

Form	1040	Department of the Treasury — Internal Revenue Service (99)	U.S. Individual Income Tax Return	2017	OMB No. 1545-0074	IRS Use Only — Do not write or staple in this space.
For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20					See separate instructions.	
Your first name and initial Last name VINOTHKUMAR PERUMAL KALIAPPAN					Your social security number 685-59-1628	
If a joint return, spouse's first name and initial Last name KRITHIKA KRISHNAMOORTHY					Spouse's social security number 949-98-1530	
Home address (number and street). If you have a P.O. box, see instructions. 1328 LAKE ST NE # 333					▲ 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). HOPKINS, MN 55343					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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status						
1 <input type="checkbox"/> Single						
2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)						
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here. ▶						
4 <input type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) (see instructions)						
Exemptions						
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.						
b <input checked="" type="checkbox"/> 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)						
If more than four dependents, see instructions and check here. ▶ <input type="checkbox"/>						
d Total number of exemptions claimed. 2						
Income						
7 Wages, salaries, tips, etc. Attach Form(s) W-2. 68,690.						
8a Taxable interest. Attach Schedule B if required. 8a						
b Tax-exempt interest. Do not include on line 8a. 8b						
9a Ordinary dividends. Attach Schedule B if required. 9a						
b Qualified dividends 9b						
10 Taxable refunds, credits, or offsets of state and local income taxes. 10						
11 Alimony received. 11						
12 Business income or (loss). Attach Schedule C or C-EZ. 12						
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/> 13						
14 Other gains or (losses). Attach Form 4797. 14						
15a IRA distributions. 15a b Taxable amount. 15b						
16a Pensions and annuities. 16a b Taxable amount. 16b						
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17						
18 Farm income or (loss). Attach Schedule F. 18						
19 Unemployment compensation. 19						
20a Social security benefits. 20a b Taxable amount. 20b						
21 Other income. List type and amount. 21						
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 68,690.						
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 0.						
37 Subtract line 36 from line 22. This is your adjusted gross income. 68,690.						
BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112L 10/19/17 Form 1040 (2017)						

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 68,690.

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

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 20,899.

41 Subtract line 40 from line 38 41 47,791.

42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs 42 8,100.

43 Taxable income. Subtract line 42 from line 41. 43 39,691.

If line 42 is more than line 41, enter -0-

44 Tax (see instructions). Check if any from: a ☐ Form(s) 8814 c ☐ 44 5,019.

b ☐ Form 4972. 45 0.

45 Alternative minimum tax (see instructions). Attach Form 6251. 46

46 Excess advance premium tax credit repayment. Attach Form 8962. 47 5,019.

47 Add lines 44, 45, and 46. 48

48 Foreign tax credit. Attach Form 1116 if required. 49

49 Credit for child and dependent care expenses. Attach Form 2441. 50

50 Education credits from Form 8863, line 19. 51

51 Retirement savings contributions credit. Attach Form 8880. 52

52 Child tax credit. Attach Schedule 8812, if required. 53

53 Residential energy credit. Attach Form 5695. 54

54 Other crs from Form: a ☐ 3800 b ☐ 8801 c ☐ 55

55 Add lines 48 through 54. These are your total credits. 56 5,019.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-. 57

57 Self-employment tax. Attach Schedule SE. 58

58 Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919. 59

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required. 60a

60a Household employment taxes from Schedule H. 60b

b First-time homebuyer credit repayment. Attach Form 5405 if required. 61

61 Health care: individual responsibility (see instructions) Full-year coverage ☐ 62

62 Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instrs; enter code(s) 63 5,019.

63 Add lines 56 through 62. This is your total tax. 64 5,442.

64 Federal income tax withheld from Forms W-2 and 1099. 65

65 2017 estimated tax payments and amount applied from 2016 return. 66a

66a Earned income credit (EIC) No 66b

b Nontaxable combat pay election. 67

67 Additional child tax credit. Attach Schedule 8812. 68

68 American opportunity credit from Form 8863, line 8. 69

69 Net premium tax credit. Attach Form 8962. 70

70 Amount paid with request for extension to file. 71

71 Excess social security and tier 1 RRTA tax withheld. 72

72 Credit for federal tax on fuels. Attach Form 4136. 73

73 Credits from Form: a ☐ 2439 b ☐ Reserved c ☐ 8885 d ☐ 74 5,442.

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments. 75 423.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid. 76a 423.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ☐ 77

b Routing number. XXXXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number. XXXXXXXXXXXXXXXXXXXXXXXXXXXX

