																				
41	Subtract line 40 from line 38	41	74,960.																				
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.																				
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	66,860.																				
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	9,099.																				
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	9,099.																				
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 credit. 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	9,099.																				
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	9,099.																				
64	Federal income tax withheld from Forms W-2 and 1099	64	8,489.																				
65	2017 estimated tax payments and amount applied from 2016 return	65																					
66a	Earned income credit (EIC)	66a																					
b	Nontaxable combat pay election 66b	66b																					
67	Additional child tax credit. Attach Schedule 8812	67																					
68	American opportunity credit from Form 8863, line 8	68																					
69	Net premium tax credit. Attach Form 8962	69																					
70	Amount paid with request for extension to file	70																					
71	Excess social security and tier 1 RRTA tax withheld	71																					
72	Credit for federal tax on fuels. Attach Form 4136	72																					
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73																					
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		8,489.																				
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a																					
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> c 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				
d	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				
77	Amount of line 75 you want applied to your 2018 estimated tax	77																					
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	610.																				
79	Estimated tax penalty (see instructions)	79																					

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name Phone no. Personal identification number (PIN)

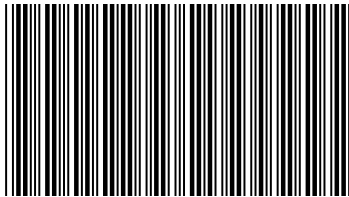
Sign Here

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"/>	SOFTWARE ENGINEER	(682) 300-9159
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.)
<input type="text"/>	<input type="text"/>	HOMEMAKER	<input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Uma D Pishati	<input type="text"/>	02/21/2018		P01520074
Firm's name	Firm's EIN			
BESTTAXFILER, LLC.	45-3785334			
Firm's address	Phone no.			
29301 MORNINGVIEW FARMINGTON HILLS MI 48334				



040MP01170

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

SURVEPALLI VENKATA SAI KARTHIK & THATAVARTHI

201 TONNELLE AVENUE APT E2

JERSEY CITY NJ 07306 0906

1555

297852222 949992423

P01520074 453785334

S94177630008852



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 12)

Paid Preparer's Signature

Federal Identification Number

P01520074

Firm's Name

Federal Employer Identification Number

BESTTAXFILER, LLC.

45-3785334

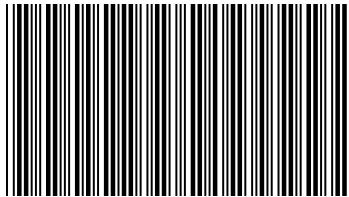
Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**.

You may also pay by e-check or credit card. See instruction page 11.



040MP02170

NJ-1040 (2017)

PAGE 2

SURVEPALLI VENKATA SAI KARTHIK & THATAVARTHI

297852222

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Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY
FROM TO

FILING STATUS

1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

CHECKBOXES FOR EXEMPTIONS

REGULAR	SPOUSE/CU PARTNER <input checked="" type="checkbox"/>	DOMESTIC PARTNER
AGE 65 OR OLDER	YOURSELF	SPOUSE/CU PARTNER
BLIND OR DISABLED	YOURSELF	SPOUSE/CU PARTNER
VETERAN EXEMPTION	YOURSELF	SPOUSE/CU PARTNER

EXEMPTIONS

6. REGULAR
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11)
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

2

2

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)
LAST NAME, FIRST NAME, MIDDLE INITIAL

SOCIAL SECURITY NUMBER

BIRTH YEAR

HEALTH INS IND

- A.
B.
C.
D.

GOVERNMENTAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND?

YES

NO

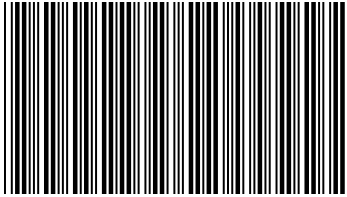
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1?

YES

NO

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.)
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A
16. DIVIDENDS
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22)
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 25)
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25)
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26)
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 28)
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS
32. QUALIFIED CONSERVATION CONTRIBUTION
33. HEALTH ENTERPRISE ZONE DEDUCTION
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY

14.	92000	.
15A.		.
15B.		.
16.		.
17.		.
18.		.
19A.		.
19B.		.
20.		.
21.		.
22.		.
23.		.
24.		.
25.		.
26.	92000	.
27A.		.
27B.		.
27C.		.
28.	92000	.
29.	2000	.
30.		.
31.		.
32.		.
33.		.
34.		.
35.	2000	.
36.	90000	.



040MP03170

SURVEPALLI VENKATA SAI KARTHIK & THATAVARTHI

297852222

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37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	3456 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	3456 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	86544 .
40. TAX (FROM TAX TABLES, PAGE 52)	40.	2006 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	2006 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	2006 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	2006 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	2307 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.	
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.	
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	2307 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	301 .
58. YOUR 2018 TAX	58.	
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	
64C. DESIGNATION CODE	64C.	
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	301 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)

dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)

dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES

dd4. ROUTING NUMBER

dd5. ACCOUNT NUMBER

dnm. DO NOT MAIL INDICATOR

pa. POWER OF ATTORNEY INDICATOR

pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

dd1. 4

dd2.

dd3.

dd4.

dd5.

dnm.

pa.

pdr.