

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>ABHILASH R</b>	Last name <b>MEKALA</b>	<b>Your social security number</b> <b>658-20-5589</b>
If a joint return, spouse's first name and initial <b>SHRAVYA</b>	Last name <b>MARANGANTI</b>	<b>Spouse's social security number</b> <b>329-06-7412</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>424 Bosworth st</b>		Apt. no. <b>A</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>San Francisco CA 94112</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	

**Filing Status**

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

**Exemptions**

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

b ☒ **Spouse** . . . . .

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Uma	Mekala	799-40-5353	Daughter	<input checked="" type="checkbox"/>
ira	Mekala	364-49-8019	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed . . . . . **4**

**Boxes checked on 6a and 6b** **2**

**No. of children on 6c who:**

- lived with you **2**
- did not live with you due to divorce or separation (see instructions) **0**

**Dependents on 6c not entered above** **0**

**Add numbers on lines above** **4**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	DCB	7	245,372.
8a	Taxable interest. Attach Schedule B if required . . . . .		8a	0.
b	Tax-exempt interest. <b>Do not</b> include on line 8a . . . . .	8b 155.		
9a	Ordinary dividends. Attach Schedule B if required . . . . .		9a	3,417.
b	Qualified dividends . . . . .	9b 2,495.		
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		10	1,112.
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	-3,000.
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	1,643.
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 <b>total income</b> ▶		22	248,544.

**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	6,105.
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	6,105.
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	242,439.

**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>	242,439.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	41,035.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	201,404.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	185,204.
<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>	38,417.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	1,419.
<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>	39,836.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	128.
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	200.
<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>	328.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	39,508.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input checked="" 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>	157.
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	39,665.

**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>	51,492.
<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>	3,075.
<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>	54,567.

**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>	14,902.
<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>	14,902.
<b>b</b>	Routing number 0 5 1 0 0 0 0 1 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 4 3 5 0 0 8 1 4 4 9 6 0		

**Amount You Owe**

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

**Third Party Designee**

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

Designee's name	Phone no.	Personal identification number (PIN)
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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 Manager	Daytime phone number (864) 650-0899
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation ENGINEER	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 A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

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

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 38 **2** 242,439.
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 18,183.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or } . . . . . **5** 16,365.
- b ☐ General sales taxes }
- 6 Real estate taxes (see instructions) . . . . . **6** 6,539.
- 7 Personal property taxes . . . . . **7**
- 8 Other taxes. List type and amount ▶ . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 22,904.**Interest  
You Paid****Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 17,231.
- 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 Mortgage insurance premiums (see instructions) . . . . . **13**
- 14 Investment interest. Attach Form 4952 if required. See instructions **14**
- 15 Add lines 10 through 14 . . . . . **15** 17,231.

**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** 900.
- 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** 900.

**Casualty and  
Theft Losses**

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

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21 Unreimbursed employee expenses—job travel, union dues,  
job education, etc. Attach Form 2106 or 2106-EZ if required.  
See instructions. ▶ Employee business expenses . . . . . **21** 500.
- 22 Tax preparation fees . . . . . **22** 500.
- 23 Other expenses—investment, safe deposit box, etc. List type  
and amount ▶ . . . . . **23**
- 24 Add lines 21 through 23 . . . . . **24** 1,000.
- 25 Enter amount from Form 1040, line 38 **25** 242,439.
- 26 Multiply line 25 by 2% (0.02) . . . . . **26** 4,849.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 0.

**Other  
Miscellaneous  
Deductions**

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

**Total  
Itemized  
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column  
for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } . . . . . **29** 41,035.
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions  
Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard  
deduction, check here . . . . . ☐

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

**Amount**

0.01

**1**

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ►

0.01

**2**

**3**

**4**

0.01

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ► CHARLES SCHWAB & CO., INC.  
Betterment Securities

1,081.79

2,335.13

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ►

**6**

3,416.92

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**Foreign Accounts and Trusts**

(See instructions.)

- 7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **12**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	665 .	653 .	1 .	13 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 30,221 . )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -30,208 .

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	59 .	51 .		8 .
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 8 .

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b> -30,200.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.	
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ►	<b>18</b>
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ►	<b>19</b>
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.	
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           . . . . .         </div> </div>	<b>21</b> ( 3,000. )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.	

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.059594 sh. iShares National AMT-Free Muni Bond ETF Class O	07/12/16	06/30/17	6.57	6.81	W	0.24	0.
	0.024956 sh. iShares iBoxx \$ Investment Grade Cor... Class O	08/17/16	06/30/17	3.01	3.08	W	0.07	0.
	0.020617 sh. iShares National AMT-Free Muni Bond ETF Class O	08/17/16	06/30/17	2.27	2.34	W	0.07	0.
	0.312329 sh. Vanguard Emerging Markets Government... Class O	12/16/16	11/17/17	25.03	24.02			1.01
	0.344819 sh. Vanguard Total Stock Market ETF Class O	03/16/17	03/31/17	41.93	42.41	W	0.48	0.
	0.453010 sh. Vanguard Value ETF Class O	03/16/17	06/30/17	43.72	44.19	W	0.47	0.
	0.231288 sh. iShares iBoxx \$ Investment Grade Cor... Class O	05/16/17	11/17/17	27.87	27.55			0.32
	0.124201 sh. iShares iBoxx \$ Investment Grade Cor... Class O	06/01/17	11/17/17	14.97	14.87			0.10
	0.014116 sh. Vanguard Value ETF Class O	06/01/17	11/17/17	1.43	1.35			0.08
	0.004368 sh. iShares Emerging Markets USD Bond ETF Class O	06/12/17	06/30/17	0.50	0.51			-0.01
	0.947737 sh. Vanguard FTSE Emerging Markets Class O	06/29/17	11/17/17	42.66	38.40			4.26
	0.049450 sh. iShares Emerging Markets USD Bond ETF Class O	07/06/17	11/17/17	5.70	5.59			0.11
	0.050326 sh. iShares iBoxx \$ Investment Grade Cor... Class O	07/06/17	11/17/17	6.06	6.02			0.04
	0.365481 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	42.14	42.71			-0.57
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				263.86	259.85		1.33	5.34

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social security number or taxpayer identification number

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.018568 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	2.14	2.17			-0.03
	0.259345 sh. iShares iBoxx \$ Investment Grade Cor... Class O	09/12/17	11/17/17	31.25	31.29			-0.04
	0.631696 sh. Vanguard Small-Cap Value ETF Class O	09/12/17	11/17/17	81.23	78.21			3.02
	0.631287 sh. Vanguard FTSE Developed Markets Class O	09/12/17	09/29/17	27.29	27.36	W	0.07	0.
	0.136677 sh. Vanguard Mid-Cap Value ETF Class O	09/12/17	11/17/17	14.64	14.28			0.36
	0.677265 sh. Vanguard Total Stock Market ETF Class O	09/12/17	11/17/17	89.97	86.84			3.13
	0.097382 sh. iShares Emerging Markets USD Bond ETF Class O	09/27/17	11/17/17	11.23	11.27			-0.04
	0.159916 sh. Vanguard Total Stock Market ETF Class O	09/27/17	11/17/17	21.24	20.53			0.71
	0.214139 sh. Vanguard Total International Bond ETF Class O	10/02/17	11/17/17	11.77	11.67			0.10
	0.200501 sh. iShares Emerging Markets USD Bond ETF Class O	10/02/17	11/17/17	23.11	23.22			-0.11
	0.030423 sh. iShares iBoxx \$ Investment Grade Cor... Class O	10/02/17	11/17/17	3.67	3.68			-0.01
	0.211253 sh. Vanguard FTSE Developed Markets Class O	10/02/17	11/17/17	9.28	9.15			0.13
	0.047289 sh. Vanguard Total Stock Market ETF Class O	10/02/17	11/17/17	6.28	6.14			0.14
	0.089428 sh. iShares National AMT-Free Muni Bond ETF Class O	10/04/17	11/17/17	9.90	9.90			0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				343.	335.71		0.07	7.36

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.





Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.190795 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	8.25	7.23			1.02
	0.015869 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	0.69	0.60			0.09
	0.503129 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	21.75	18.68			3.07
	0.658689 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	28.48	24.39			4.09
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ▶				59.17	50.90			8.27

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **13**

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . . . ☒ **Yes** ☐ **No****B** If "Yes," did you or will you file required Forms 1099? . . . . . ☐ **Yes** ☒ **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	4438B beechstone ln Fairfax VA 22033					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	2	<b>A</b>		183	182	<input type="checkbox"/>
<b>B</b>		<b>B</b>				<input type="checkbox"/>
<b>C</b>		<b>C</b>				<input type="checkbox"/>

**Type of Property:**

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	14,850.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	1,200.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	1,200.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,604.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,100.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	5,765.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	100.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	2,187.		
<b>17</b> Utilities. . . . .	<b>17</b>	51.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	13,207.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	1,643.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	14,850.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	5,765.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	13,207.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			1,643.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 <sup>NPA</sup> . . . . .	<b>26</b>			1,643.

For Paperwork Reduction Act Notice, see the separate instructions.

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1,643. Schedule E (Form 1040) 2017

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **21**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Montessori School of Fairfax	3411 Lees Corner Rd Chantilly VA 20151	30-0296691	5,800.
	Stratford School - San Francisco	301 De Montfort Ave, San Francisco CA 94112	94-3337701	8,000.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Uma	Mekala	799-40-5353	8,800.
ira	Mekala	364-49-8019	0.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3**

1,000.

**4** Enter your **earned income**. See instructions**4**

162,230.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5**

83,142.

**6** Enter the **smallest** of line 3, 4, or 5**6**

1,000.

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7**

242,439.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$0—15,000 .35

15,000—17,000 .34

17,000—19,000 .33

19,000—21,000 .32

21,000—23,000 .31

23,000—25,000 .30

25,000—27,000 .29

27,000—29,000 .28

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$29,000—31,000 .27

31,000—33,000 .26

33,000—35,000 .25

35,000—37,000 .24

37,000—39,000 .23

39,000—41,000 .22

41,000—43,000 .21

43,000—No limit .20

**8**

.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9**

200.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10**

39,708.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**

200.

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

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Form **2441** (2017)

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	5,714.
<b>13</b>	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions . . . . .	<b>14</b>	( 0. )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	5,714.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	13,800.
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	5,714.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	161,605.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	83,053.
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	5,714.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	5,714.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	5,000.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	714.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000.
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	5,000.
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9 . . . . .	<b>29</b>	1,000.
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	8,800.
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	1,000.

**Alternative Minimum Tax—Individuals**

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **32**

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

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	<b>1</b>	201,404.
<b>2</b>	Reserved for future use	<b>2</b>	
<b>3</b>	Taxes from Schedule A (Form 1040), line 9	<b>3</b>	22,904.
<b>4</b>	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	<b>4</b>	
<b>5</b>	Miscellaneous deductions from Schedule A (Form 1040), line 27.	<b>5</b>	0.
<b>6</b>	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	<b>6</b>	( 0. )
<b>7</b>	Tax refund from Form 1040, line 10 or line 21	<b>7</b>	( 1,112. )
<b>8</b>	Investment interest expense (difference between regular tax and AMT).	<b>8</b>	
<b>9</b>	Depletion (difference between regular tax and AMT)	<b>9</b>	
<b>10</b>	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	<b>10</b>	
<b>11</b>	Alternative tax net operating loss deduction	<b>11</b>	( )
<b>12</b>	Interest from specified private activity bonds exempt from the regular tax	<b>12</b>	
<b>13</b>	Qualified small business stock, see instructions	<b>13</b>	0.
<b>14</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>14</b>	
<b>15</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>15</b>	
<b>16</b>	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	<b>16</b>	
<b>17</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>17</b>	0.
<b>18</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>18</b>	0.
<b>19</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>19</b>	
<b>20</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>20</b>	
<b>21</b>	Circulation costs (difference between regular tax and AMT)	<b>21</b>	
<b>22</b>	Long-term contracts (difference between AMT and regular tax income)	<b>22</b>	
<b>23</b>	Mining costs (difference between regular tax and AMT)	<b>23</b>	
<b>24</b>	Research and experimental costs (difference between regular tax and AMT)	<b>24</b>	
<b>25</b>	Income from certain installment sales before January 1, 1987	<b>25</b>	( )
<b>26</b>	Intangible drilling costs preference	<b>26</b>	
<b>27</b>	Other adjustments, including income-based related adjustments	<b>27</b>	
<b>28</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	<b>28</b>	223,196.

**Part II Alternative Minimum Tax (AMT)**

<b>29</b>	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
<b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b>			
Single or head of household . . . \$120,700 . . . \$54,300 Married filing jointly or qualifying widow(er) 160,900 . . . 84,500 Married filing separately . . . 80,450 . . . 42,250			
	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>29</b>	68,926.
<b>30</b>	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	<b>30</b>	154,270.
<b>31</b>	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	<b>31</b>	39,836.
<b>32</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>32</b>	128.
<b>33</b>	Tentative minimum tax. Subtract line 32 from line 31	<b>33</b>	39,708.
<b>34</b>	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	<b>34</b>	38,289.
<b>35</b>	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	<b>35</b>	1,419.

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

<b>36</b>	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 . . . . .	<b>36</b>	154,270.
<b>37</b>	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>37</b>	2,495.
<b>38</b>	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>38</b>	
<b>39</b>	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>39</b>	2,495.
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	2,495.
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	151,775.
<b>42</b>	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . ▶	<b>42</b>	39,462.
<b>43</b>	Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	<b>43</b>	75,900.
<b>44</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>44</b>	182,709.
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	0.
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	2,495.
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	<b>47</b>	0.
<b>48</b>	Subtract line 47 from line 46 . . . . .	<b>48</b>	2,495.
<b>49</b>	Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	<b>49</b>	470,700.
<b>50</b>	Enter the amount from line 45 . . . . .	<b>50</b>	0.
<b>51</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter . . . . .	<b>51</b>	182,709.
<b>52</b>	Add line 50 and line 51 . . . . .	<b>52</b>	182,709.
<b>53</b>	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	<b>53</b>	287,991.
<b>54</b>	Enter the smaller of line 48 or line 53 . . . . .	<b>54</b>	2,495.
<b>55</b>	Multiply line 54 by 15% (0.15) . . . . . ▶	<b>55</b>	374.
<b>56</b>	Add lines 47 and 54 . . . . .	<b>56</b>	2,495.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>			
<b>57</b>	Subtract line 56 from line 46 . . . . .	<b>57</b>	0.
<b>58</b>	Multiply line 57 by 20% (0.20) . . . . . ▶	<b>58</b>	0.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>			
<b>59</b>	Add lines 41, 56, and 57 . . . . .	<b>59</b>	
<b>60</b>	Subtract line 59 from line 36 . . . . .	<b>60</b>	
<b>61</b>	Multiply line 60 by 25% (0.25) . . . . . ▶	<b>61</b>	
<b>62</b>	Add lines 42, 55, 58, and 61 . . . . .	<b>62</b>	39,836.
<b>63</b>	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>63</b>	40,110.
<b>64</b>	Enter the <b>smaller</b> of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 . . . . .	<b>64</b>	39,836.



# Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.  
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **71**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

## Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	267,461.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	267,461.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		17,461.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		157.

## Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

## Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

## Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		157.
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## Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	3,879.	
20	Enter the amount from line 1 . . . . .	20	267,461.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	3,878.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		1.

**Moving Expenses**

► Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Before you begin:**

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	6,105.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	5,000.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	11,105.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	5,000.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	6,105.

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

REV 11/13/17 Intuit.cq.cfp.sp

Form **3903** (2017)

# Tax History Report

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	165,744.	184,146.	191,118.	237,664.	248,544.
Adjustments to income		2,051.	4,946.		6,105.
Adjusted gross income	165,744.	182,095.	186,172.	237,664.	242,439.
Tax expense . . . . .	14,517.	8,226.	12,101.	19,024.	22,904.
Interest expense . . .	13,962.		13,435.	11,498.	17,231.
Contributions . . . . .	1,600.		6,480.	2,480.	900.
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	30,079.	12,400.	32,016.	33,002.	41,035.
Exemption amount . .	11,700.	11,850.	8,000.	16,200.	16,200.
Taxable income . . . .	123,965.	157,845.	146,156.	188,462.	185,204.
Tax. . . . .	22,826.	31,444.	28,127.	39,568.	38,417.
Alternative min tax . .				803.	1,419.
Total credits . . . . .	1,070.			237.	328.
Other taxes . . . . .		4,102.	9,891.	212.	157.
Payments . . . . .	30,462.	36,719.	18,267.	40,709.	54,567.
Form 2210 penalty . .			319.		
Amount owed . . . . .			20,070.		
Applied to next year's estimated tax .					
Refund. . . . .	8,706.	1,173.		363.	14,902.
Effective tax rate % . .	12.70	17.27	15.11	16.89	16.30
**Tax bracket % . . .	25.0	28.0	25.0	28.0	28.0

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

## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

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WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

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<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Your SSN 658-20-5589
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**Line 4b - Adjustment for trade or business income or loss**

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax . . . . .	

**Line 5b - Adjustment for gain or loss on dispositions**

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2016 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax . . . . .	

**Capital gain/loss not included in net investment income**

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax . . . . .	

**Calculation of line 5b adjustment due to capital loss carryforward**

1	Net capital loss not included in net investment income . . . . .	1	0.
2	Capital loss carryover to next year . . . . .	2	27,200.
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

**Line 7 - Other modifications to investment income**

1	Casualty and theft losses reported on Schedule A, line 20. . . . .	1	
2	Amounts reported on Form 8814, line 12 . . . . .	2	
3	Adjustment for distributions from estates and trusts . . . . .	3	
4	Schedules C and F income/loss included in net investment income. . . . .	4	
5	Substitute interest and dividend payments . . . . .	5	
6	Recovery of a prior year deduction . . . . .	6	0.
7		7	
8	Total other modifications to investment income . . . . .	8	0.

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign income taxes . . . . .	1	16,365.
2	Investment income. . . . .	2	2,060.
3	Total adjusted gross income . . . . .	3	242,439.
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	0.0085
5	State, local and foreign income taxes allocable to investment income . . . . .	5	139.

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	1	500.
2	Investment income. . . . .	2	2,060.
3	Total adjusted gross income . . . . .	3	242,439.
4	Divide line 2 by line 3. Enter result as a decimal amount . . . . .	4	0.0085
5	Tax preparations fees allocable to investment income . . . . .	5	4.

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: <u>Allocable tax preparation fees</u> . . . . .	4.	
2	Enter the total of all items listed on line 1 . . . . .	2	4.
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	0.
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	0.

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
<u>Allocable tax preparation fees</u> . . . . .	4. x 0.000000 =	0.
_____	x _____ =	_____
_____	x _____ =	_____
_____	x _____ =	_____

**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income . . . . .	2	139.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. . . . .	4	139.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 . . . . .	5	41,035.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: . . . . .	6	0.
7	Subtract line 6 from line 5 . . . . .	7	41,035.
8	Enter the lesser of line 7 or line 4 . . . . .	8	139.



**Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10**

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
<b>1</b>		x	=
		x	=
		x	=
		x	=
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .			
<b>2</b>	State, local, and foreign income taxes . . . . .	139. x 1.000000	= 139.
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
<b>3</b>		x	=
		x	=
		x	=
		x	=
Penalty on early withdrawal of savings . . . . .			
Other modifications:			
Total additional modifications to Form 8960, line 10 . . . . .			

**Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII****1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your SSN

658-20-5589

Was the recovery taken into account in computing a section 1411 net operating loss?

YES

☐

NO

☒

- 1 Enter total amount of recovery included in gross income . . . . . 1,112.
- \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 0.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 1,112.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . . 0.0000
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . . 0.

**Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL**

- 6 Multiply line 5 by .038 . . . . . 0.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . . -1,319.
- 8 Add the amount of line 5 to line 7. . . . . -1,319.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . -50.
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . 0.
- 12 Enter the smaller of line 6 or line 11 . . . . . 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . 0.

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) . . . . .
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) . . . . .
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 . . . . .

Name(s) Shown on Return  
ABHILASH R MEKALA & SHRAVYA MARANGANTISocial Security Number  
658-20-5589

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814. . . . .		
2 Gambling winnings:		
a From Form W-2G . . . . .		
b Winnings (prizes, etc.) from Form 1099-MISC, box 3. . . . .		
c Not reported on Form W-2G or Form 1099-MISC. . . . .		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends . . . . .		
b Other income from box 3 . . . . .		
c Alaska Permanent Fund. . . . .		
d Tribal Gaming . . . . .		
e Non-Employee Compensation from Form 1099-MISC box 7		
f Rent from personal property from Form 1099-MISC box 1. . . . .		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions . . . . .		
b Coverdell ESA distributions . . . . .		
c ABLE account distributions . . . . .		
5 Taxable income from Form 1099-G:		
a Grants . . . . .		
b RTAA payments . . . . .		
6 Foreign earned income and housing exclusion, from Form 2555 .		
7 Net operating loss carryover from a prior year . . . . .		
8 Other income, from Schedule(s) K-1 . . . . .		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA . . . . .		
2 Taxable Medicare Advantage distributions Med MSA . . .		
3 Taxable long term care distributions LTC . . . . .		
4 Total Form 8853 . . . . .		
b Form 8889, Health Savings Accounts . . . . .		
10 Refunds or reimbursements of deductions claimed		
in a prior year:		
a Reimbursement for deducted medical expenses . . . . .		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax	State or	
	Local ID	
c Recapture of deducted moving expenses . . . . .		
d Reimbursement for deducted casualty or theft loss . . . . .		
e Reimbursement for deducted employee business expenses. . .		
f Other refunds or reimbursements . . . . .		
11 Recoveries of bad debts deducted in a prior year. . . . .		
12 Jury duty pay . . . . .		
13 Bartering income not reported elsewhere . . . . .		
14 Income from the rental of personal property . . . . .		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2 . . . . .		
2 Amount of canceled debt excluded from income . . . . .		
3 Taxable amount of canceled debt. . . . .		
b From Schedule(s) K-1 . . . . .		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions . . . . .		
17 Income from "not for profit" activities (hobbies): . . . . .		
18 Other taxable income:		
a Union unemployment benefits . . . . .		
b Private fund unemployment benefits . . . . .		
c State employee unemployment benefits . . . . .		
d		
19 Income from Community Property:		
a Positive community property adjustment. . . . .		
b Negative community property adjustment (enter as positive) . . .		
20 Total. Add lines 1 through 14, 15a(3), 15b, 16 through 19.		
Enter here and on Form 1040 or Form 1040NR, line 21 . . . . .		

# Charitable Organization Worksheet

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Charity Name . . . childfund

Address . . . . . 1200 18th St NW

City . . . . . Washington State . . . . DC ZIP code . . . . 20036

## Combined Amounts Worksheet

**Note:** Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	900.00
			Total:	900.00
			Prior Year Total:	2,480.00

## ItsDeductible Item Donations Worksheet

**Note:** Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

\* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

## Other Item Donations Worksheet

**Note:** Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

## Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2017 Amount
1	Various	75.00	12	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	900.00
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

## Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven			
Other Costs	Description of Other Costs		Value of Miles			
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				
		<input type="checkbox"/> Once <input type="checkbox"/> Recur				

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

## Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? . . . . . ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:  
☒ (a) 50% charity ☐ (b) Other than 50% charity

**Part I – Personal Information**Information in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name . . . . . ABHILASH  
 Middle initial . . . . . R Suffix . . . . .  
 Last name . . . . . MEKALA  
 Social security no. . . . . 658-20-5589  
 Occupation . . . . . Product Manager  
 Date of birth . . . . . 12/26/1982 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 35  
 Daytime phone . . . . . (864) 650-0899 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . ☐ Yes ☒ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

**Spouse:**

First name . . . . . SHRAVYA  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . . MARANGANTI  
 Social security no. . . . . 329-06-7412  
 Occupation . . . . . ENGINEER  
 Date of birth . . . . . 05/02/1983 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 34  
 Daytime phone . . . . . (864) 643-0899 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☒ No  
 If yes, **was** spouse claimed as dependent on that person's return? . . . . . ☐ Yes ☒ No

**Credit for the Elderly or Disabled (Schedule R):**

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

**Presidential Election Campaign Fund:**

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

**Part II – Address and Federal Filing Status** (enter information in this section)**US Address:**

Address . . . . . 424 Bosworth st Apt no. . . A  
 City . . . . . San Francisco State . . . CA ZIP code . . 94112

**Foreign Address:** Check this box to use foreign address . . ☐

Address . . . . . Apt no. . .  
 City . . . . .  
 Foreign code . . . Foreign country . . .  
 Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate . . . . . APO ☐ FPO ☐ DPO ☐

**Home phone . . .**

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

**Federal filing status:**

- ☐ 1 Single  
☒ 2 Married filing jointly  
☐ 3 Married filing separately  
 Check this box if you **did not** live with your spouse at any time during the year. . . . . ☐  
 Check this box if you are eligible to claim your spouse's exemption (see Help) . . . . . ☐  
☐ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . MI . . . Last Name . . . Suffix . . .  
 Child's social security number . . . . .  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2015 ☐ 2016 ☐  
 Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . MI . . . Last Name . . . Suffix . . .  
 Child's social security number . . . . .

**Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information**

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2017	E I C	Lived with taxp in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Uma		799-40-5353	09/28/2012								
Mekaia		Daughter	5	L		13,800.	E		12		Yes
Ira		364-49-8019	12/04/2016			0.	E		12		Yes
Mekaia		Daughter	1	L							

\* "Yes" - qualifies as dependent, "No" - does not qualify as dependent



**Part IV – Earned Income Credit Information** (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? . . . . . ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2017? . . . . . ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) . . . . . ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2017 . . . . . ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason . . . . . ☐

**Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)**

Do you want to elect **direct deposit** of any federal tax refund? . . . . . ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . . . ☐ BANK OF AMERICA 4960

Check the appropriate box . . . . . ☐ Checking ☒ Savings ☐

Routing number . . . . . ☐ 051000017 Account number . . . . . ☐ 435008144960

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to withdraw from the account above . . . . . ☐ \_\_\_\_\_

Balance-due amount from this return . . . . . ☐ \_\_\_\_\_

**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction . . . . . ☐

Check this box if you are married filing separately and your spouse itemized deductions . . . . . ☐

Check this box to take the standard deduction even if less than itemized deductions . . . . . ☐

**Main Form Selection:**

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. . . . . ☐

**Real Estate Professionals:**

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) . . . . . ☐ Yes ☒ No

**Credit for Qualified Retirement Savings Contributions (Form 8880):**

Is the taxpayer a full-time student? . . . . . ☐ Yes ☐ No

Is the spouse a full-time student? . . . . . ☐ Yes ☐ No

**American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)**

For 2017, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? . . . . . ☐ Yes ☐ No

**Foreign Tax Credit (Form 1116):**

Check this box to file Form 1116 even if you're not required to file Form 1116 . . . . . ☐

Resident country . . . . . ☐ USA

**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands . . . . . \_\_\_\_\_

Excludable income from Puerto Rico . . . . . \_\_\_\_\_

**Dual Status Alien Return:**

Check this box if you are a dual-status alien . . . . . ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 . . . . . ☐

**Third Party Designee:**

**Caution:** Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? . . . . . ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name . . . . . ☐ \_\_\_\_\_

Third party designee phone number . . . . . ☐ \_\_\_\_\_

Personal Identification number (enter any 5 numbers) . . . . . ☐ \_\_\_\_\_

**IRS Disaster Tax Relief:**

Check if you were affected by a natural disaster in 2017 . . . . . ☐

**Part VI – Additional Information for Your Federal Return - Continued****Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed  
returns when Form 1310 is not filed or it is not the  
surviving spouse . . . . . ▶ \_\_\_\_\_

**Part VII – State Filing Information****Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ▶ \_\_\_\_\_

**Taxpayer:**

Enter the taxpayer's state of residence as of December 31, 2017 . . . . . ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year . . . . . ▶ ☐

Taxpayer is a resident of the state above for only part of year . . . . . ▶ ☒

Date the taxpayer established residence in state above . . . . . ▶ 05/02/2017

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ VA

**Spouse:**

Enter the spouse's state of residence as of December 31, 2017 . . . . . ▶ CA

Check the appropriate box:

Spouse is a resident of the state above for the entire year . . . . . ▶ ☐

Spouse is a resident of the state above for only part of year . . . . . ▶ ☒

Date the spouse established residence in state above . . . . . ▶ 05/02/2017

In which state (or foreign country) did the spouse reside before this change? . . . . . ▶ VA

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS . . . . . ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) . . . . . ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN \_\_\_\_\_

Spouse's Prior year PIN \_\_\_\_\_

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 12268

Spouse's PIN used to sign the return 05028

**Taxpayer:**

Drivers license or state ID number y8240880

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

**Spouse**

Drivers license or state ID number y8185984

Issued by what state

CA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

## 2017

**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Taxpayer's Personal Information

First name . . . ABHILASH Middle initial . R Last name . . MEKALA  
Suffix . . . . .

Social security no. . . 658-20-5589 Member of U.S. Armed Forces in 2017? . . ☐ Yes ☒ No

Date of birth . . . . . 12/26/1982 (mm/dd/yyyy)      age as of 1-1-2018. . . . . 35

Occupation . . . Product Manager Daytime phone . . . (864) 650-0899 Ext           

Marital status . . .Married

If widowed, check the appropriate box for the year your spouse died:

After 2017 . ▶       2017 . ▶       2016 . ▶       2015 . ▶       Before 2015 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ☐ Yes ☐ No

Check if this person is legally blind . . . . . ☐ Yes ☒ No

If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2018 and this is the first year you are filing a tax return? . . . . . ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ☐ Yes ☒ No

## Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2017? . . . . . ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? . . . . . ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2017? . . . . . ☐ Yes ☐ No

### Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . . . CA

Check the appropriate box:

This person is a resident of the state above for the entire year . . . . . ☐

This person is a resident of the state above for only part of year . . . . . ☒

Date this person established residence in state above . . . . . ► 05/02/2017

In which state (or foreign country) did this person reside before this change? . . . . . VA

## Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .	
--	--

Employment taxes paid for dependent care providers in 2017 . . . . .

Full-time student for 5 calendar months during 2017? . . . . . ▶ ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

## Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November . . . . . ☒ X

Check if covered or exempt (other than short gap) for prior year November . . . . .	X
Check if covered or exempt (other than short gap) for prior year December . . . . .	X

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

## 2017

- Keep for your records

## Part I – Spouse's Personal Information

Do you want \$3 to go to Presidential Election Campaign Fund? . . . . . ☐ Yes ☒ No

5 Was at least one of your parents alive on December 31, 2017? . . . . . ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? . . . . . ▶ VA

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

12 months    Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐



# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Uma Middle initial . . .      Last name . . . Mekala  
Suffix . . . . .     

Social security no. . . 799-40-5353

Date of birth . . . . . 09/28/2012 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 5  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .     

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. 1 — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if: ☐

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

Dependent has ITIN . . . ☐

☐ Yes ☐ No

### Part III – Dependent Care Expenses

## Part V – Dependent's State Residency Information

## Part VI – Healthcare Coverage

Check if covered or exempt (other than short gap) for prior year November . . . . .	X
Check if covered or exempt (other than short gap) for prior year December . . . . .	X

[illegible]

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Exemption Type						Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec					
							Full Year . . . ▶										
							Full Year . . . ▶										
							Full Year . . . ▶										

Healthcare coverage information has been completed for this person.. . . . ☐

---

**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . ira Middle initial . . . Last name . . . Mekala  
Suffix . . . . .

Social security no. . . 364-49-8019

Date of birth . . . . . 12/04/2016 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 1  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐



Healthcare coverage information has been completed for this person.. . . . ☐

---

**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

658-20-5589

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	161,605.	83,053.	244,658.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
<b>2</b>	Total federal tax withheld . . . . .	31,969.	19,522.	51,491.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	176,789.	88,042.	264,831.
<b>4</b>	Total social security tax withheld . . . . .	10,961.	5,458.	16,419.
<b>5</b>	Total Medicare wages and tips . . . . .	179,419.	88,042.	267,461.
<b>6</b>	Total Medicare tax withheld . . . . .	2,602.	1,277.	3,879.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .	5,000.	714.	5,714.
<b>b</b>	Offsite dependent care benefits	5,000.	714.	5,714.
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	24,396.	7,901.	32,297.
<b>b</b>	Elective deferrals to qualified plans . . . . .	17,815.	4,989.	22,804.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	6,581.	2,912.	9,493.
<b>14 a</b>	Total deductible mandatory state tax . . . . .	998.	393.	1,391.
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .		1,842.	1,842.
<b>16</b>	Total state wages and tips. . . . .	161,605.	83,053.	244,658.
<b>17</b>	Total state tax withheld . . . . .	9,370.	5,604.	14,974.
<b>19</b>	Total local tax withheld. . . . .			

Name  
ABHILASH R MEKALA

Social Security Number  
658-20-5589

**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 658-20-5589**b** Employer's ID number . . . . 51-0323571**c** Employer's name, address, and ZIP code

MICROSTRATEGY

INCORPORATED

Street 1850 TOWERS CRESCENT PLACity TYSONS CORNERState VA ZIP Code 22182

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**d** Control number 118585BALT/DRE**Transfer employee information from  
the Federal Information Worksheet****e** Employee's nameFirst ABHILASH M.I. \_\_\_\_\_Last MEKALA Suff. \_\_\_\_\_**f** Employee's address and ZIP codeStreet 4438B BEECHSTONECity FAIRFAXState VA ZIP Code 22033

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**1** Wages, tips, other  
compensation44,461.78**3** Social security wages49,589.37**5** Medicare wages and tips49,589.37**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code

1C4C-1FF1-AF71-C5FF**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income  
tax withheld8,177.72**4** Social security tax withheld3,074.54**6** Medicare tax withheld719.05**8** Allocated tips**10** Dependent care benefitsDistributions from sect. 457  
and nonqualified plans  
(Important, see Help)**Box 12**  
CodeC**Box 12**  
Amount53.94D5,127.59

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

VA**Box 16**

Employer's state I.D. no.

30510323571F001**Box 16**

State wages, tips, etc.

44,461.78**Box 17**

State income tax

2,432.63I confirm that the state withholding identification number(s) are accurate . . . . . ☐**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated

State

**Box 14**Description or Code  
on Actual Form W-2

Amount

TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from  
the drop down list. If not on the list, select Other).





Name

ABHILASH R MEKALA

658-20-5589 Page **2**

Employer's Name

XCHANGE LEASING LLC

**ADDITIONAL INFORMATION****Part I Foreign Income**

- 1** ☐ The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

**Part II Electronic Filing**

*Complete if you are filing this return electronically.*

- 2 a** ☐ This W-2 is 'non-standard' (handwritten, typewritten, altered in any way or used to e-file based on a completed 4852. See "Substitute Form W-2 Smart Worksheet" below.)
- b** ☐ This W-2 is a corrected W-2

**Part III Statutory Employees**

*Complete if box 13 Statutory employee box is checked.*

- 3** Will you be deducting any expenses in connection with this income? . . . . . Yes ☐ No ☐
- 4** If so, select the copy of Schedule C you want to report this income on (double-click) . . . . . \_\_\_\_\_

**Part IV Dependent Care Benefits**

*Complete if box 10 of this W-2 has an entry.*

- 5** Did this employer hire an on-staff care provider or furnish dependent care at your workplace? . . . . . Yes ☐ No ☒
- 6** Enter any amounts forfeited from a flexible spending account . . . . . 0.00

**Part V Clergy, Church Employees, Members of Recognized Religious Sects**

*Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.*

**Clergy only:**

- 7 a** Enter your designated housing or parsonage allowance . . . . . \_\_\_\_\_
- b** Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . \_\_\_\_\_
- If no FICA was withheld**, check box c, d, e, or f below as appropriate

- c** ☐ Pay self-employment tax on housing or parsonage allowance only
- d** ☐ Pay self-employment tax on W-2 income only
- e** ☐ Pay self-employment tax on both W-2 income and housing allowance
- f** ☐ Exempt from SE tax and have an approved exemption Form 4361

**Non-clergy:**

**If no FICA was withheld**, check box a or b below as appropriate

- 8 a** ☐ Pay self-employment tax on this W-2 income
- b** ☐ Exempt from SE tax and have an approved exemption Form 4029

☐ Social Security and Medicare taxes have been withheld

**Part VI Military**

- 9 a** ☐ Active duty military pay
- b** **Non-taxable** combat pay (From box 12, Code Q) . . . . . \_\_\_\_\_

**Part VII Unreported Tip Income**

- 10 a** Tips \$20 or more in a month which were not reported to employer . . . . . \_\_\_\_\_
- b** Tips less than \$20 in a month which were not required to be reported . . . . . \_\_\_\_\_
- c** Value of non-cash tips, such as tickets or passes, not reported to employer . . . . . \_\_\_\_\_
- d** Actual amount of allocated tips if different than the amount in box 8 . . . . . \_\_\_\_\_
- e** Tips paid out by you through a tip-sharing arrangement . . . . . \_\_\_\_\_
- f** ☐ Employer is a federal, state, or local government and tips only subject to Medicare tax

**Part VIII Inmate In a Penal Institution**

- 11 a** Pay from work performed while an inmate or while in a work release or halfway house . . . . . ☐

**Part IX Paid Family Leave**

- 12 a** Income from Paid Family Leave . . . . . ☐

► Keep for your records

Name

SHRAVYA MARANGANTI

Social Security Number

329-06-7412

☒
**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 329-06-7412**b** Employer's ID number . . . . 91-1608052**c** Employer's name, address, and ZIP code

CONCUR TECHNOLOGIES INC

Street 3999 WEST CHESTER PIKECity NEWTOWN SQUAREState PA ZIP Code 19073

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**d** Control number 01851234V68
☐ **Transfer employee information from  
the Federal Information Worksheet**
**e** Employee's nameFirst SHRAVYA M.I. \_\_\_\_\_Last MARANGANTI Suff. \_\_\_\_\_**f** Employee's address and ZIP codeStreet 4438B BEECHSTONE LN.City FAIRFAXState VA ZIP Code 22033

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**1** Wages, tips, other  
compensation39,769.62**3** Social security wages44,325.47**5** Medicare wages and tips44,325.47**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code \_\_\_\_\_

**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income  
tax withheld7,756.71**4** Social security tax withheld2,748.18**6** Medicare tax withheld642.72**8** Allocated tips**10** Dependent care benefits714.27Distributions from sect. 457  
and nonqualified plans  
(Important, see Help)**Box 12**

Code

D**Box 12**

Amount

4,555.85

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

VA**Box 16**

Employer's state I.D. no.