77 Amount of line 75 you want applied to your 2018 estimated tax. 78

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions. 79

79 Estimated tax penalty (see instructions). 79

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe**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. 323-325-2898 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 _____

COMPUTER PROGRAMME (612) 877-2801

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.) _____

HOMEMAKER

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Paid Preparer Use Only

Firm's name ▶ MetaFin Consulting, LLC Firm's EIN ▶ 47-4861613

Firm's address ▶ 206 Harmon Cove Towers Phone no. 323-325-2898

Secaucus, NJ 07094

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

VINOTHKUMAR PERUMAL KALIAPPAN AND KRITHIKA KRISHNAMOORTHY

685-59-1628

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040, line 38. **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** 0.

**Taxes You
Paid****5** State and local (check only one box):**a** ☒ Income taxes, or**b** ☐ General sales taxes

- 6** Real estate taxes (see instructions) **6**
- 7** Personal property taxes **7**
- 8** Other taxes. List type and amount ► **8**
- 9** Add lines 5 through 8 **9** 3,767.

**Interest
You Paid**

- 10** Home mortgage interest and points reported to you on Form 1098 **10**
- 11** Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► **11**
- 12** Points not reported to you on Form 1098. See instructions for special rules. **12**
- 13** Reserved for future use. **13**
- 14** Investment interest. Attach Form 4952 if required. See instructions. **14**
- 15** Add lines 10 through 14 **15** 0.

**Gifts to
Charity**

If you made a gift and got a benefit for it, see instructions.

- 16** Gifts by cash or check. If you made any gift of \$250 or more, see instructions. **16**
- 17** Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. **17**
- 18** Carryover from prior year. **18**
- 19** Add lines 16 through 18 **19** 0.

**Casualty and
Theft Losses**

- 20** Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions. **20** 0.

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► **21** 18,446.
- 22** Tax preparation fees **22** 60.
- 23** Other expenses—investment, safe deposit box, etc. List type and amount ► **23**
- 24** Add lines 21 through 23 **24** 18,506.
- 25** Enter amount from Form 1040, line 38. **25** 68,690.
- 26** Multiply line 25 by 2% (0.02). **26** 1,374.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27** 17,132.

**Other
Miscellaneous
Deductions**

- 28** Other—from list in instructions. List type and amount ► **28** 0.

**Total
Itemized
Deductions**

- 29** Is Form 1040, line 38, over \$156,900?
☒ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.
☐ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. **29** 20,899.
- 30** If you elect to itemize deductions even though they are less than your standard deduction, check here. ☐

Form **8965**Department of the Treasury
Internal Revenue Service**Health Coverage Exemptions**

► Attach to Form 1040, Form 1040A, or Form 1040EZ.
► Go to www.irs.gov/Form8965 for instructions and the latest information.

OMB No. 1545-0074

2017Attachment
Sequence No. **75**

Name as shown on return

VINOTHKUMAR PERUMAL KALIAPPAN AND KRITHIKA KRISHNAMOORTHY

Your social security number

685-59-1628

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here. ☐

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	KRITHIKA KRISHNAMOO	949-98-1530	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form **2106****Employee Business Expenses**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► **Attach to Form 1040 or Form 1040NR.**
 ► **Go to www.irs.gov/Form2106 for instructions and the latest information.**

2017Attachment
Sequence No. **129**

Your name

VINOTHKUMAR PERUMAL KALIAPPAN

Occupation in which you incurred expenses

COMPUTER PROGRAMMER

Social security number

685-59-1628

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	3,456.	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work.	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment.	3	9,900.	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment.	4	720.	
5 Meals and entertainment expenses (see instructions)	5		8,740.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5.	6	14,076.	8,740.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions).	7		
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8).	8	14,076.	8,740.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	14,076.	4,370.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10		18,446.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **2106** (2017)

Part II Vehicle Expenses**Section A – General Information** (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service.....	11 1/01/16	
12	Total miles the vehicle was driven during 2017.....	12 10,000 miles	miles
13	Business miles included on line 12.....	13 6,460 miles	miles
14	Percent of business use. Divide line 13 by line 12.....	14 64.60 %	%
15	Average daily roundtrip commuting distance.....	15 34 miles	miles
16	Commuting miles included on line 12.....	16 3,540 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12.....	17 miles	miles
18	Was your vehicle available for personal use during off-duty hours?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21	If 'Yes,' is the evidence written?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section B – Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 53.5 ¢ (0.535). Enter the result here and on line 1.....	22 3,456.
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Section C – Actual Expenses

		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.....	23	
24a	Vehicle rentals.....	24a	
24b	Inclusion amount (see instructions).....	24b	
24c	Subtract line 24b from line 24a.....	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions).....	25	
26	Add lines 23, 24c, and 25.....	26	
27	Multiply line 26 by the percentage on line 14.....	27	
28	Depreciation (see instructions).....	28	
29	Add lines 27 and 28. Enter total here and on line 1.....	29	

Section D – Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions).....	30	
31	Enter section 179 deduction and special allowance (see instructions).....	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance).....	32	
33	Enter depreciation method and percentage (see instructions).....	33	
34	Multiply line 32 by the percentage on line 33 (see instructions).....	34	
35	Add lines 31 and 34.....	35	
36	Enter the applicable limit explained in the line 36 instructions.....	36	
37	Multiply line 36 by the percentage on line 14.....	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above.....	38	

VINOTHKUMAR PERUMAL KALIAPPAN AND KRITHIKA KRISHNAMO

685-59-1628

Wages, Salaries, Tips
(17) State income tax withheld
TATA CONSULTANCY SERVICES LIMITED

..... \$ 3,767.
Total \$ 3,767.

Vehicle/Employee Business Expense (2106)
Travel expenses while away from home overnight

STAY EXPENSES (09MONTHS X \$1100PER MONTH)..... \$ 9,900.
Total \$ 9,900.

Vehicle/Employee Business Expense (2106)
Business mileage

BUSINESS MILES (190DAYS X 34MILES PER DAY) \$ 6,460.
Total \$ 6,460.

Vehicle/Employee Business Expense (2106)
Meal and entertainment expenses in full

MEAL EXPENSES (190DAYS X \$46PER DAY) AS PER IRS PUB 1542..... \$ 8,740.
Total \$ 8,740.



2017 Form M1, Individual Income Tax

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

Your First Name and Initial VINOTHKUMAR		Last Name PERUMAL KALIAPPAN		Your Social Security Number 685591628	
If a Joint Return, Spouse's First Name and Initial KRITHIKA		Spouse's Last Name KRISHNAMOORTHY		Spouse's Social Security 949981530	
Current Home Address 1328 LAKE ST NE # 333		Check if:	New Address:	Foreign Address	Your Date of Birth 09021986
City HOPKINS	State MN	Zip Code 55343	Spouse's Date of Birth 11051988		

2017 Federal Filing Status

☐ 1 Single
☒ 2 Married filing jointly
☐ 3 Married filing separately: Enter spouse name and Social Security number _____
☐ 4 Head of household
☐ 5 Qualifying widow(er)

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:

Republican 11	Grassroots—Legalize Cannabis.14	Legal Marijuana Now . . . 17
Democratic/Farmer-Labor . 12	Green15	General Campaign
Independence 13	Libertarian16	Fund 99

Your code _____

Spouse code _____

From Your Federal Return <i>(see instructions)</i>	A Wages, salaries, tips, etc 68690	BIRA, pensions, and annuities	C Unemployment	D Federal adjusted gross income 68690
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▲ Place an X in box if a negative number

1 Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ) (if a negative number, place an X in the box)	1	X	39691
2 State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions	2	■	3767
3 Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M).	3	■	_____
4 Add lines 1 through 3 (if a negative number, place an X in the box).	4	X	43458
5 State income tax refund from line 10 of federal Form 1040.	5	■	_____
6 Other subtractions, such as net interest or mutual fund dividends from U.S. bonds, Title 10 military retirement pay, or K-12 education expenses (see instructions; enclose Schedule M1M).	6	■	_____
7 Total subtractions. Add lines 5 and 6.	7	■	_____
8 Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank	8	■	43458
9 Tax from the table in the M1 instructions	9	■	2432
10 Alternative minimum tax (enclose Schedule M1MT).	10	■	_____
11 Add lines 9 and 10.	11	■	2432
12 Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the amount from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR).	12	■	2432
a _____ b _____ (Place an X in box if a negative number)	a	b	
13 Tax on lump-sum distribution (enclose Schedule M1LS).	13	■	_____