30911608052F001**Box 16**

State wages, tips, etc.

39,769.62**Box 17**

State income tax

2,197.16I confirm that the state withholding identification number(s) are accurate . . . . . ☐**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated

State

**Box 14**Description or Code  
on Actual Form W-2HEALTH

Amount

1,842.19TurboTax Identification of Description or Code  
(Identify this item by selecting the identification from  
the drop down list. If not on the list, select Other).Other (not classified)

Name

SHRAVYA MARANGANTI

329-06-7412 Page **2**

Employer's Name

CONCUR TECHNOLOGIES INC

**ADDITIONAL INFORMATION****Part I Foreign Income**

- 1** ☐ The income reported on this W-2 is from a foreign source **and** is eligible to be excluded on Form 2555

**Part II Electronic Filing**

*Complete if you are filing this return electronically.*

- 2 a** ☐ This W-2 is 'non-standard' (handwritten, typewritten, altered in any way or used to e-file based on a completed 4852. See "Substitute Form W-2 Smart Worksheet" below.)
- b** ☐ This W-2 is a corrected W-2

**Part III Statutory Employees**

*Complete if box 13 Statutory employee box is checked.*

- 3** Will you be deducting any expenses in connection with this income? . . . . . Yes ☐ No ☐
- 4** If so, select the copy of Schedule C you want to report this income on (double-click) . . . . . \_\_\_\_\_

**Part IV Dependent Care Benefits**

*Complete if box 10 of this W-2 has an entry.*

- 5** Did this employer hire an on-staff care provider or furnish dependent care at your workplace? . . . . . Yes ☐ No ☒
- 6** Enter any amounts forfeited from a flexible spending account . . . . . 0.00

**Part V Clergy, Church Employees, Members of Recognized Religious Sects**

*Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.*

**Clergy only:**

- 7 a** Enter your designated housing or parsonage allowance . . . . . \_\_\_\_\_
- b** Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . . \_\_\_\_\_
- If no FICA was withheld**, check box c, d, e, or f below as appropriate

- c** ☐ Pay self-employment tax on housing or parsonage allowance only
- d** ☐ Pay self-employment tax on W-2 income only
- e** ☐ Pay self-employment tax on both W-2 income and housing allowance
- f** ☐ Exempt from SE tax and have an approved exemption Form 4361

**Non-clergy:**

**If no FICA was withheld**, check box a or b below as appropriate

- 8 a** ☐ Pay self-employment tax on this W-2 income
- b** ☐ Exempt from SE tax and have an approved exemption Form 4029

☐ Social Security and Medicare taxes have been withheld

**Part VI Military**

- 9 a** ☐ Active duty military pay
- b** **Non-taxable** combat pay (From box 12, Code Q) . . . . . \_\_\_\_\_

**Part VII Unreported Tip Income**

- 10 a** Tips \$20 or more in a month which were not reported to employer . . . . . \_\_\_\_\_
- b** Tips less than \$20 in a month which were not required to be reported . . . . . \_\_\_\_\_
- c** Value of non-cash tips, such as tickets or passes, not reported to employer . . . . . \_\_\_\_\_
- d** Actual amount of allocated tips if different than the amount in box 8 . . . . . \_\_\_\_\_
- e** Tips paid out by you through a tip-sharing arrangement . . . . . \_\_\_\_\_
- f** ☐ Employer is a federal, state, or local government and tips only subject to Medicare tax

**Part VIII Inmate In a Penal Institution**

- 11 a** Pay from work performed while an inmate or while in a work release or halfway house . . . . . ☐

**Part IX Paid Family Leave**

- 12 a** Income from Paid Family Leave . . . . . ☐

Name

SHRAVYA MARANGANTI

Social Security Number

329-06-7412

☒
**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 329-06-7412**b** Employer's ID number . . . . . 20-2480800**c** Employer's name, address, and ZIP codeFISHER ASSET MANAGEMENTLLCStreet 5525 NW FISHER CREEK DR.City CAMASState WA ZIP Code 98607

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**d** Control number 006773LOS2/BMV
☐
**Transfer employee information from the Federal Information Worksheet****e** Employee's nameFirst SHRAVYA M.I. \_\_\_\_\_Last MARANGANTI Suff. \_\_\_\_\_**f** Employee's address and ZIP codeStreet 424 BOSWORTH STREETCity SAN FRANCISCOState CA ZIP Code 94112

Foreign Province \_\_\_\_\_

Foreign Postal Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation43,283.36**3** Social security wages43,716.69**5** Medicare wages and tips43,716.69**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code

AE22-33BE-1974-57C7**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☒ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income tax withheld11,765.11**4** Social security tax withheld2,710.43**6** Medicare tax withheld633.89**8** Allocated tips**10** Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

**Box 12**

Code

DDD**Box 12**

Amount

433.332,912.26

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

M: Enter amount attributable to RRTA Tier 2 tax \_\_\_\_\_

P: Double click to link to Form 3903, line 4. . . \_\_\_\_\_

R: Enter MSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . . \_\_\_\_\_

W: Enter HSA contribution for Taxpayer . . . \_\_\_\_\_

Spouse . . . . . \_\_\_\_\_

G: ☐ Employer is **not** a state or local government**Box 15**

State

CA**Box 12**

Amount

433.332,912.26**Box 16**

State wages, tips, etc.

43,283.36**Box 17**

State income tax

3,406.83I confirm that the state withholding identification number(s) are accurate . . . . . ☐**Box 20**

Locality name

**Box 18**

Local wages, tips, etc.

**Box 19**

Local income tax

Associated State

**Box 14**

Description or Code

on Actual Form W-2

SDI

Amount

393.45

TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

California SDI tax

# Healthcare Entry Sheet

► Keep for your records

2017

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

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

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

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 ABHILASH MEKALA	658-20-5589	12/26/82	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2 SHRAVYA MARANGANTI	329-06-7412	05/02/83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	S
3 Uma Mekala	799-40-5353	09/28/12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
4 ira Mekala	364-49-8019	12/04/16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

Completion checkbox:

☒

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

# Wages, Salaries, & Tips Worksheet

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
<b>1</b> Wages, from Form W-2 . . . . .	161,605.	83,053.	244,658.
<b>2</b> Miscellaneous income, from Form 8919 . . . . .			
<b>3</b> Items from Form 1099-R:			
<b>a</b> Disability before minimum retirement age . . . . .			
<b>b</b> Return of contributions . . . . .			
<b>4</b> Excess reimbursement, from Form 2106 . . . . .			
<b>5 a</b> Taxable tips, from Form 4137. . . . .			
<b>b</b> Noncash tips . . . . .			
<b>6</b> Excess moving expense reimbursement, from Form 3903 . . . . .			
<b>7</b> Wages earned as a household employee (if less than \$2,000 and without a Form W-2) . . . . .			
<b>8</b> Items not on Form W-2 or Form 1099-R:			
<b>a</b> Sick pay or disability payments . . . . .			
<b>b</b> Total foreign source income . . . . .			
<b>c</b> Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
<b>d</b> Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
<b>9</b> Other earned income:			
<b>a</b> Non-gov unemployment received/repaid 2017			
<b>b</b> _____			
_____			
_____			
<b>10 Subtotal.</b>			
<b>Add lines 1 through 9 . . . . .</b>	161,605.	83,053.	244,658.
<b>11</b> Taxable employer-provided dependent care benefits, from Form 2441 . . . . .	625.	89.	714.
<b>12</b> Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 . . . . .			
<b>13</b> Scholarship/fellowship income not on Form W-2. . . . .			
<b>14</b> Other non-earned income:			
_____			
_____			
_____			
<b>15 Total of lines 10 through 14. . . . .</b>	162,230.	83,142.	245,372.



Name as Shown on Return  
ABHILASH R MEKALA & SHRAVYA MARANGANTISocial Security No.  
658-20-5589

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 2 X \$1,000. Enter the result . . . . .	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	242,439.
3	<b>1040 filers:</b> enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. <span style="float:right">}</span>	3	0.
	<b>1040A filers:</b> Enter -0-.		
4	Add lines 2 and 3. Enter the total . . . . .	4	242,439.
5	Enter the amount shown below for your filing status. • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 <span style="float:right">}</span>	5	110,000.
6	Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	6	133,000.
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	6,650.
8	Is the amount on line 1 more than the amount on line 7? <input checked="" type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	
10	Add the amounts from — Form 1040, line 48. . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30. . . . . + Form 8910, line 15. . . . . + Form 8936, line 23. . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	
11	Are you claiming any of the following credits? • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. <span style="float:right">}</span>	11	
12	Subtract line 11 from line 9. Enter the result. . . . .	12	
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> <b>No.</b> Enter the amount from line 8. <span style="float:right">}</span> <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. <span style="float:right">}</span> <b>This is your child tax credit.</b> . . . . .	13	

Enter this amount on  
Form 1040, line 52, or  
Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
  - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

**Caution:** Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the <i>Child Tax Credit Worksheet</i> \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the <i>Child Tax Credit Worksheet</i> and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	20,454.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71. <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result . . . . . <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13.		
13	Enter the total of the amounts from — <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the <i>Child Tax Credit Worksheet</i> . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on  
line 11 of the *Child  
Tax Credit Worksheet*.

**Note: Railroad Employees**

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

**Schedule D**  
**Line 19**

**Unrecaptured Section 1250 Gain Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

		Regular Tax	Alternative Minimum Tax																								
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>																											
<b>1</b>	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>																									
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>																									
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>																									
<b>4</b>	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year . . . . .	<b>4</b>																									
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>																									
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>																									
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>																									
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>																									
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>																									
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>																									
<b>11</b>	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td><b>Regular</b></td> <td><b>AMT</b></td> </tr> <tr> <td><b>a</b></td> <td>On Form 1099-DIV . . . . .</td> <td>0 . 0 .</td> </tr> <tr> <td><b>b</b></td> <td>On Form 2439 . . . . .</td> <td></td> </tr> <tr> <td><b>c</b></td> <td>On Schedule(s) K-1 . . . . .</td> <td></td> </tr> <tr> <td><b>d</b></td> <td>On Form 1099-R . . . . .</td> <td></td> </tr> <tr> <td><b>e</b></td> <td>From Form 8814 . . . . .</td> <td></td> </tr> <tr> <td><b>f</b></td> <td>Other. . . . .</td> <td></td> </tr> <tr> <td></td> <td><b>Total</b> . . . . .</td> <td></td> </tr> </table>		<b>Regular</b>	<b>AMT</b>	<b>a</b>	On Form 1099-DIV . . . . .	0 . 0 .	<b>b</b>	On Form 2439 . . . . .		<b>c</b>	On Schedule(s) K-1 . . . . .		<b>d</b>	On Form 1099-R . . . . .		<b>e</b>	From Form 8814 . . . . .		<b>f</b>	Other. . . . .			<b>Total</b> . . . . .		<b>11</b>	
	<b>Regular</b>	<b>AMT</b>																									
<b>a</b>	On Form 1099-DIV . . . . .	0 . 0 .																									
<b>b</b>	On Form 2439 . . . . .																										
<b>c</b>	On Schedule(s) K-1 . . . . .																										
<b>d</b>	On Form 1099-R . . . . .																										
<b>e</b>	From Form 8814 . . . . .																										
<b>f</b>	Other. . . . .																										
	<b>Total</b> . . . . .																										
<b>12</b>	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale . . . . .	<b>12</b>																									
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>																									
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0 . 0 .																								
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	-30,208 . -30,208 .																								
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>	0 .																								
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0 .																								
<b>17</b>	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- . . . . .	<b>17</b>	30,208 . 30,208 .																								
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. . . . .	<b>18</b>																									

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2017**

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- . . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

658-20-5589

1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	185,204.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	185,204.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	2,495.
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	2,495.
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
b	Amount from the dotted line next to Form 4952, line 4e . . . . .	b	
c	Line 4b, if applicable, 4a, if not . . . . .	c	
5	Subtract line 4c from line 3 . . . . .	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0- . . . . .	6	2,495.
7 a	Enter line 15 of Schedule D . . . . .	7 a	8.
b	Enter line 16 of Schedule D . . . . .	b	-30,200.
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	2,495.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	2,495.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	182,709.
15	Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household.	15	75,900.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	75,900.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	75,900.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	182,709.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	182,709.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	2,495.
22	Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	0.
23	Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	2,495.
24	Enter: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 if head of household.	24	470,700.
25	Enter the smaller of line 1c or line 24 . . . . .	25	185,204.
26	Add lines 19 and 20 . . . . .	26	182,709.
27	Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	2,495.
28	Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	2,495.
29	Multiply line 28 by 15% (.15) . . . . .	29	374.
30	Add lines 22 and 28 . . . . .	30	2,495.
31	Subtract line 30 from line 21 . . . . .	31	0.
32	Multiply line 31 by 20% (.20) . . . . .	32	0.

**If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.**

33	Enter the <b>smaller</b> of line 9c above or Schedule D, line 19 . . . . .	33	
34	Add lines 10 and 19 . . . . .	34	
35	Enter the amount from line 1c above . . . . .	35	
36	Subtract line 35 from line 34. If zero or less, enter -0- . . . . .	36	
37	Subtract line 36 from line 33. If zero or less, enter -0- . . . . .	37	
38	Multiply line 37 by 25% (.25) . . . . .	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>42</b>	<u>38,043.</u>
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	<u>38,417.</u>
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet . . . . .	<b>44</b>	<u>38,742.</u>
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	<u>38,417.</u>

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# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2017

Line 44

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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1	Enter the amount from Form 1040, line 43 . . . . .	1	185,204.
2	Enter the amount from Form 1040, line 9b . . . . .	2	2,495.
3	Are you filing Schedule D?		
	<input checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .		
	3 0.		
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3 . . . . .	4	2,495.
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .		
	5 0.		
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6	2,495.
7	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7	182,709.
8	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.		
	8 75,900.		
9	Enter the smaller of line 1 or line 8 . . . . .	9	75,900.
10	Enter the smaller of line 7 or line 9 . . . . .	10	75,900.
11	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	11	0.
12	Enter the smaller of line 1 or line 6 . . . . .	12	2,495.
13	Enter the amount from line 11 . . . . .	13	0.
14	Subtract line 13 from line 12. . . . .	14	2,495.
15	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.		
	15 470,700.		
16	Enter the smaller of line 1 or line 15 . . . . .	16	185,204.
17	Add lines 7 and 11 . . . . .	17	182,709.
18	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18	2,495.
19	Enter the smaller of line 14 or line 18 . . . . .	19	2,495.
20	Multiply line 19 by 15% (.15) . . . . .	20	374.
21	Add lines 11 and 19 . . . . .	21	2,495.
22	Subtract line 21 from line 12 . . . . .	22	0.
23	Multiply line 22 by 20% (.20) . . . . .	23	0.
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
	24 38,043.		
25	Add lines 20, 23, and 24 . . . . .	25	38,417.
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. . . . .		
	26 38,742.		
27	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .		
	27 38,417.		

**Schedule D**  
**Lines 6 and 14**

**Capital Loss Carryover Worksheet**

**2017**

Capital Loss Carryover from 2016 to 2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

		Regular Tax	Alternative Minimum Tax
<b>1</b> Enter the amount from your 2016 Form 1040, line 41. If a loss, enter as a negative amount . . . . .	<b>1</b>	204,662.	223,686.
<b>2</b> Enter the loss from your 2016 Schedule D, line 21, as a positive amount . . . . .	<b>2</b>	3,000.	3,000.
<b>3</b> Combine lines 1 and 2. If zero or less, enter -0-. . . . .	<b>3</b>	207,662.	226,686.
<b>4</b> Enter the <b>smaller</b> of line 2 or line 3 . . . . .	<b>4</b>	3,000.	3,000.
<b>If line 7 of your 2016 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.</b>			
<b>5</b> Enter the loss from your 2016 Schedule D, line 7, as a positive amount. . . . .	<b>5</b>	33,221.	33,221.
<b>6</b> Enter any gain from your 2016 Schedule D, line 15. If a loss, enter -0- . . . . .	<b>6</b>	0.	0.
<b>7</b> Add lines 4 and 6 . . . . .	<b>7</b>	3,000.	3,000.
<b>8</b> <b>Short-term capital loss carryover for 2017.</b> Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 6, as a negative amount . . . . . ►	<b>8</b>	30,221.	30,221.
<b>If line 15 of your 2016 Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>			
<b>9</b> Enter the loss from your 2016 Schedule D, line 15, as a positive amount . . . . .	<b>9</b>		
<b>10</b> Enter any gain from your 2016 Schedule D, line 7. If a loss, enter -0- . . . . .	<b>10</b>	0.	0.
<b>11</b> Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>11</b>	0.	0.
<b>12</b> Add lines 10 and 11 . . . . .	<b>12</b>	0.	0.
<b>13</b> <b>Long-term capital loss carryover for 2017.</b> Subtract line 12 from line 9. If zero or less, enter -0-. If more than zero, also enter on Schedule D, line 14, as a negative amount . . . . . ►	<b>13</b>	0.	0.



# Capital Loss Carryforward Worksheet

2018

Capital Loss Carryforward from 2017 to 2018

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589		
		Regular Tax	Alternative Minimum Tax	
1	Enter the amount from 2017 Form 1040, line 41. If a loss, enter as a negative amount . . . . .	1	201,404.	223,196.
2	Enter the loss from 2017 Schedule D, line 21, as a positive amount . . . . .	2	3,000.	3,000.
3	Combine lines 1 and 2. If zero or less, enter -0- . . . . .	3	204,404.	226,196.
4	Enter the <b>smaller</b> of line 2 or line 3 . . . . .	4	3,000.	3,000.
<b>If line 7 of 2017 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9</b>				
5	Enter the loss from 2017 Schedule D, line 7, as a positive amount. . . . .	5	30,208.	30,208.
6	Enter any gain from 2017 Schedule D, line 15. If a loss, enter -0- . . . . .	6	8.	8.
7	Add lines 4 and 6 . . . . .	7	3,008.	3,008.
8	<b>Short-term capital loss carryforward to 2018.</b> Subtract line 7 from line 5. If zero or less, enter -0- . . . . . ►	8	27,200.	27,200.
<b>If line 15 of Schedule D is a loss, go to line 9; otherwise, skip lines 9 thru 13.</b>				
9	Enter the loss from 2017 Schedule D, line 15, as a positive amount . . . . .	9		
10	Enter any gain from 2017 Schedule D, line 7. If a loss, enter -0- . . . . .	10	0.	0.
11	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	11	0.	0.
12	Add lines 10 and 11 . . . . .	12	0.	0.
13	<b>Long-term capital loss carryforward to 2018.</b> Subtract line 12 from line 9. If zero or less, enter -0- . . . . . ►	13	0.	0.

# Form 1099-B Worksheet

► Keep for your records

2017

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security No.

658-20-5589

Name of reporting financial institution . . . ► Betterment Securities

Acct Number . . . . . ► Abhilash's Taxable Account

## Transactions

(Numbers in bold to the right of a box description correspond to specific IRS box numbers on the official Form 1099-B. See Tax Help for more information.)

<b>1 a</b> Form 8949 Check Box . . . . . <input checked="" type="checkbox"/> A	<b>b</b> Transaction number . . . . . 1
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . 0.059594 sh. iShares National AMT-Free Muni Bond ETF Class O	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . 07/12/16	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . 06/30/17
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . 6.57	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . 6.81	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . 0.24
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . . . . . S	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . 0.00	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . O
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . . . . . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . . . . . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b>	<b>19 a</b> Adjusted Gain (Loss) . . . . . 0.00 <b>b</b> Holding Period . . . . . S
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box . . . . .	<b>b</b> Transaction number . . . . .
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . See Additional Investment Sales	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . .	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . .
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . .	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . .	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . .
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . . . . .	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . .	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . .
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . . . . . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . . . . . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b>	<b>19 a</b> Adjusted Gain (Loss) . . . . . <b>b</b> Holding Period . . . . .
This sale is missing info?	

Gross Proceeds	Net Gain/Loss	Box A <small>Short term sales with cost basis reported to the IRS</small>	Box D <small>Long term sales with cost basis reported to the IRS</small>
724.	21.	13.	8.

Taxpayer must mail in a statement with more details?

☐ Yes ☐ No

Sale(s) missing info? \_\_\_\_\_

# IRA Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2018 to 4/17/2018 ( <i>See Help</i> ). . . . .		
12	Age 70-1/2 or older in tax year . . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
15	Amount on line 13 you elect to make nondeductible . . . . .		
16	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible <b>traditional</b> IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .		

# IRA Contributions Worksheet

2017

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ABHILASH R MEKALA & SHRAVYA MARANGANTI

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Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
21	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
27	Excess Roth IRA contribution credit . . . . .		
28	Total <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	<b>Roth</b> IRA contributions after limitation . . . . .		
31	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
	<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.		

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
	<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..		

**Schedule A**  
**Line 1**

**Medical Expenses Worksheet**

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**2017**

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

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1	Prescription medications . . . . .	1	
2	<b>Health insurance premiums:</b>		
a	Premiums other than self-employed health insurance <b>or</b> reported on a 1095-A . . .	2 a	
b	From Form(s) 1095-A - net of adjustments . . . . .	b	
	Taxpayer's portion of 1095-A premiums (total less spouse) . . .		
	Spouse's portion of 1095-A premiums, enter the amount		
	for the spouse, the remaining goes to the taxpayer . . . . .		
c	Medicare premiums . . . . .	c	
d	From Form(s) 1099-R . . . . .	d	
	<b>NOTE:</b> If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, <b>not</b> on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums . . . . .	2 e	
f	Taxpayer's allowable long-term care premiums . . . . .	f	
g	Spouse's gross long-term care premiums . . . . .	g	
h	Spouse's allowable long-term care premiums . . . . .	h	
i	Dep or child under 27 gross long-term care premiums . .	i	
j	Dep or child under 27 allowable long-term care prem. . .	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j . . . . .	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income . . . . .	n	
o	Other self-employed health insurance not deducted as an adj to income . . . . .	o	
3	Fees for doctors, dentists, etc . . . . .	3	
4	Fees for hospitals, clinics, etc. . . . .	4	
5	Lab and x-ray fees . . . . .	5	
6	Expenses for qualified long-term care . . . . .	6	
7	Eyeglasses and contact lenses . . . . .	7	
8	Medical equipment and supplies . . . . .	8	
9	Medical transportation expenses:		
a	Medical miles driven . . . . .	9 a	
b	Multiply the number of miles on line 9a by 17 cents per mile . . . . .	b	
c	Other medical transportation costs not included above for example: ambulance fees . . . . .	c	
d	Total medical transportation expenses (add lines 9b and 9c) . . . . .	9 d	
10	Lodging for medical purposes (up to \$50 per night per person) . . . . .	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j) . . . . .	12	
13 a	Less: insurance reimbursement for any expenses listed . . . . .	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions . . . . .	b	
14	<b>Total deductible medical and dental expenses.</b> Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1) . . . . .	14	0.



**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2017**

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .	242,439.
(2) Nontaxable income entered elsewhere on return . . . . .	155.
(3) Available income: 2016 refundable credits in excess of tax. . . . .	0.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	242,594.

**b Sales Tax Per State of Residence:**

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

*Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:*

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

**c** Total general sales tax using tables . . . . .

**d Sales Tax Paid on Specific Items (see help):**

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

**e** Total sales tax deduction on specific items . . . . .

**f** Total general sales tax per tables plus sales tax on specific items . . . . .

**g Actual State and Local General Sales Tax:**

Actual sales taxes (enter the total sales taxes paid during the year on all items). . . . .

**h State and Local Income Taxes:**

State and Local Income taxes . . . . . 16,365.00

**i State and Local Tax Deduction to Schedule A, line 5:**

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 16,365.00

**j** Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

**2 Real estate taxes:**

**a** Real estate taxes paid on principal residence **not** entered on Form 1098 . . . . .

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	4,362.69
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	
<b>e</b>	Vacation home . . . . .	2,176.00
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	6,538.69
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2016 Amount	Enter 2017 description:
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	
<b>c</b>	Other personal property taxes . . . . .	
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	
<b>b</b>	Foreign taxes from interest and dividends . . . . .	
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	
<b>e</b>	Other taxes.	
	2016 Amount	Enter 2017 description:
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	

**Interest Deductions**

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	11,498.25
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	5,733.00
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. . . . .	17,231.25
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	
<b>c</b>	Less points deducted on Form 8829 . . . . .	
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	



**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2017**

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	14,974.
2 2017 state estimated taxes paid in 2017 . . . . .	2	
3 2016 state estimated taxes paid in 2017 . . . . .	3	
4 Amount paid with 2016 state application for extension . . . . .	4	
5 Amount paid with 2016 state income tax return . . . . .	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2017 local estimated taxes paid in 2017 . . . . .	10	
11 2016 local estimated taxes paid in 2017 . . . . .	11	
12 Amount paid with 2016 local application for extension . . . . .	12	
13 Amount paid with 2016 local income tax return . . . . .	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17 <u>State mandatory taxes</u> . . . . .	17	1,391.
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	16,365.
19 State and local refund allocated to 2017 . . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20. . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	16,365.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

**Schedule A**  
**Lines 6 and 10-13**

**Home Mortgage Interest Worksheet**

**2017**

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Name(s) Shown on Return <b>ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI</b>	Social Security Number <b>658-20-5589</b>
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**Note:** Use this worksheet to report home mortgage interest you paid on your main home or second home.  
Enter mortgage interest you paid for business property other than a home office on the appropriate schedule or form for the business activity (Schedule C, Schedule E, etc.).

**Mortgage Lender Info:**

- 1 Recipient's/lender's name . . . . . wellsfargo
- 2 a Was the mortgage interest reported to you on Form 1098? . . . . . Yes ☒ No ☐
- b Mortgage interest paid on your main home or second home in 2017 . . . . . 11,498.25
- 3 Outstanding mortgage principal as of 1/1/2017 . . . . . \_\_\_\_\_
- 4 Mortgage origination date . . . . . 06/23/2016
- 5 a Did your home loan close after December 31, 2006? . . . . . Yes ☐ No ☐
- b Mortgage insurance premiums . . . . . \_\_\_\_\_
- 6 a Points paid to buy or improve your **main** home in 2017 . . . . . \_\_\_\_\_
- b Check if points were reported to you on Form 1098 . . . . . ☐
- c Check if points were reported on the HUD-1 loan closing statement, or  
my name is not listed first on Form 1098 . . . . . ☐
- Computed points reported on Form 1098 . . . . . ☐
- Computed points not reported on Form 1098 . . . . . ☐
- 7 Property taxes . . . . . 4,362.69
- 8 Check this box if you refinanced your loan with a different lender, paid off this loan,  
or sold the property . . . . . ☐
- 9 Did you pay points to this lender which must be spread over the life of the loan, for example:  
points you paid on your second home, on a home equity loan, or when you refinanced,  
enter the following . . . . . Yes ☐ No ☐
- a Total points originally paid on a loan for which the points must be amortized . . . . . \_\_\_\_\_
- b Length of loan (years) . . . . . \_\_\_\_\_
- c Points deducted in prior years for this loan . . . . . \_\_\_\_\_
- d Amortized points allowable this year . . . . . \_\_\_\_\_
- e Amortizable points deducted this year (to Tax and Interest Deduction Wkst., line 7a) . . . . . \_\_\_\_\_

**Uncommon Situations:**

- 10 Were you and someone else liable for this mortgage and the **other person** received the  
Form 1098, enter the other person's name and address . . . . . Yes ☐ No ☐
- Name . . . . . \_\_\_\_\_
- Address . . . . . \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 11 Did you buy your home from the recipient and did **NOT** receive a Form 1098, enter the  
recipient's identifying number and address . . . . . Yes ☐ No ☒
- Recipient's SSN . . . . . \_\_\_\_\_ -OR- Recipient's EIN . . . . . \_\_\_\_\_
- Recipient's address . . . . . \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 12 Did you pay more mortgage interest than what is shown on Form 1098 . . . . . Yes ☐ No ☐
- QuickZoom** to attach a statement to your return explaining the difference. . . . . \_\_\_\_\_

## 2017

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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## Cash Contributions

[illegible]

# Charitable Deduction Limits Worksheet For Current Year Contributions

2017

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . . 900.
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2) . . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 242,439.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 121,220.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
10	Enter the smaller of line 2 or line 9 . . . . .				900 .	
11	Subtract line 10 from line 2 . . . . .					0 .
12	Subtract line 10 from line 9 . . . . .					
			120,320 .			
<b>Contributions not to 50% limit organizations</b>						
13	Add lines 2 and 3 . . . . .				900 .	
14	Multiply line 8 by 0.3. This is your 30% limit. . . . .				72,732 .	72,732 .
15	Subtract line 13 from line 9 . . . . .				120,320 .	
16	Enter the smallest of line 6, 14, or 15 . . . . .				0 .	
17	Subtract line 16 from line 6 . . . . .					0 .
18	Subtract line 16 from line 14 . . . . .				72,732 .	
<b>Capital gain property to 50% limit organizations</b>						
19	Enter the smallest of line 3, 12, or 14 . . . . .				0 .	
20	Subtract line 19 from line 3 . . . . .					0 .
21	Subtract line 16 from line 15 . . . . .				120,320 .	
22	Subtract line 19 from line 14 . . . . .				72,732 .	
<b>Capital gain property not to 50% limit organizations</b>						
23	Multiply line 8 by 0.2. This is your 20% limit. . . . .				48,488 .	
24	Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .				0 .	
25	Subtract line 24 from line 7 . . . . .					0 .
<b>Capital gain property to 50% limit organizations</b>						
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .				900 .	
27	Subtract line 26 from line 8 . . . . .				241,539 .	
28	Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .				0 .	
29	Subtract line 28 from line 1 . . . . .					0 .
30	Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .					0 .

# Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

**Step 2. List your other charitable contributions made during the year.**

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2) . . . . .

**Step 3. Figure your deduction for the year and your carryover to the next year.**

- 8 Enter your adjusted gross income . . . . . 242,439.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 121,220. less. . . . . 900. 120,320.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>							
10	Enter the smaller of line 2 or line 9 . . . . .					0.	
11	Subtract line 10 from line 2 . . . . .						0.
12	Subtract line 10 from line 9 . . . . .			120,320.			
<b>Contributions not to 50% limit organizations</b>							
13	Add lines 2 and 3 . . . . .		900.				
14	Multiply line 8 by 0.3. This is your 30% limit. . . . .		72,732.	72,732.			
15	Subtract line 13 from line 9 . . . . .		120,320.				
16	Enter the smallest of line 6, 14, or 15 . . . . .					0.	
17	Subtract line 16 from line 6 . . . . .						0.
18	Subtract line 16 from line 14 . . . . .			72,732.			
<b>Capital gain property to 50% limit organizations</b>							
19	Enter the smallest of line 3, 12, or 14 . . . . .					0.	
20	Subtract line 19 from line 3 . . . . .						0.
21	Subtract line 16 from line 15 . . . . .			120,320.			
22	Subtract line 19 from line 14 . . . . .			72,732.			
<b>Capital gain property not to 50% limit organizations</b>							
23	Multiply line 8 by 0.2. This is your 20% limit. . . . .				48,488.		
24	Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
25	Subtract line 24 from line 7 . . . . .						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
27	Subtract line 26 from line 8 . . . . .	242,439.					
28	Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
29	Subtract line 28 from line 1 . . . . .						0.
30	Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

# Charitable Contributions Summary

► Keep for your records

2017

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
childfund	900.	900.		
Totals:	900.	900.		

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	Capital Gain Property (c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

## Part III Contribution Carryovers to 2018

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) 100% Limit	(c) 50% Limit	(d) 30% Limit	Capital Gain Property (e) 30% Limit	(f) 20% Limit
1 2017 contributions . .	900.		900.			
2 2017 contributions allowed	900.	0.	900.	0.	0.	0.
3 Carryovers from:						
a 2016 tax year . . . .						
b 2015 tax year . . . .						
c 2014 tax year . . . .						
d 2013 tax year . . . .						
e 2012 tax year . . . .						
4 Carryovers allowed in 2017	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2017	0.		0.	0.	0.	0.
6 Carryovers to 2018:						
a From 2017 . . . . .	0.		0.	0.	0.	0.
b From 2016 . . . . .						
c From 2015 . . . . .						
d From 2014 . . . . .						
e From 2013 . . . . .						
f From 2012 . . . . .						

## Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? ☒ Yes ☐ No
- Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☒ No
- Was any charity other than a 50% charity? ☐ Yes ☒ No

**Schedule A**  
**Lines 21, 23, 28**

**Miscellaneous Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return <u>ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI</u>	Social Security Number <u>658-20-5589</u>
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**Employee Business Expenses – Subject to 2% Limitation**

<b>1</b>	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere . . . . .	<b>1</b>	<u>500.</u>
<b>2 a</b>	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	<b>2a</b>	
<b>b</b>	Educator Expense Deduction (from 1040, line 23) . . . . .	<b>2b</b>	
<b>c</b>	Excess Educator Expenses (line 2a less line 2b). . . . .	<b>2c</b>	
<b>3</b>	Union and professional dues . . . . .	<b>3</b>	
<b>4</b>	Professional subscriptions . . . . .	<b>4</b>	
<b>5</b>	Uniforms and protective clothing . . . . .	<b>5</b>	
<b>6</b>	Job search costs . . . . .	<b>6</b>	
<b>7</b>	Other: _____ _____ _____	<b>7</b>	
<b>8</b>	Combine lines 1 through 7 (to Schedule A, line 21) . . . . .	<b>8</b>	<u>500.</u>

**Miscellaneous Expenses – Subject to 2% Limitation**

Check the box in investment column if an investment expense

Investment  
expense ↓

<b>9</b>	Depreciation and amortization deductions . . . . .	<input checked="" type="checkbox"/>	<b>9</b>	
<b>10</b>	Casualty/theft losses of property used in services as an employee . . . . .	<input type="checkbox"/>	<b>10</b>	
<b>11</b>	REMIC expenses, from Schedule E . . . . .	<input checked="" type="checkbox"/>	<b>11</b>	
<b>12</b>	Investment expenses related to interest and dividend income . . . . .	<input checked="" type="checkbox"/>	<b>12</b>	
<b>13</b>	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	<b>13</b>	
<b>14</b>	Miscellaneous deductions, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	<b>14</b>	
<b>15</b>	Excess deductions on termination, from Schedule(s) K-1 . . . . .	<input type="checkbox"/>	<b>15</b>	
<b>16</b>	Investment counsel and advisory fees . . . . .	<input checked="" type="checkbox"/>	<b>16</b>	
<b>17</b>	Certain attorney and accounting fees . . . . .	<input checked="" type="checkbox"/>	<b>17</b>	
<b>18</b>	Safe deposit box rental fees . . . . .	<input checked="" type="checkbox"/>	<b>18</b>	
<b>19</b>	IRA custodial fees . . . . .	<input checked="" type="checkbox"/>	<b>19</b>	
<b>20</b>	Loss incurred from total distribution of all traditional IRAs . . . . .	<input type="checkbox"/>	<b>20</b>	
<b>21</b>	Loss incurred from total distribution of all Roth IRAs . . . . .	<input type="checkbox"/>	<b>21</b>	
<b>22</b>	Loss incurred from final distribution of a QTP investment . . . . .	<input type="checkbox"/>	<b>22</b>	
<b>23</b>	Hobby expense (limited to hobby income) . . . . .	<input type="checkbox"/>	<b>23</b>	
<b>24</b>	Other: <b>a</b> Prior year government unemployment benefits repaid in 2017 . . . . . <b>b</b> _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>24</b>	
<b>25</b>	Combine lines 9 through 24 (to Schedule A, line 23) . . . . .		<b>25</b>	

**Other Miscellaneous Deductions – Not Subject to 2% Limitation**

<b>26</b>	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	<b>26</b>	
<b>27</b>	Federal estate tax paid on decedent's income reported on this return . . . . .		<b>27</b>	
<b>28</b>	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .		<b>28</b>	
<b>29</b>	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .		<b>29</b>	
<b>30</b>	Gambling losses . . . . .		<b>30</b>	
<b>31</b>	Deduction for repayment of amounts under claim of right if over \$3,000 . . . . .		<b>31</b>	
<b>32</b>	Casualty/theft losses of income-producing property . . . . .		<b>32</b>	
<b>33</b>	Unrecovered investment in annuity . . . . .		<b>33</b>	
<b>34</b>	Ordinary loss attributable to certain debt instruments . . . . .		<b>34</b>	
<b>35</b>	Net Qualified Disaster Loss . . . . .		<b>35</b>	
<b>36</b>	Combine lines 26 through 35 (to Schedule A, line 28) . . . . .		<b>36</b>	

**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return <b>ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI</b>		Social Security Number <b>658-20-5589</b>	
<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	41,035.
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. . . . . <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	0.
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	41,035.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	32,828.
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	242,439.
<b>6</b>	Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately . . . . .	<b>6</b>	313,800.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR) . . . . .	<b>10</b>	



**Form 1040**  
**Line 40**

**Standard Deduction Worksheet for Dependents**

**2017**

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p><b>1</b> Is your <b>earned income*</b> more than \$700?</p> <p><input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> <b>No.</b> Enter \$1,050</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p><b>1</b></p> <p><b>2</b></p> <p><b>3 a</b></p> <p><b>3 b</b></p> <p><b>3 c</b></p>	<p>_____</p> <p>12,700.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>2</b> Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> <li>• Single or married filing separately — \$6,350</li> <li>• Married filing jointly or Qualifying widow(er) — \$12,700</li> <li>• Head of household — \$9,350</li> </ul>	<p>_____ ► . . .</p>		
<p><b>3 Standard deduction.</b></p>			
<p><b>3 a</b> Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1953, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .</p>			
<p><b>3 b</b> If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .</p>			
<p><b>3 c</b> Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .</p>			

\***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	16,200.
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	242,439.
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$261,500</li> <li>• Married filing jointly or qualifying widow(er), enter \$313,800</li> <li>• Married filing separately, enter \$156,900</li> <li>• Head of household, enter \$287,650 . . . . .</li> </ul>	<b>3</b>	313,800.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	-71,361.
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	

**Earned Income Worksheet****2017**

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

658-20-5589

**Part I – Earned Income Credit Wks Computation**

	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .			
<b>b</b> Optional Method and Church Employee income . . . . .			
<b>c</b> Add lines 1a and 1b . . . . .			
<b>d</b> One-half of self-employment tax . . . . .			
<b>e</b> Subtract line 1d from line 1c . . . . .			
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .			
<b>b</b> Net nonfarm profit or (loss) . . . . .			
<b>c</b> Add lines 2a and 2b . . . . .			
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>			
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>			

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	161,605.	83,053.	244,658.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	161,605.	83,053.	244,658.
<b>9 a</b> Taxable dependent care benefits. . . . .	625.	89.	714.
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	162,230.	83,142.	245,372.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	162,230.	83,142.	245,372.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	161,605.	83,053.	244,658.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	161,605.	83,053.	244,658.

**Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations**

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	162,230.	83,142.	245,372.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	162,230.	83,142.	245,372.

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

658-20-5589

**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1 . . . . .	1	
2	Investment interest expense from royalties . . . . .	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
4	<b>Total investment interest expense.</b> Add lines 1 through 3. . . . .	4	

**Gross Income from Property Held for Investment** (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income . . . . .	5 a	3,417.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts . . . . .	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends . . . . .	c	
d	Total . . . . .	d	3,417.
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	3,417.

**Net Capital Gain Income** (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16 . . . . .	11 a	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:	17 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

**Allocation of Investment Interest Expense** (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities . . . . .	a	
b	Deducted on Schedule E, page 1 for royalties . . . . .	b	
c	Other amounts deducted on other forms and schedules . . . . .	c	
d	Total amount deducted on other forms and schedules . . . . .	d	
21	<b>Investment interest expense.</b> . . . . .	21	

## Schedule E

## Schedule E Worksheet

2017

► Keep for your records

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security No.

658-20-5589

## General Information:

Property description . . . . . Virginia Home

Property type . . . 2 Multi-Family Residence If type is other, enter a description . . .

Location (street address) . . . . . 4438B beechstone ln

City . . . . . Fairfax State . . . . . VA ZIP code . . . . . 22033

If a foreign address: Foreign province or state . . .

Foreign postal code . . . . . Foreign country . . . . .

## Complete For All Properties:

Did you make any payments that would require you to file Form(s) 1099? . . . . . Yes ☒ No ☐If yes, did you or will you file all required Form(s) 1099? . . . . . Yes ☐ No ☒

## Complete For All Rental Properties:

Days rented at fair rental value . . . 183 Days of personal use . . . . . 182

## Check All That Apply:

- A Owned by spouse ☐ B Owned jointly ☐  
 C Active participation ☒ D Material participation ☐  
 E Qualified joint venture ☐ F Some investment is not at risk ☐  
 G Other passive exceptions ☒ H Complete taxable disposition - See Help ☐  
 Trade or business not subject to net investment income tax ☐  
 I Treat all MACRS assets for this activity as qualified Indian reservation property? . . . Yes ☐ No ☒  
 J Treat all assets acquired after August 27, 2005 as  
 qualified GO Zone property? . . . . . Regular ☐ Extension ☐ No ☒  
 K Treat all assets acquired after May 4, 2007 as  
 qualified Kansas Disaster Zone property? . . . . . Yes ☐ No ☒  
 L Was this activity located in a Qualified Disaster Area? . . . . . Yes ☐ No ☒  
 M Reserved for future use

## Ownership Percentage:

- N Check to allocate income and expenses using ownership percentage ☐  
 O Enter ownership percentage . . . . . %

## Owner-Occupied Rentals:

- P Check to allocate personal use items to Schedule A ☐  
 Q Percentage of rental use . . . . . %

## Vacation Home or Property with Personal Use Days:

- R Check to allocate interest and taxes using the Tax Court Method ☐  
 S Number of days property owned if less than the entire year . . . . .

**Property Location**

Page 2

4438B beechstone ln, Fairfax, VA 22033

Income		% if Different	Total
<b>3</b>	<b>Enter</b> rental income (not reported elsewhere) . . .	14,850.	
	Rental income from Form 1099-MISC . . . . .		
	Rental income from Form 1099-K . . . . .		
	Rental Income from Cancellation of Debt Wks . . .		
	Total rents received . . . . .	14,850.	100.000000 14,850.
<b>4</b>	<b>Enter</b> royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC . . . . .		
	Royalty income from Form 1099-K . . . . .		
	Royalty Income from Cancellation of Debt Wks . . .		
	Royalty Income from Schedule K-1 . . . . .		
	Total royalties received . . . . .		

Expenses	(a) Total	(b) Enter % if not 100.00	(c) Reported On Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal use
<b>5</b> Advertising . . . . .	1,200.		1,200.		
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	1,200.		1,200.		
<b>7</b> Cleaning and maint . .	3,200.		1,604.		1,596.
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 import					
Total mort insur qual .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal & other prof fees					
<b>11</b> Management fees . . .	1,100.		1,100.		
<b>12 a</b> Mortgage int qualified .	11,498.				
From Form 1098 import					
Total mort int qualified	11,498.		5,765.		5,733.
<b>b</b> Mort int other . . . . .					
From Form 1098 import					
Total mort int other . .					
<b>13</b> Other interest . . . . .					
<b>14</b> Repairs . . . . .	200.		100.		100.
<b>15</b> Supplies . . . . .	0.		0.		0.
<b>16 a</b> Real estate taxes . . .	4,363.				
From Form 1098 import					
Total real estate taxes	4,363.		2,187.		2,176.
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .	100.		51.		49.
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . .					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental . . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	22,861.		13,207.		
<b>21</b> Income or (loss) . . . . .			1,643.		
<b>22</b> Deductible rental real estate loss . . . . .					

# Schedule E Two-Year Comparison

2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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Property Location

4438B beechstone ln, Fairfax, VA 22033

Note: Transferred data will not be displayed in the prior year column unless you have entered current year data on the Schedule E Worksheet and are using TurboTax Premier or Self-Employed.

	2016	2016 Percent of Income*	2017	2017 Percent of Income*	2016 to 2017 Comparison <input checked="" type="checkbox"/> as amount <input type="checkbox"/> as percent
<b>Income:</b>					
1 Rental income . . . . .			14,850.	100.00	14850.00
2 Royalty income. . . . .					
<b>Expenses:</b>					
3 Advertising . . . . .			1,200.	8.08	1200.00
4 Auto. . . . .					
5 Travel. . . . .			1,200.	8.08	1200.00
6 Cleaning & maintenance			1,604.	10.80	1604.00
7 Commissions. . . . .					
8 Insurance:					
a Mortgage Insur qualified.					
b Other insurance . . . . .					
9 Legal & professional. . .					
10 Management fees . . . .			1,100.	7.41	1100.00
11 Mortgage interest:					
a Qualified . . . . .			5,765.	38.82	5765.00
b Other . . . . .					
12 Other interest. . . . .					
13 Repairs . . . . .			100.	0.67	100.00
14 Supplies . . . . .					0.00
15 a Real estate taxes . . . .			2,187.	14.73	2187.00
b Other taxes . . . . .					
16 Utilities . . . . .			51.	0.34	51.00
17 a Depreciation . . . . .					
b Depletion . . . . .					
c Depreciation carryover .					
18 a Other expenses . . . . .					
b Indirect operating exp . .					
c Operating exp carryover.					
d Vehicle rental. . . . .					
e Amortization . . . . .					
19 Total expenses. . . . .			13,207.	88.94	13207.00
20 <b>Income or (loss)</b> . . . .			1,643.	11.06	1643.00
21 <b>Deductible rental loss</b> .					
<b>Passive suspended losses:</b>					
Schedule E . . . . .					
Form 4797. . . . .					
Schedule D . . . . .					

\*Lines 1 through 20 as a percentage of income.

# Recurring Expense Worksheet

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Schedule E Property Location

4438B beechstone ln, Fairfax, VA 22033

## Advertising Expenses

Description	Monthly Amount	Number of Months	Total
Total Advertising Expenses . . . . . ►			

## Travel Expenses

Description	Monthly Amount	Number of Months	Total
Total Travel Expenses . . . . . ►			

## Cleaning and Maintenance Expenses

Description	Monthly Amount	Number of Months	Total
cleaning	500.00	2	1,000.00
Repairs (general)	1,000.00	1	1,000.00
Repairs (Microwave)	500.00	1	500.00
See Additional cleaning & maintenance expenses	700.00		700.00
Total Cleaning and Maintenance Expenses. . . . . ►			3,200.00

## Insurance Expenses

Do not include qualified mortgage insurance. Enter on Schedule E Worksheet, line 9a.

Description	Monthly Amount	Number of Months	Total
Total Insurance Expenses . . . . . ►			



Schedule E Property Location  
4438B beechstone ln, Fairfax, VA 22033

Management Fees

Description	Monthly Amount	Number of Months	Total
Total Management Fees . . . . . ▶			

Supplies

Description	Monthly Amount	Number of Months	Total
Total Supplies . . . . . ▶			

Utilities

Description	Monthly Amount	Number of Months	Total
Total Utilities . . . . . ▶			

**Form 1040**  
**Line 66**

**Earned Income Credit Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

**QuickZoom** to Schedule EIC . . . . . ►

**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . . ►

**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . . . ►

**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<b>1</b>	Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	<b>1</b>	245,372.
<b>2</b>	Adjustments to line 1 amount:		
<b>a</b>	Income reported as wages <b>and</b> as self-employment income. . . . .	<b>2 a</b>	
<b>b</b>	Other income entered as wages that is not considered earned income . . . . .	<b>b</b>	
<b>c</b>	Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .	<b>c</b>	
<b>3</b>	Subtract lines 2a, 2b and 2c from line 1 . . . . .	<b>3</b>	245,372.
<b>4 a</b>	Taxpayer's nontaxable combat pay election for EIC	<b>4 a</b>	
<b>b</b>	Spouse's nontaxable combat pay election for EIC	<b>b</b>	
<b>c</b>	Total nontaxable combat pay election . . . . .	<b>4 c</b>	
<b>5</b>	If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	<b>5</b>	
<b>6</b>	<b>Earned income.</b> Add lines 3, 4, and 5. . . . .	<b>6</b>	245,372.
<b>7</b>	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	<b>7</b>	
If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.			
<b>8</b>	Enter your <b>AGI</b> from Form 1040, line 38 . . . . .	<b>8</b>	
<b>9</b>	If you have: <ul style="list-style-type: none"> <li>• No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?</li> <li>• 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?</li> </ul> <div> <input type="checkbox"/> <b>Yes.</b> Go to line 10 now. <input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . . </div>	<b>9</b>	
<b>10</b>	<b>Earned income credit.</b> <ul style="list-style-type: none"> <li>• If 'Yes' on line 9, enter the amount from line 7</li> <li>• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li> </ul>	<b>10</b>	

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

---

**If one or more of the boxes below are checked, the earned income credit is not allowed.**

---

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | \$15,010 (\$20,600 if married filing jointly) without a qualifying child.             |
| <input type="checkbox"/>            | \$39,617 (\$45,207 if married filing jointly) with one qualifying child.              |
| <input checked="" type="checkbox"/> | \$45,007 (\$50,597 if married filing jointly) with two qualifying children.           |
| <input type="checkbox"/>            | \$48,340 (\$53,930 if married filing jointly) with more than two qualifying children. |
- 3 ☒ Investment income is more than \$3,450.  
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.  
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.  
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.  
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.  
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.  
(Information Worksheet, Part I)
- 9 ☐ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).  
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a ☐ qualifying children of another person, or
- b ☐ invalid social security numbers for EIC purposes.  
(Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2017.  
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.  
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.  
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2017?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2017?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator . . . . .☐ X

Disqualified from Earned Income Credit. . . . .☒ Yes ☐ No

Potential qualifying child count . . . . .▶ 2

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 2

# Schedule SE Adjustments Worksheet

2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Z . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c. . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

658-20-5589

**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Total student loan interest. . . . .				

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2017 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	
<b>3</b>	Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	242,439.
<b>4</b>	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly. . . . .	<b>4</b>	
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	
<b>6</b>	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

**Form 1040**  
**Line 23**

**Educator Expenses Worksheet**

**2017**

► Keep for your records

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Social Security Number

658-20-5589

**Caution:** Do not enter the same educator expenses on Schedule A or Form 2106. The program will automatically transfer remaining educator expenses to the Miscellaneous Itemized Deductions Worksheet.

	Taxpayer	Spouse
<b>1</b> Qualified educator expenses . . . . .		
<b>2</b> Non-taxable Coverdell ESA distributions . . . . .		
<b>3</b> Non-taxable qualified tuition program distributions . . . . .		
<b>4</b> Subtract lines 2 and 3 from line 1. . . . .		
<b>5</b> Qualified educator expenses from line 4. . . . .		
<b>6</b> Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. . . . .		
<b>7</b> Subtract line 6 from line 5. . . . .		
<b>8</b> Educator expenses deduction. Report this amount on Form 1040, line 23 or Form 1040A, line 16 (see Help) . . . . .		
<b>9</b> Subtract line 8 from line 1. This amount transfers to the Miscellaneous Itemized Deductions Worksheet, line 2 when the box on line 10 is <b>not</b> checked . . . . .		
<b>10</b> Check the box if you do <b>NOT</b> want to transfer excess educator expenses to Schedule A, Miscellaneous Itemized Deductions Worksheet. . . . . ►		<input type="checkbox"/>

**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2017**

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . . 2,495.			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .	2,495.	0.	2,495.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	2,495.		2,495.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . . 8.			
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . . 0.			
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	2,495.		2,495.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	154,270.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . . 0.			
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			2,495.

\* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.



► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	201,404.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	201,404.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	201,404.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 <b>Attributable to mortgage used to purchase, build, or improve:</b>			
a Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .	17,231.		
b Second home that is transient mobile home or boat . . . . .			
c Total . . . . .			17,231.
2 <b>Attributable to mortgage used to refinance:</b>			
a To pay off mortgage . . . . .			
b For other purposes . . . . .			
c Total . . . . .			
3 <b>Attributable to other mortgage deductible for AMT:</b>			
a Pre-July 1, 1982 mortgage . . . . .			
4 Total column (a) . . . . .	17,231.		
5 Total column (b). Enter result on Form 6251, line 4. . . . .			
6 Total mortgage interest from Schedule A . . . . .			17,231.

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	1,112.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7 . . . . .	3	1,112.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	223,196.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	223,196.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	200,876.
6	Enter ATNOL carried to 2016 from other year(s) . . . . .	6	
7	Enter ATNOL included above attributable to qualified disaster losses . . . . .	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

1	Incentive stock options adjustment from Schedule K-1 worksheets . . . . .	1	
2	Incentive stock options from Employer Stock Transaction Worksheets . . . . .	2	
3	Incentive stock options from Exercise of Stock Options Worksheets . . . . .	3	
4	Other incentive stock options . . . . .	4	
5	Total incentive stock options. Enter on Form 6251, line 14 . . . . .	5	

**Disposition of Property – Line 17**

	Alternative Minimum Tax	Regular Tax	Difference
1 Net capital gain or loss (Schedule D) . . . . .	-3,000.	-3,000.	0.
2 Ordinary gain or loss (Form 4797, Part II) . . . . .			
3 Ordinary income from sale of Incentive Stock . . . . .			
4 Total. Enter on Form 6251, line 17 . . . . .			0.

**Post-86 Depreciation – Line 18**

1 From depreciation worksheets . . . . .	1	0.
2 Plus amount from Schedule K-1 worksheets . . . . .	2	
3 Add lines 1 and 2. . . . .	3	0.
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity. . . . .	4	
5 Total. Subtract line 4 from line 3. Enter on Form 6251, line 18 . . . . .	5	0.