14 Tax on non-qualified first-time homebuyer withdrawals (<i>enclose Schedule M1HOME</i>)	14	
15 Tax before credits. Add lines 12, 13, and 14	15	2432
16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (<i>enclose Schedule M1MA</i>)	16	■
17 Credit for taxes paid to another state (<i>enclose Schedule(s) M1CR and M1RCR</i>)	17	■
18 Other nonrefundable credits (<i>enclose Schedule M1C</i>)	18	■
19 Total nonrefundable credits. Add lines 16, 17, and 18	19	
20 Subtract line 19 from line 15 (<i>if result is zero or less, leave blank</i>)	20	2432
21 Nongame Wildlife Fund contribution (<i>see instructions</i>) This will reduce your refund or increase the amount you owe	21	■
22 Add lines 20 and 21	22	2432
23 Minnesota income tax withheld. Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (<i>do not send</i>)	23	3767
24 Minnesota estimated tax and extension payments made for 2017	24	■
25 Refundable credits (<i>enclose Schedule M1REF</i>): Child and Dependent Care Credit, Working Family Credit, K-12 Education Credit, Credit for Parents of Stillborn Children, and Credit for Tax Paid to Wisconsin	25	■
26 Business and investment credits (<i>enclose Schedule M1B</i>)	26	■
27 Total payments. Add lines 23 through 26	27	3767
28 REFUND. If line 27 is more than line 22, subtract line 22 from line 27 (<i>see instructions</i>). For direct deposit, complete line 29	28	1335
29 Direct deposit of your refund (<i>you must use an account not associated with a foreign bank</i>): <div style="display: flex; justify-content: space-between;"> <div> Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings </div> <div> Routing Number </div> <div> Account Number </div> </div>		
30 AMOUNT YOU OWE. If line 22 is more than line 27, subtract line 27 from line 22 (<i>see instructions</i>)	30	■
31 Penalty amount from Schedule M15 (<i>see instructions</i>). Also subtract this amount from line 28 or add it to line 30 (<i>enclose Schedule M15</i>)	31	■
IF YOU PAY ESTIMATED TAX and want part of your refund credited to estimated tax, complete lines 32 and 33.		
32 Amount from line 28 you want sent to you	32	■
33 Amount from line 28 you want applied to your 2018 estimated tax	33	■

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

Paid preparer: You must sign below.

MNIA0112L 12/08/17

Your signature

Date

Paid preparer's signature

Date

Spouse's signature (if filing jointly)

Taxpayer's daytime phone

Preparer's daytime phone

PTIN or VITA/TCE # (required)

6128772801

3233252898

Your email address

Preparer's email address

GOTOVINOEEE@GMAIL.COM

Include a copy of your 2017 federal return and schedules.

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

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

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

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

METAFIN CONSULTING, LLC
206 HARMON COVE TOWERS
SECAUCUS, NJ 07094

P E T N • 4 7 - 4 8 6 1 6 1 2

1112 VINOTHKUMAR PERUMA 685591628



2017 Schedule M1W, Minnesota Income Tax Withheld

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

Your First Name and Initial VINOETHKUMAR	Last Name PERUMAL KALIAPPAN	Your Social Security Number 685591628
If a Joint Return, Spouse's First Name and Initial KRITHIKA	Spouse's Last Name KRISHNAMOORTHY	Spouse's Social Security Number 949981530

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

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

A If the W-2 is for: • you, enter 1 • spouse, enter 2	B—Box 13 If Retirement Plan box is checked mark an X below.	C—Box 15 Employer's 7-digit Minnesota state tax ID number	D—Box 16 State wages, tips, etc (round to nearest whole dollar)	E—Box 17 Minnesota tax withheld (round to nearest whole dollar)
1	<input type="checkbox"/>	MN 7158934	68690	3767
	<input type="checkbox"/>	MN		
	<input type="checkbox"/>	MN		
	<input type="checkbox"/>	MN		
	<input type="checkbox"/>	MN		

Subtotal for additional W-2s (from line 5 on page 2).....

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E)..... 1 ■ 3767

2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

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

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

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D)..... 2 ■

3 Total Minnesota tax withheld by partnerships, S corporations and fiduciaries
(from line 7 on the back)..... **3 ■**

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 23 of Form M1..... **4 ■ 3767**

Include this schedule with your Form M1.
If required, include Schedules KPI, KS and/or KF.