**Passive Activities – Line 19**

1 Adjustment for recomputed income (loss) from passive activities . . . . .	1	
2 Adjustment for recomputed income (loss) from publicly traded partnerships . . . . .	2	
3 Other adjustments to passive activities . . . . .	3	
4 Total. Add lines 1, 2, and 3. Enter on Form 6251, line 19 . . . . .	4	

**Circulation Costs – Line 21**

1 Circulation costs adjustment from Schedule K-1 Worksheets . . . . .	1	
2 Other circulation costs adjustment . . . . .	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 21 . . . . .	3	

**Mining Costs – Line 23**

1 Mining costs adjustment from Schedule K-1 Worksheets . . . . .	1	
2 Other mining costs adjustment . . . . .	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 23 . . . . .	3	

**Research and Experimental Costs – Line 24**

1 Research and Experimental costs adjustment from Schedule K-1 Worksheets . . . . .	1	
2 Other research and experimental costs adjustment. . . . .	2	
3 Total. Add lines 1 and 2. Enter on Form 6251, line 24 . . . . .	3	

**Intangible Drilling Costs – Line 26**

1 Excess intangible drilling costs . . . . .	1	
2 Net income from oil and gas wells . . . . .	2	
3 Multiply line 2 by 65% (.65) . . . . .	3	
4 Tentative intangible drilling costs preference. Subtract line 3 from line 1. . . . .	4	
5 Independent producers exception amount. . . . .	5	
6 Subtract line 5 from line 4. Enter this amount on Form 6251, line 26 . . . . .	6	

**Other Adjustments – Line 27**

1 Pre-1987 depreciation from depreciation worksheets. . . . .	1	
2 Plus amount from Schedule K-1 worksheets . . . . .	2	
3 Add lines 1 and 2 . . . . .	3	
4 Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity. . . . .	4	
5 Subtract line 4 from line 3. . . . .	5	
6 Enter other adjustments, including income-based related adjustments . . . . .	6	
7 Add lines 5 and 6 . . . . .	7	
8 Standard deduction if a qualified disaster loss was added to standard deduction. . . . .	8	
9 Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 27. . . . .	9	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$249,450:		
<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b> _____
<b>2</b>	Threshold amount . . . . .	<b>2</b> _____
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b> _____
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b> _____
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b> _____
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b> _____

**Exemption – Line 29**

<b>1</b>	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately . . . . .	<b>1</b>	84,500.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	223,196.
<b>3</b>	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately . . . . .	<b>3</b>	160,900.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	62,296.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	15,574.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	68,926.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	_____
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	_____
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	_____
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	_____

**Form 6251**  
**Line 31**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2017**

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI		Social Security Number 658-20-5589
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here.</li> <li>• <b>All Others:</b> If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>5</b>
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>

# Federal Carryover Worksheet

**2017**

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Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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## 2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
VA			12,669.		1,112.	
<b>Totals . .</b>			12,669.		1,112.	

## 2016 State Extension Information

(a) State	(b) Paid With Extension

## 2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

## 2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

## 2016 State Taxes Due Information

(a) State	(e) Paid With Return

## 2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2016 State Refund Applied Information

(a) State	(g) Applied Amount

## 2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
VA	12,669.	1,112.

## 2016 Locality Tax Refund Information

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

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Other Tax and Income Information			2016	2017
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	33,002.	41,035.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	237,664.	242,439.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	40,346.	39,665.
7	Alternative minimum tax . . . . .	7	803.	1,419.
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions			2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers			2016	2017
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss . . . . .	12 a	30,221.	27,200.
b	AMT Short-term capital loss . . . . .	b	30,221.	27,200.
13 a	Long-term capital loss . . . . .	13 a	0.	
b	AMT Long-term capital loss . . . . .	b	0.	
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

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Credit Carryovers				2016	2017
18	General business credit . . . . .			18	
19	Adoption credit from:			19 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .		e	
	e	2013 . . . . .		f	
	f	2012 . . . . .			
20	Mortgage interest credit from:			20 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .			
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46) . . . . .		b	
	b	Taxpayer (Form 2555, line 48) . . . . .		c	
	c	Spouse (Form 2555, line 46) . . . . .		d	
	d	Spouse (Form 2555, line 48) . . . . .			

## Charitable Contribution Carryovers

26 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				
27 2017 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017 . . . . .				
b	2016 . . . . .				
c	2015 . . . . .				
d	2014 . . . . .				
e	2013 . . . . .				

28 Amount overpaid less earned income credit . . . . . 363.

## 2016 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# IRA Information Worksheet

2017

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Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Part I Traditional IRA		Taxpayer	Spouse
<b>Basis and Value</b>			
1	Total basis in traditional IRAs . . . . .		
2	Year-end value on 12/31/2017 . . . . .		
3	Basis carryover as of 12/31/2017 . . . . .		
<b>Excess Contributions</b>			
4	Excess contributions as of 12/31/2016 . . . . .		
5	Carryover of excess contributions to 2018 . . . . .		
Part II Roth IRA		Taxpayer	Spouse
<b>Basis (Contribution and Conversion History)</b>			
6	Basis in Roth IRA contributions . . . . .		
7	Basis in Roth IRA conversions . . . . .		
8	Contribution basis carryover as of 12/31/2017 . . . . .		
9	Conversion basis carryover as of 12/31/2017 . . . . .		
<b>Excess Contributions</b>			
10	Excess contributions as of 12/31/2016 . . . . .		
11	Carryover of excess contributions to 2018 . . . . .		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2016 and earlier years . . . . .		
13	Adjustment due to return of excess contributions . . . . .		
14	Rollover of nontaxable portion of a qualified retirement plan . . . . .		
15	Basis received from former spouse due to divorce or inherited . . . . .		
16	Basis transferred to former spouse due to divorce . . . . .		
17	Adjusted total basis in Traditional IRAs . . . . .		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2017 ( <i>See Help</i> ) . . . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2017. qualified charitable distributions (QCD) made in Jan. 2018 to be treated as made in December 2017 ( <i>See Help</i> ).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2017 . . . . .		
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2017 to Roth IRAs in 2017 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>



# IRA Information Worksheet

► Keep for your records

2017

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Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2013 . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2016 Balances (Basis - Before 2017 Transactions)</b>			
23	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24	Cumulative pre 2013 conversions - taxable and nontaxable . . . . .		
25	2013 conversion contributions taxable at conversion . . . . .		
26	2013 conversion contributions not taxable at conversion . . . . .		
27	2014 conversion contributions taxable at conversion . . . . .		
28	2014 conversion contributions not taxable at conversion . . . . .		
29	2015 conversion contributions taxable at conversion . . . . .		
30	2015 conversion contributions not taxable at conversion . . . . .		
31	2016 conversion contributions taxable at conversion . . . . .		
32	2016 conversion contributions not taxable at conversion . . . . .		
<b>2017 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
33	Regular <b>Roth</b> IRA contributions . . . . .		
34	Rollover from Roth 401(k) and Roth 403(b) . . . . .		
35	Conversion contributions taxable at conversion . . . . .		
36	Conversion contributions not taxable at conversion . . . . .		
37	Repayments of qualified Roth reservist distributions . . . . .		
<b>2017 Transactions - Distributions</b>			
38	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2013 conversions		
40	Distributions from 2013 conversions taxable at conversion . . . . .		
41	Distribs. from 2013 conversions not taxable at conversion . . . . .		
42	Distributions from 2014 conversions taxable at conversion . . . . .		
43	Distribs. from 2014 conversions not taxable at conversion . . . . .		
44	Distributions from 2015 conversions taxable at conversion . . . . .		
45	Distribs. from 2015 conversions not taxable at conversion . . . . .		
46	Distributions from 2016 conversions taxable at conversion . . . . .		
47	Distribs. from 2016 conversions not taxable at conversion . . . . .		
48	Distributions from 2017 conversions taxable at conversion . . . . .		
49	Distribs. from 2017 conversions not taxable at conversion . . . . .		
50	Did you have any open Roth IRA accounts on 12/31/2017? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2018 (Basis - After 2017 Transactions)</b>			
51	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
52	Cumulative pre 2014 conversions - taxable and nontaxable		
53	2014 conversion contributions taxable at conversion . . . . .		
54	2014 conversion contributions not taxable at conversion . . . . .		
55	2015 conversion contributions taxable at conversion . . . . .		
56	2015 conversion contributions not taxable at conversion . . . . .		
57	2016 conversion contributions taxable at conversion . . . . .		
58	2016 conversion contributions not taxable at conversion . . . . .		
59	2017 conversion contributions taxable at conversion . . . . .		
60	2017 conversion contributions not taxable at conversion . . . . .		

# IRA Information Worksheet

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2017

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Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

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Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
<b>Received From Former Spouse due to Divorce or Inheritance</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
61			
62	Cumulative pre 2013 conversions - taxable and nontaxable . . . .		
63	2013 conversion contributions taxable at conversion . . . . .		
64	2013 conversion contributions not taxable at conversion . . . . .		
65	2014 conversion contributions taxable at conversion . . . . .		
66	2014 conversion contributions not taxable at conversion . . . . .		
67	2015 conversion contributions taxable at conversion . . . . .		
68	2015 conversion contributions not taxable at conversion . . . . .		
69	2016 conversion contributions taxable at conversion . . . . .		
70	2016 conversion contributions not taxable at conversion . . . . .		
71	2017 conversion contributions taxable at conversion . . . . .		
72	2017 conversion contributions not taxable at conversion . . . . .		
<b>Transferred To Former Spouse due to Divorce</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
73			
74	Cumulative pre 2013 conversions - taxable and nontaxable . . . .		
75	2013 conversion contributions taxable at conversion . . . . .		
76	2013 conversion contributions not taxable at conversion . . . . .		
77	2014 conversion contributions taxable at conversion . . . . .		
78	2014 conversion contributions not taxable at conversion . . . . .		
79	2015 conversion contributions taxable at conversion . . . . .		
80	2015 conversion contributions not taxable at conversion . . . . .		
81	2016 conversion contributions taxable at conversion . . . . .		
82	2016 conversion contributions not taxable at conversion . . . . .		
83	2017 conversion contributions taxable at conversion . . . . .		
84	2017 conversion contributions not taxable at conversion . . . . .		

Name(s) Shown on Return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social Security Number

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Description	Amount
<b>Income</b>	
Wages . . . . .	245,372.
Interest income before Series EE bond exclusion . . . . .	0.
Dividend income . . . . .	3,417.
Tax refund . . . . .	1,112.
Alimony received . . . . .	
Nonpassive business income or loss . . . . .	
Royalty and nonpassive rental activities income or loss . . . . .	1,643.
Nonpassive partnership income or loss . . . . .	
Nonpassive S corporation income or loss . . . . .	
Nonpassive farm rental income or loss . . . . .	
Nonpassive farm income or loss . . . . .	
Nonpassive estate and trust income or loss . . . . .	
Real estate mortgage investment conduits . . . . .	
Business gains and losses from nonpassive activities . . . . .	
Capital gains and losses . . . . .	-3,000.
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	248,544.
<b>Adjustments</b>	
Educator expenses . . . . .	
Certain business expenses of reservists, performing artists, and government officials . . . . .	
Health savings account deduction . . . . .	
Moving expenses . . . . .	6,105.
Self-employed SEP, SIMPLE, and qualified plans . . . . .	
Self-employed health insurance deduction . . . . .	
Penalty on early withdrawals of savings . . . . .	
Alimony paid . . . . .	
Other adjustments . . . . .	
Total adjustments . . . . .	6,105.
<b>Modified adjusted gross income . . . . .</b>	<b>242,439.</b>

# Two-Year Comparison

2017

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI			Social Security Number	
Income	2016	2017	Difference	%
Wages, salaries, tips, etc . . . . .	238,983.	245,372.	6,389.	2.67
Interest and dividend income . . . . .	1,681.	3,417.	1,736.	103.27
State tax refund . . . . .		1,112.	1,112.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .	-3,000.	-3,000.	0.	0.00
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .		1,643.	1,643.	
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	237,664.	248,544.	10,880.	4.58
<b>Adjustments to Income</b> . . . . .		6,105.	6,105.	
<b>Adjusted Gross Income</b> . . . . .	237,664.	242,439.	4,775.	2.01
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	14,824.	16,365.	1,541.	10.40
Real estate taxes . . . . .	4,200.	6,539.	2,339.	55.69
Personal property and other taxes . . . . .				
Interest paid . . . . .	11,498.	17,231.	5,733.	49.86
Gifts to charity . . . . .	2,480.	900.	-1,580.	-63.71
Casualty and theft losses . . . . .				
Miscellaneous . . . . .		0.	0.	
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	33,002.	41,035.	8,033.	24.34
<b>Standard or Itemized Deduction</b> . . . . .	33,002.	41,035.	8,033.	24.34
<b>Exemption Amount</b> . . . . .	16,200.	16,200.	0.	0.00
<b>Taxable Income</b> . . . . .	188,462.	185,204.	-3,258.	-1.73
Income tax . . . . .	39,568.	38,417.	-1,151.	-2.91
Additional income taxes . . . . .				
Alternative minimum tax . . . . .	803.	1,419.	616.	76.71
<b>Total Income Taxes</b> . . . . .	40,371.	39,836.	-535.	-1.33
Nonbusiness credits . . . . .	237.	328.	91.	38.40
Business credits . . . . .				
<b>Total Credits</b> . . . . .	237.	328.	91.	38.40
Self-employment tax . . . . .				
Other taxes . . . . .	212.	157.	-55.	-25.94
<b>Total Tax After Credits</b> . . . . .	40,346.	39,665.	-681.	-1.69
Withholding . . . . .	38,572.	51,492.	12,920.	33.50
Estimated and extension payments . . . . .				
Earned income credit . . . . .				
Additional child tax credit . . . . .				
Other payments . . . . .	2,137.	3,075.	938.	43.89
<b>Total Payments</b> . . . . .	40,709.	54,567.	13,858.	34.04
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	363.	14,902.	14,539.	999.00
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . 16.30 %

**Tax Summary**  
► Keep for your records

**2017**

Name (s)

ABHILASH R MEKALA & SHRAVYA MARANGANTI

<b>Total income</b> .....	248,544.
<b>Adjustments to income</b> .....	6,105.
<b>Adjusted gross income</b> .....	242,439.
<b>Itemized/standard deduction</b> .....	41,035.
<b>Exemption amount</b> .....	16,200.
<b>Taxable income</b> .....	185,204.
<b>Tentative tax</b> .....	38,417.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	1,419.
<b>Total credits</b> .....	328.
<b>Other taxes</b> .....	157.
<b>Total tax</b> .....	39,665.
<b>Total payments</b> .....	54,567.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	14,902.
<b>Refund</b> .....	14,902.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040 because  
you had rental real estate and royalty income (or loss).

# Compare to U. S. Averages

► Keep for your records

2017

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security No 658-20-5589
---	-----------------------------------

Your 2017 adjusted gross income (AGI) . . . . . 242,439.  
National adjusted gross income range used below . . . . . from 200,000. to 249,999.

**Note:** National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages . . . . .	245,372.	185,728.
Taxable interest . . . . .	0.	2,167.
Tax-exempt interest . . . . .	155.	10,504.
Dividends . . . . .	3,417.	9,689.
Business net income . . . . .		53,264.
Business net loss . . . . .		8,756.
Net capital gain . . . . .		24,491.
Net capital loss . . . . .	-3,000.	2,365.
Taxable IRA . . . . .		41,959.
Taxable pensions and annuities . . . . .		54,277.
Rent and royalty net income . . . . .	1,643.	21,012.
Rent and royalty net loss . . . . .		18,138.
Partnership and S corporation net income . . . . .		69,569.
Partnership and S corporation net loss . . . . .		19,142.
Taxable social security benefits . . . . .		26,632.
Medical and dental expenses deduction . . . . .		18,078.
Taxes paid deduction . . . . .	22,904.	18,166.
Interest paid deduction . . . . .	17,231.	11,662.
Charitable contributions deduction . . . . .	900.	5,928.
Total itemized deductions . . . . .	41,035.	36,278.
Child care credit . . . . .	200.	575.
Education tax credits . . . . .		0.
Child tax credit . . . . .		850.
Retirement savings contributions credit . . . . .		0.
Earned income credit . . . . .		0.
Other Information	Actual Per Return	National Average
Adjusted gross income . . . . .	242,439.	227,631.
Taxable income . . . . .	185,204.	181,913.
Income tax . . . . .	38,417.	37,754.
Alternative minimum tax . . . . .	1,419.	2,792.
Total tax liability . . . . .	39,665.	39,224.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** ABHILASH R MEKALA & SHRAVYA MARANGANTI

**Primary SSN:** 658-20-5589

**Federal Return Submitted:** March 15, 2018 03:47 PM PDT

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

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Your return was electronically transmitted on 03/15/2018

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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.

## We need your consent - Early Access

This is an IRS requirement

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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---

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

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Sign this agreement by entering your name:

Please type the date below:

Date

## Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:  
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

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### IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

abhilash

mekala

Please type the date below:

03/15/2018

Date

shravya

maranganti

03/15/2018



## IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://irs.gov)) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at [www.mymoney.gov](http://www.mymoney.gov).

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN  No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

<sup>3</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

## We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below.

abhilash

First Name

mekala

Last Name

Please type the date below:

03/12/2018

Date

shravya

First Name - Spouse

maranganti

Last Name - Spouse

Please type the date below:

03/12/2018

Date

---

# Pro Delegation Worksheet

2017

Check this box if you are preparing this return as a PRO preparer . . . . . ☐

## Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐  
Preparer Tax ID # (PTIN) \_\_\_\_\_  
NY Tax Preparer Registration # \_\_\_\_\_ or NY Exclusion Code \_\_\_\_\_  
For NM, OR Preparers Only: State ID# \_\_\_\_\_  
Preparer E-mail \_\_\_\_\_ Print date on return? ☐  
Preparer Phone \_\_\_\_\_ CAF # \_\_\_\_\_  
**Electronic Filing Only:** ERO Practitioner PIN \_\_\_\_\_

## Electronic Filing and Printing of Tax Return Information

### Electronic Filing:

- ☐ File **federal** return electronically  
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

### New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

### Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS  
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

### Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

#### Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)  
☐ Taxpayer(s) entered own PIN(s)  
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . \_\_\_\_\_

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . . \_\_\_\_\_

Date PIN entered. . . . . \_\_\_\_\_

## Identity Verification Information

### Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

**Documents Used to Verify Primary Taxpayer Identity:**

- ☐ Driver's license
  - ☐ State issued identification card
  - ☐ Passport
  - ☐ Account statement from financial institution
  - ☐ Utility billing statement
  - ☐ Credit card billing statement
- 

**Finish and File Info:**

- ☐ To indicate a client return download in FnF



## Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 38,417.
Check if from:	
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 38,417.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Additional Other Taxes Smart Worksheet	
<b>A</b>	Section 72(m)(5) excess benefits tax . . . . . _____
<b>B</b>	Uncollected employee social security and Medicare or RRTA tax on tips . . . . . _____
<b>C</b>	Uncollected employee social security and Medicare or RRTA tax on group term insurance . . . . . _____
<b>D</b>	Golden parachute payments . . . . . _____
<b>E</b>	Accumulation distribution of trusts . . . . . _____
<b>F</b>	Recapture of Investment Credit . . . . . _____
<b>G</b>	Tax on Archer MSA distribution(s) from Form 8853 . . . . . _____
<b>H</b>	Tax on Medicare Advantage MSA distribution(s) from Form 8853 . . . . . _____
<b>I</b>	Tax on HSA distribution(s) from Form 8889 . . . . . _____
<b>J</b>	Additional tax from line 21 on Form(s) 8889 . . . . . _____
<b>K</b>	Additional tax on recapture of a charitable contribution deduction relating to the contribution of a fractional interest in tangible personal property . . . . . _____
<b>L</b>	Reserved . . . . . <div style="background-color: #cccccc; width: 100px; height: 15px;"></div>
<b>M</b>	Total Additional Medicare Tax from Form 8959 . . . . . 157.
<b>N</b>	Net Investment Income Tax for Individuals from Form 8960 . . . . . _____
<b>O</b>	_____

## SMART WORKSHEET FOR: Form 1040: Individual Tax Return

## Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

**A** Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 3,075.

## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

[illegible]

## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

Dividend Income Smart Worksheet							
Payer's Name To access 1099-DIV, <b>Double-Click</b> from payer							
Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Capital Gain Distributions	Box 2b Unrecap. Sec 1250	Box 3 Nondividend Distributions	Box 10 Exempt- int Dividends	State ID*	Private Actvty Bond
CHARLES SCHWAB & CO., INC.							
1,081.79	786.54				29.65	CA	0.00
Betterment Securities							
2,335.13	1,708.37	0.00	0.00	0.00	125.38	VA	0.00

## SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
<b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b> ; you cannot take the credit.	
<b>A</b>	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . 39,836.
<b>B</b>	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . 128.

## SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

General Information Smart Worksheet	
<b>A</b>	Enter the new principal place of work for this move . . . <u>San Francisco, CA</u>
<b>B</b>	Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . . 5,000.
<b>C</b>	Other allowance or reimbursements not on Form W-2 . . . . .
<b>D</b>	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . 5,000 miles
<b>E</b>	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . 13 miles
<b>F</b>	Subtract line E from line D. If zero or less, enter -0- . . . . . 4,987 miles
<b>Is line F at least 50 miles?</b>	
<b>Yes</b>	▶ You meet this test.
<b>No</b>	▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses. Do Not complete Form 3903.
<b>G</b>	For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . . <input type="checkbox"/>
	● You moved in an earlier year
	● You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States Enter storage fees applicable to foreign move . . . . .
	● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

## SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

**Travel Expenses Smart Worksheet**

Enter your travel expenses:

<b>A</b>	Travel and lodging expenses for this move (excluding auto expenses) . . . . .	<u>5,000.</u>
<b>B</b>	Parking fees and tolls . . . . .	<u>          </u>
<b>C</b>	Gasoline and oil . . . . .	<u>          </u>
<b>D</b>	Miles driven traveling to new home . . . . .	<u>          </u>

## SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 5 Smart Worksheet**

<b>A</b>	Line 3 times line 4 . . . . .	<u>0.</u>
<b>B</b>	Amount deducted in prior year attributable to item recovered . . . . .	<u>          </u>
<b>C</b>	Lesser of line A or line B. . . . .	<u>0.</u>

## SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

**Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet**

<b>A</b>	Prior year Form 8960, line 13, modified adjusted gross income . . . . .	<u>237,664.</u>
<b>B</b>	Prior year Form 8960, line 14, threshold based on filing status . . . . .	<u>250,000.</u>
<b>C</b>	Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . .	<u>0.</u>
<b>D</b>	Smaller of line 8 or line C . . . . .	<u>-1,319.</u>
<b>E</b>	Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . .	<u>-50.</u>

## SMART WORKSHEET FOR: Dependent Information Worksheet (Uma)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year  
**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
 (Used to determine if additional questions are necessary for children of divorced parents.)  
 Both Taxpayer and spouse . . . . . ☒ ☐  
 Taxpayer . . . . . ☐  
 Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☐ No  
 Detailed answers for this question. This dependent:  
 - Was married on December 31, 2017 . . . . . ☐ Yes ☐ No  
 - If married, filed a joint return for the year . . . . . ☐ Yes ☐ No  
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No  
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
 or  
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☐ No  
**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child  
**1 TurboTax Web Only:**  
 Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No  
 Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:  
 - an agreement between the parents  
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?  
 Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒  
 Other parent in different return? . . . . . ☐  
 Someone else in different return? . . . . . ☐

## SMART WORKSHEET FOR: Dependent Information Worksheet (ira)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year  
**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
 (Used to determine if additional questions are necessary for children of divorced parents.)  
 Both Taxpayer and spouse . . . . . ☒ ☐  
 Taxpayer . . . . . ☐  
 Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☐ No  
 Detailed answers for this question. This dependent:  
 - Was married on December 31, 2017 . . . . . ☐ Yes ☐ No  
 - If married, filed a joint return for the year . . . . . ☐ Yes ☐ No  
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No  
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
 or  
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☐ No  
**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child  
**1 TurboTax Web Only:**  
 Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No  
 Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:  
 - an agreement between the parents  
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?  
 Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒  
 Other parent in different return? . . . . . ☐  
 Someone else in different return? . . . . . ☐

## SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	16,419.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	3,879.
<b>C</b> Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . .	157.
<b>D</b> Add line A, B, and C . . . . .	20,455.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	1.
<b>F</b> Subtract line E from line D. . . . .	20,454.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . .	_____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . .	_____
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . .	_____
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . .	_____
<b>N</b> Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . .	_____
<b>O</b> Add line L, M, and N . . . . .	_____
<b>Line 6 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 . . . . .	20,454.

## SMART WORKSHEET FOR: Capital Loss Carryover Worksheet

2016 Capital Loss Information Smart Worksheet		
	Regular Tax	Alternative Minimum Tax
<b>A</b> Net short-term capital gain or (loss). (2016 Schedule D, line 7) . . .	-33,221.	-33,221.
<b>B</b> Net long-term capital gain or (loss). (2016 Schedule D, line 15) . . .	0.	0.
<b>C</b> Allowable net capital (loss). (2016 Schedule D, line 21) . . . . .	-3,000.	-3,000.
<b>D</b> Taxable income before exemptions. (2016 Form 1040, line 41 or Form 1040NR, line 39) . . . . .	204,662.	
<b>E</b> Alternative minimum taxable income before exemptions. (2016 Form 6251, line 28) . . . . .		223,686.
<b>F</b> Ownership: <input checked="" type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		

## SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines <b>A</b> , <b>B</b> , and <b>C</b> below.	
<b>QuickZoom</b> to Deductible Home Mortgage Interest Worksheet . . . . . ▶	
Does your mortgage interest need to be limited: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>A Home mortgage interest and points reported on Form 1098:</b>	
1 Sum of lines 5a through 5d below	17,231.25
2 Limited amount to report on Sch A, line 10	
<b>B Home mortgage interest not reported on Form 1098:</b>	
1 Sum of lines 6a and 6b below	
2 Limited amount to report on Sch A, line 11	
<b>C Points not reported on Form 1098:</b>	
1 Sum of lines 7a through 7c below	
2 Limited amount to report on Sch A, line 12	

## SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet	
<b>A</b> Enter Section 179 carryover from prior year . . . . .	
<b>B QuickZoom</b> to the Asset Entry Worksheet . . . . .	▶
<b>C QuickZoom</b> to the Depreciation/Amortization Reports . . . . .	▶
<b>D QuickZoom</b> to Form 4562 for Schedule A . . . . .	▶
<b>E</b> Treat all MACRS assets for activity as qualified Indian reservation property? . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property? . . . . .	<input type="checkbox"/> Regular <input type="checkbox"/> Extension <input checked="" type="checkbox"/> No
<b>G</b> Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>H</b> Was this property located in a Qualified Disaster Area? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

This copy of the Worksheet will be on . ▶ Schedule E, Page 1, Copy 1, Property A



SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

<b>Mortgage Interest Smart Worksheet</b>			
Lender's Name	Amount	Qualified Mortgage Interest	
Wells Fargo Bank N.A.	11,498.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

<b>Schedule A Smart Worksheet</b>	
<b>Reported on Schedule A</b>	
<b>A</b> Mortgage interest - qualified . . . . .	5,733.
<b>B</b> Qualified mortgage insurance premiums . . . . .	
<b>C</b> Real estate taxes - principal residence . . . . .	
<b>D</b> Real estate taxes - vacation home . . . . .	2,176.

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

<b>Activity Summary Smart Worksheet</b>	
Supporting information provided by program. NO ENTRIES ARE NEEDED.	
<b>A</b> Ownership . . . . .	Taxpayer
<b>B</b> At-risk status . . . . .	All
<b>C</b> Passive status . . . . .	Nonpassive
<b>Schedule E</b>	
<b>D</b> Tentative profit (loss) . . . . .	1,643.
<b>E</b> Other adjustments and preferences . . . . .	
<b>F</b> At-risk disallowed loss . . . . .	
<b>G</b> Passive carryover loss . . . . .	
<b>H</b> Passive disallowed loss . . . . .	
<b>I</b> Net profit (loss) allowed . . . . .	1,643.
<b>Related Disposition</b>	
<b>J</b> Tentative profit (loss) . . . . .	
<b>K</b> At-risk disallowed loss . . . . .	
<b>L</b> Passive carryover loss . . . . .	
<b>M</b> Passive disallowed loss . . . . .	
<b>N</b> Net profit (loss) allowed . . . . .	

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Nontaxable Combat Pay Election Smart Worksheet****QuickZoom** to enter nontaxable combat pay on Form W-2 . . . . . ►**A Taxpayer:****1** Taxpayer, nontaxable combat pay . . . . . \_\_\_\_\_**1a** Taxpayer, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_**2 Election for earned income credit (EIC):**Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect taxpayer's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No**B Spouse:****1** Spouse, nontaxable combat pay . . . . . \_\_\_\_\_**1a** Spouse, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_**2 Election for earned income credit (EIC):**Elect spouse's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ Yes ☐ No**3 Election for dependent care benefits (DCB):**Elect spouse's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ Yes ☐ No**4 Election for child and dependent care credit:**Elect spouse's nontaxable combat pay as earned income  
for child and dependent care credit? . . . . . ► ☐ Yes ☐ No**C** You may compare the tax benefit of electing or not electing by checking a box on line A or  
line B and reviewing the overpayment or amount due below:Overpayment 14,902.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**

Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used  
for EIC and Additional Child Tax Credit calculations.**A Elect to use 2016 earned income for EIC****and Additional Child Tax Credit.** . . . . . ► ☐ Yes ☒ No**B Taxpayer is eligible to elect to use 2016 earned income**(see Publication 4492 for details) . . . . . ► ☐ Yes ☐ No**C** Earned income for EIC from your 2016 return . . . . . 238,983.**D** Current year earned income for EIC . . . . . 245,372.If Line D is equal to or greater than Line C the taxpayer is not eligible  
to use 2016 earned income for EIC and Additional Child Tax Credit  
calculations.**E** You may compare the tax benefit of electing to use 2016 Earned Income  
by checking the boxes on line A and BOverpayment 14,902.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . . <span style="float: right;">155.</span>
<b>B</b>	Dividend income . . . . . <span style="float: right;">3,417.</span>
<b>C</b>	Capital gain net <b>income</b> . . . . . <span style="float: right;">0.</span>
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . . <span style="float: right;"></span>
<b>E</b>	Passive activity net <b>income</b> :
1	Rental real estate net income or loss . . . . . <span style="float: right;"></span>
2	Farm rental net income or loss . . . . . <span style="float: right;"></span>
3	Partnerships and S corporations net income or loss . . . . . <span style="float: right;"></span>
4	Estates and trusts net income or loss . . . . . <span style="float: right;"></span>
5	Total of lines 1 through 4 . . . . . <span style="float: right;"></span>
6	Total passive activity net <b>income</b> , line 5 if greater than zero . . . . . <span style="float: right;"></span>
<b>F</b>	Interest and dividends from Forms 8814 . . . . . <span style="float: right;"></span>
<b>G</b>	Adjustments . . . . . <span style="float: right;"></span>
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . <span style="float: right;">3,572.</span>

Is line H, **total investment income** over \$3,450?

☐ **No.** You may take the credit.

☒ **Yes. Stop.** You **cannot** take the credit.

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet											
First name Last name	MI Suff	Social security number Relationship	Year of birth		Was the child permanently and totally disabled during any part of 2017?				Lived with taxpayer in the U.S.		
Uma		799-40-5353	2012								
Mekala		Daughter	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	12
ira		364-49-8019	2016								
Mekala		Daughter	<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"/>		

## Additional information from your 2017 Federal Tax Return

### Form 1099-B Worksheet (Betterment Securities) Additional Investment Sales

### Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>2</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>4</b> Description <b>(1a)</b> . . . . . <u>0.024956 sh. iShares iBoxx \$ Investment Grade Cor... Class 0</u>	
<b>5 a</b> Date acquired <b>(1b)</b> . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange <b>(1c)</b> . . . . . <u>06/30/17</u>
<b>6 a</b> Sales price <b>(1d)</b> . . . . . <u>3.01</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis <b>(1e)</b> . . . . . <u>3.08</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount <b>(1f)</b> . . . . .	<b>b</b> Wash sale loss disallowed <b>(1g)</b> . . . . . <u>0.07</u>
<b>9 a</b> Reported type of gain/loss <b>(2)</b> . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld <b>(4)</b> . . . . . <u>0.00</u>	<b>b</b> State tax withheld <b>(16)</b> . . . . .
<b>11 a</b> State name <b>(14)</b> . . . . .	<b>b</b> State identification no. <b>(15)</b> . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible <b>(12)</b> . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss <b>(2)</b> . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) <b>(5)</b> . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>3</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>4</b> Description <b>(1a)</b> . . . . . <u>0.020617 sh. iShares National AMT-Free Muni Bond ETF Class 0</u>	
<b>5 a</b> Date acquired <b>(1b)</b> . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange <b>(1c)</b> . . . . . <u>06/30/17</u>
<b>6 a</b> Sales price <b>(1d)</b> . . . . . <u>2.27</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis <b>(1e)</b> . . . . . <u>2.34</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount <b>(1f)</b> . . . . .	<b>b</b> Wash sale loss disallowed <b>(1g)</b> . . . . . <u>0.07</u>
<b>9 a</b> Reported type of gain/loss <b>(2)</b> . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld <b>(4)</b> . . . . . <u>0.00</u>	<b>b</b> State tax withheld <b>(16)</b> . . . . .
<b>11 a</b> State name <b>(14)</b> . . . . .	<b>b</b> State identification no. <b>(15)</b> . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible <b>(12)</b> . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss <b>(2)</b> . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) <b>(5)</b> . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>D</u>	<b>b</b> Transaction number . . . . . <u>4</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.190795 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>09/29/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>8.25</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>7.23</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>L</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>1.02</u> <b>b</b> Holding Period. <u>L</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>D</u>	<b>b</b> Transaction number . . . . . <u>5</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.015869 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>09/29/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>0.69</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>0.60</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>L</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.09</u> <b>b</b> Holding Period. <u>L</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>D</u>	<b>b</b> Transaction number . . . . . <u>6</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.503129 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>09/29/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>21.75</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>18.68</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>L</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>3.07</u> <b>b</b> Holding Period. <u>L</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>D</u>	<b>b</b> Transaction number . . . . . <u>7</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.658689 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>08/17/16</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>09/29/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>28.48</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>24.39</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>L</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>4.09</u> <b>b</b> Holding Period. <u>L</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>8</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.312329 sh. Vanguard Emerging Markets Government... Class 0</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>12/16/16</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>25.03</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>24.02</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>1.01</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>9</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.344819 sh. Vanguard Total Stock Market ETF Class 0</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>03/16/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>03/31/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>41.93</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>42.41</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.48</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	10
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.453010 sh. Vanguard Value ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>03/16/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>06/30/17</u>
6 a	Sales price (1d) . . . . . <u>43.72</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>44.19</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.47</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>O</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, select copy . . . . .	
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>0.00</u> b Holding Period. <u>S</u>				
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	11
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.231288 sh. iShares iBoxx \$ Investment Grade Cor... Class O</u>			
5 a	Date acquired (1b) . . . . . <u>05/16/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>27.87</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>27.55</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>O</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, select copy . . . . .	
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>0.32</u> b Holding Period. <u>S</u>				
This sale is missing info?				



## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>12</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.124201 sh. iShares iBoxx \$ Investment Grade Cor... Class 0</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>06/01/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>14.97</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>14.87</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
Optional	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.10</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>13</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>	
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.014116 sh. Vanguard Value ETF Class 0</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>06/01/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>1.43</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>1.35</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
Optional	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.08</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	14
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.004368 sh. iShares Emerging Markets USD Bond ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>06/12/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>06/30/17</u>
6 a	Sales price (1d) . . . . . <u>0.50</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>0.51</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
			FATCA req'd . <input type="checkbox"/>	
<i>Optional</i>				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>	19 a	Adjusted Gain (Loss) . . . . .	<u>-0.01</u>	b
				Holding Period. <u>S</u>
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	15
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.947737 sh. Vanguard FTSE Emerging Markets Class O</u>			
5 a	Date acquired (1b) . . . . . <u>06/29/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>42.66</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>38.40</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
			FATCA req'd . <input type="checkbox"/>	
<i>Optional</i>				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>	19 a	Adjusted Gain (Loss) . . . . .	<u>4.26</u>	b
				Holding Period. <u>S</u>
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	16
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.049450 sh. iShares Emerging Markets USD Bond ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>07/06/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>5.70</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>5.59</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>				
19 a		Adjusted Gain (Loss) . . . . . <u>0.11</u>		b
				Holding Period. <u>S</u>
This sale is missing info?				

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	17
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.050326 sh. iShares iBoxx \$ Investment Grade Cor... Class O</u>			
5 a	Date acquired (1b) . . . . . <u>07/06/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>6.06</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>6.02</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>				
19 a		Adjusted Gain (Loss) . . . . . <u>0.04</u>		b
				Holding Period. <u>S</u>
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	18
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.365481 sh. iShares Emerging Markets USD Bond ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>09/12/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>42.14</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>42.71</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>-0.57</u> b Holding Period. <u>S</u>				
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	19
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.018568 sh. iShares Emerging Markets USD Bond ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>09/12/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>2.14</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>2.17</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>-0.03</u> b Holding Period. <u>S</u>				
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	20
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.259345 sh. iShares iBoxx \$ Investment Grade Cor... Class O</u>			
5 a	Date acquired (1b) . . . . . <u>09/12/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>31.25</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>31.29</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>-0.04</u> b Holding Period. <u>S</u>				
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	21
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.631696 sh. Vanguard Small-Cap Value ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>09/12/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>81.23</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>78.21</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>3.02</u> b Holding Period. <u>S</u>				
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>22</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.631287 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>09/12/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>09/29/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>27.29</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>27.36</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.07</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>23</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.136677 sh. Vanguard Mid-Cap Value ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>09/12/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>14.64</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>14.28</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.36</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>24</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.677265 sh. Vanguard Total Stock Market ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>09/12/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>89.97</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>86.84</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>3.13</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>25</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.097382 sh. iShares Emerging Markets USD Bond ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>09/27/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>11.23</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>11.27</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>-0.04</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>26</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description <b>(1a)</b> . . . . . <u>0.159916 sh. Vanguard Total Stock Market ETF Class O</u>	
<b>5 a</b> Date acquired <b>(1b)</b> . . . . . <u>09/27/17</u>	<b>b</b> Date of sale/exchange <b>(1c)</b> . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price <b>(1d)</b> . . . . . <u>21.24</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis <b>(1e)</b> . . . . . <u>20.53</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount <b>(1f)</b> . . . . .	<b>b</b> Wash sale loss disallowed <b>(1g)</b> . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss <b>(2)</b> . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld <b>(4)</b> . . . . . <u>0.00</u>	<b>b</b> State tax withheld <b>(16)</b> . . . . .
<b>11 a</b> State name <b>(14)</b> . . . . .	<b>b</b> State identification no. <b>(15)</b> . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible <b>(12)</b> . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss <b>(2)</b> . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) <b>(5)</b> . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.71</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>27</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description <b>(1a)</b> . . . . . <u>0.214139 sh. Vanguard Total International Bond ETF Class O</u>	
<b>5 a</b> Date acquired <b>(1b)</b> . . . . . <u>10/02/17</u>	<b>b</b> Date of sale/exchange <b>(1c)</b> . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price <b>(1d)</b> . . . . . <u>11.77</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis <b>(1e)</b> . . . . . <u>11.67</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount <b>(1f)</b> . . . . .	<b>b</b> Wash sale loss disallowed <b>(1g)</b> . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss <b>(2)</b> . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld <b>(4)</b> . . . . . <u>0.00</u>	<b>b</b> State tax withheld <b>(16)</b> . . . . .
<b>11 a</b> State name <b>(14)</b> . . . . .	<b>b</b> State identification no. <b>(15)</b> . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible <b>(12)</b> . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss <b>(2)</b> . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) <b>(5)</b> . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.10</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	



## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>28</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.200501 sh. iShares Emerging Markets USD Bond ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>10/02/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>23.11</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>23.22</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>-0.11</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>29</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.030423 sh. iShares iBoxx \$ Investment Grade Cor... Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>10/02/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>3.67</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>3.68</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>-0.01</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	30
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.211253 sh. Vanguard FTSE Developed Markets Class O</u>			
5 a	Date acquired (1b) . . . . . <u>10/02/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>9.28</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>9.15</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>0.13</u> b Holding Period. <u>S</u>				
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	31
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Description (1a) . . . . . <u>0.047289 sh. Vanguard Total Stock Market ETF Class O</u>			
5 a	Date acquired (1b) . . . . . <u>10/02/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>6.28</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>6.14</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
Optional				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b> 19 a Adjusted Gain (Loss) . <u>0.14</u> b Holding Period. <u>S</u>				
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>32</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.089428 sh. iShares National AMT-Free Muni Bond ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>10/04/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>9.90</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>9.90</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>33</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.146616 sh. iShares Emerging Markets USD Bond ETF Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>10/09/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>16.90</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>16.94</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>O</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>-0.04</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>34</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description (1a) . . . . . <u>0.044421 sh. iShares iBoxx \$ Investment Grade Cor... Class 0</u>	
<b>5 a</b> Date acquired (1b) . . . . . <u>10/09/17</u>	<b>b</b> Date of sale/exchange (1c) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price (1d) . . . . . <u>5.35</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis (1e) . . . . . <u>5.37</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount (1f) . . . . .	<b>b</b> Wash sale loss disallowed (1g) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss (2) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld (4) . . . . . <u>0.00</u>	<b>b</b> State tax withheld (16) . . . . .
<b>11 a</b> State name (14) . . . . .	<b>b</b> State identification no. (15) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible (12) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss (2) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>-0.02</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>35</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description (1a) . . . . . <u>0.057788 sh. iShares National AMT-Free Muni Bond ETF Class 0</u>	
<b>5 a</b> Date acquired (1b) . . . . . <u>10/09/17</u>	<b>b</b> Date of sale/exchange (1c) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price (1d) . . . . . <u>6.40</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis (1e) . . . . . <u>6.40</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount (1f) . . . . .	<b>b</b> Wash sale loss disallowed (1g) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss (2) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld (4) . . . . . <u>0.00</u>	<b>b</b> State tax withheld (16) . . . . .
<b>11 a</b> State name (14) . . . . .	<b>b</b> State identification no. (15) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible (12) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss (2) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	36
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.152029 sh. Vanguard FTSE Emerging Markets Class O</u>			
5 a	Date acquired (1b) . . . . . <u>11/08/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>6.84</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>6.82</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
			FATCA req'd	<input type="checkbox"/>
<i>Optional</i>				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>	19 a	Adjusted Gain (Loss) . . . . .	<u>0.02</u>	b
				Holding Period. <u>S</u>
This sale is missing info?				
1 a	Form 8949 Check Box. . . . . <u>A</u>	b	Transaction number . . . . .	37
2	Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
3	Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
4	Description (1a) . . . . . <u>0.229545 sh. Vanguard FTSE Developed Markets Class O</u>			
5 a	Date acquired (1b) . . . . . <u>11/10/17</u>	b	Date of sale/exchange (1c) . . . . .	<u>11/17/17</u>
6 a	Sales price (1d) . . . . . <u>10.08</u>	b	Sales expenses not reported . . . . .	
7 a	Cost or other basis (1e) . . . . . <u>10.10</u>	b	Corrected basis, if applies . . . . .	
8 a	Accrued market discount (1f) . . . . .	b	Wash sale loss disallowed (1g) . . . . .	<u>0.00</u>
9 a	Reported type of gain/loss (2) . <u>S</u>	b	Corrected gain/loss, if applies . . . . .	
10 a	Federal tax withheld (4) . . . . . <u>0.00</u>	b	State tax withheld (16) . . . . .	
11 a	State name (14) . . . . .	b	State identification no. (15) . . . . .	
12 a	Type of transaction . . . . .	b	Import code . . . . .	<u>0</u>
13 a	Check if sale of collectible (12) . <input type="checkbox"/>	b	Check if ordinary gain/loss (2) . <input type="checkbox"/>	c
			FATCA req'd	<input type="checkbox"/>
<i>Optional</i>				
14 a	Name of security . . . . .	b	Owner of security . . . . .	
15 a	Stock or other symbol . . . . .	b	Quantity sold . . . . .	
16	Noncovered security? (boxes 1b, 1e, and 2 may be blank) (5) . . . . .	<input type="checkbox"/>		
17	Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, select copy . . . . .		
18 a	Adj code(s) (for summary only) . . . . .	b	Adj amount (for summary only) . . . . .	
<b>Result:</b>	19 a	Adjusted Gain (Loss) . . . . .	<u>-0.02</u>	b
				Holding Period. <u>S</u>
This sale is missing info?				

## Form 1099-B Worksheet (Betterment Securities)

## Additional Investment Sales

## Continuation Statement

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>38</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.150448 sh. Vanguard FTSE Emerging Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>11/10/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>6.77</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>6.71</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.06</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>39</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.103802 sh. Vanguard FTSE Developed Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>11/16/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>4.56</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>4.56</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.00</u> <b>b</b> Holding Period. <u>S</u>	
This sale is missing info?	

**Form 1099-B Worksheet (Betterment Securities)****Additional Investment Sales****Continuation Statement**

<b>1 a</b> Form 8949 Check Box. . . . . <u>A</u>	<b>b</b> Transaction number . . . . . <u>40</u>
<b>2</b> Transaction reported to you on Form 1099-B (or substitute statement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b> Was cost or other basis reported to the IRS on Form 1099-B (or substitute)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b> Description ( <b>1a</b> ) . . . . . <u>0.016401 sh. Vanguard FTSE Emerging Markets Class O</u>	
<b>5 a</b> Date acquired ( <b>1b</b> ) . . . . . <u>11/16/17</u>	<b>b</b> Date of sale/exchange ( <b>1c</b> ) . . . . . <u>11/17/17</u>
<b>6 a</b> Sales price ( <b>1d</b> ) . . . . . <u>0.74</u>	<b>b</b> Sales expenses not reported . . . . .
<b>7 a</b> Cost or other basis ( <b>1e</b> ) . . . . . <u>0.73</u>	<b>b</b> Corrected basis, if applies . . . . .
<b>8 a</b> Accrued market discount ( <b>1f</b> ) . . . . .	<b>b</b> Wash sale loss disallowed ( <b>1g</b> ) . . . . . <u>0.00</u>
<b>9 a</b> Reported type of gain/loss ( <b>2</b> ) . <u>S</u>	<b>b</b> Corrected gain/loss, if applies . . . . .
<b>10 a</b> Federal tax withheld ( <b>4</b> ) . . . . . <u>0.00</u>	<b>b</b> State tax withheld ( <b>16</b> ) . . . . .
<b>11 a</b> State name ( <b>14</b> ) . . . . .	<b>b</b> State identification no. ( <b>15</b> ) . . . . .
<b>12 a</b> Type of transaction . . . . .	<b>b</b> Import code . . . . . <u>0</u>
<b>13 a</b> Check if sale of collectible ( <b>12</b> ) . <input type="checkbox"/>	<b>b</b> Check if ordinary gain/loss ( <b>2</b> ) . <input type="checkbox"/> <b>c</b> FATCA req'd <input type="checkbox"/>
<i>Optional</i>	
<b>14 a</b> Name of security . . . . .	<b>b</b> Owner of security . . . . .
<b>15 a</b> Stock or other symbol . . . . .	<b>b</b> Quantity sold . . . . .
<b>16</b> Noncovered security? (boxes 1b, 1e, and 2 may be blank) ( <b>5</b> ) . . . . . <input type="checkbox"/>	
<b>17</b> Use transaction worksheet? . <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select copy . . . . .	
<b>18 a</b> Adj code(s) (for summary only) . . . . .	<b>b</b> Adj amount (for summary only) . . . . .
<b>Result:</b> <b>19 a</b> Adjusted Gain (Loss) . . . . . <u>0.01</u>	<b>b</b> Holding Period. <u>S</u>
This sale is missing info? <input type="checkbox"/>	

**Schedule E Worksheet (4438B beechstone In) -- Recurring Expense Worksheet****Additional cleaning & maintenance expenses****Continuation Statement****Cleaning and Maintenance Expenses**

Description	Monthly Amount	Number of Months	Total
Repairs (Oven)	500.00	1	500.00
Repairs Other	200.00	1	200.00
<b>Total</b>	<b>700.00</b>		<b>700.00</b>

# Form 760PY

## 2017 Virginia Part-Year Resident Income Tax Return



Page 1

Due May 1, 2018

See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

<b>YOUR</b> First Name ABHILASH		MI R	Your Last Name MEKALA		Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 658-20-5589	<b>Dates of VA Residence</b> (mm-dd-yyyy) You - From: 01-01-2017    You - To: 05-02-2017	
<b>SPOUSE'S</b> First Name (filing status 2 or 4) SHRAVYA		MI	Spouse's Last Name MARANGANTI		Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number 329-06-7412	Spouse - From: 01-01-2017    Spouse - To: 05-02-2017	
Present Home Address (Number and Street, or Rural Route) 424 BOSWORTH ST APT A							VA Driver's License Information Customer ID		
City, Town or Post Office SAN FRANCISCO							You _____ Spouse _____		
State CA		ZIP Code 94112		Locality Code 600		Issue Date (mm-dd-yyyy) You _____ Spouse _____			
<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return		<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman		Combined Social Security for You and Spouse reported as taxable income on Federal Return				
	<input type="checkbox"/> Check if Result of NOL		<input type="checkbox"/> Earned Income Credit Claimed on federal return						
	<input type="checkbox"/> Dependent on Another's Return								
	<input type="checkbox"/> Overseas on Due Date				\$ _____,00      \$ _____,00				

**Filing Status** Enter Filing Status Code in box below.

4	1 = Single (Column A) - Federal head of household? YES <input type="checkbox"/>
	2 = Married, Filing Joint return (Column A)
	3 = Married, Filing Separate returns (Column A)
	4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	2		
<b>B - Spouse</b> Filing Status 4 Only	1	0		

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy)

1 2 - 2 6 - 1 9 8 2

Spouse's Birth Date (mm-dd-yyyy)

0 5 - 0 2 - 1 9 8 3

**Complete the Schedule of Income first and submit it with your Form 760PY.**

1	FEDERAL ADJUSTED GROSS INCOME from Sch. of Income, Part 1, Line 7, Column 1.	1	83698	00	158741	00
2	Additions from Schedule 760PY ADJ, Line 3.	2		00	30	00
3	<b>Add Lines 1 and 2.</b>	3	83698	00	158771	00
4	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.	4a				00
		4b		00		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	5		00		00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	6	0	00	0	00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	7	43928	00	114279	00
8	Subtractions from Schedule 760PY ADJ, Line 7.	8		00		00
9	<b>Add Lines 4a, 4b, 5, 6, 7 and 8.</b>	9	43928	00	114279	00
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.</b>	10	39770	00	44492	00
11	Itemized Deductions paid while a Virginia resident	11	18057	00	2433	00
12	State and local income taxes on Federal Schedule A and <b>included on Line 11.</b>	12	2197	00	2433	00
13	Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions.	13	15860	00	0	00





Your Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Your SSN 658-20-5589
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		<b>B Spouse</b> Filing Status 4 ONLY		<b>A You</b> Include Spouse if Filing Status 2	
14	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	14	311 00	932	00
15	Deductions from Schedule 760PY ADJ, Line 9.....	15	00	9000	00
16	<b>Add Lines 13, 14 and 15.....</b>	16	16171 00	9932	00
17	<b>Virginia Taxable Income. Subtract Line 16 from Line 10.....</b>	17	23599 00	34560	00
18	Tax amount from Tax Table or Tax Rate Schedule.....	18	1099 00	1730	00
19	<b>Total Tax. Add Line 18, Column A and Line 18, Column B.....</b>	19		2829	00
20a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	20a		2433	00
20b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....	20b		2197	00
21	Combined 2017 Estimated Tax Payments.....	21			00
22	2016 overpayment credited to 2017 estimated taxes.....	22			00
23	Extension Payment - Enter amount paid on Form 760IP.....	23			00
24	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17....	24			00
25	Total credit for taxes paid to another state from Schedule OSC.....	25			00
26	Reserved for future use.....	26			
27	Credits from Schedule CR, Section 5, Line 1A.....	27			00
28	<b>Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27.....</b>	28		4630	00
29	If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .....	29			00
30	If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .....	30		1801	00
31	Amount of overpayment on Line 30 to be <b>CREDITED TO 2018 ESTIMATED INCOME TAX</b> .....	31			00
32	Virginia College Savings Plan Contributions from Schedule VAC, Section I, Line 6.....	32			00
33	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....	33			00
34	Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....	34			00
35	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. ....Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>	35			00
36	<b>Add Lines 31 through 35.....</b>	36			00
37	If you owe tax on Line 29, add Lines 29 and 36 - <b>OR</b> - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... Check here if paying by credit or debit card - See instructions. .... <input type="checkbox"/>	37			00
38	If Line 30 is larger than Line 36, subtract Line 36 from Line 30..... <b>YOUR REFUND</b> ..... If the Direct Deposit section below is not completed, your refund will be issued by check.	38		1801	00

**DIRECT BANK DEPOSIT**Domestic Accounts Only.  
No International Deposits.

Your Bank Routing Transit Number

0	5	1	0	0	0	0	1	7
---	---	---	---	---	---	---	---	---

Your Bank Account Number

4	3	5	0	0	8	1	4	4	9	6	0				
---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--

Checking ☒Savings ☐☐ I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.☐ I agree to obtain my Form 1099-G at **www.tax.virginia.gov**.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number (864) 650-0899	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date	
Preparer's Name <b>SELF-PREPARED</b>	Preparer's Phone Number	Date	
Firm's Name (or Yours if Self-Employed)	Preparer's PTIN 1555	Filing Election Code 7	Office Use Only

# 2017 Virginia Schedule 760PY ADJ (Form 760PY ADJ)

Page 1



Your Name	Your SSN
ABHILASH R MEKALA & SHRAVYA MARANGANTI	658-20-5589

## Additions to Adjusted Gross Income

- Interest earned while a Virginia resident on obligations of other states, exempt from federal income tax, but not from state tax. ....
- Other additions to adjusted gross income.
  - Fixed date conformity addition. See instructions. ....
  - 2b - 2c Refer to Form 760PY Instructions for Other Addition Codes.
 

  - Total Additions. Add Lines 1, 2a - 2c. Enter here and on Form 760PY, Line 2. ....

B Spouse Filing Status 4 ONLY		A You Include Spouse if Filing Status 2	
1	00	30	00

2a	00		00
2b	00		00
2c	00		00
3	00	30	00

## Subtractions from Adjusted Gross Income

- Income (interest, dividends or gains) received while a Virginia resident from obligations or securities of the U.S. exempt from state income tax, but not from federal tax. ....
- Disability income received while a Virginia resident and reported as wages (or payments in lieu of wages) on your federal return. **If claiming this subtraction you cannot also claim Age Deduction.** Claim the one that benefits you most.
  - Enter **YOUR** disability subtraction on Line 5a, Column A.
  - Enter **SPOUSE'S** disability subtraction on Line 5b, Column B if claiming Filing Status 4 or Line 5b, Column A if claiming Filing Status 2. ....
- Other subtractions as provided in instructions.
  - Fixed date conformity subtraction. ....
  - 6b - 6d See Form 760PY instructions for Other Subtraction Codes.
 

- Total subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 760PY, Line 8. ....

B Spouse		A You	
4	00		00

5a			00
5b	00		00

6a	00		00
6b	00		00
6c	00		00
6d	00		00
7	00		00

## Deductions from Virginia Adjusted Gross Income

- Deduction codes. See Form 760PY instructions for Deduction Codes.
 

1	0	1
1	0	4
- Total Deductions. Add Lines 8a - 8c. Enter here and on Form 760PY, Line 15. ....

B Spouse		A You	
8a	00	1000	00
8b	00	8000	00
8c	00		00
9	00	9000	00

**Avoid delays** - If completed, submit Schedule 760PY ADJ with Form 760PY

# 2017 Virginia Schedule 760PY ADJ

Page 2



Your Name	Your SSN
ABHILASH R MEKALA & SHRAVYA MARANGANTI	658-20-5589

## Tax Credit for Low-Income Individuals or Virginia Earned Income Credit

- List below the name, Social Security Number (SSN) and Guideline Income for you, your spouse and each dependent.
- If more room is needed, enclose a schedule with the name, SSN and Guideline Income for each additional dependent.
- Failure to complete Lines 10 - 17 may result in this credit being reduced or disallowed.

Family VAGI	Name	Social Security Number (SSN)	Guideline Income
You		- -	00
Spouse		- -	00
Dependent		- -	00
Dependent		- -	00
10. Total Family Guideline Income (Be sure to include information from enclosed schedule, if applicable)		10	00
11. Enter the total number of exemptions reported in the table above and on any enclosed schedule. Based on this total, the total Family Guideline Income from Line 10 and the poverty guidelines in the instructions, determine your eligibility .....		11	
12. If you qualify, enter the number of personal and dependent exemptions reported on your Form 760PY (see instructions).....		12	
13. Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14.....		13	00
14. Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim an Earned Income Credit on your federal return, enter \$0. If you are married filing separately, see the instructions.		14	00
15. Multiply Line 14 by 20% (.20). .....		15	00
16. Enter the greater of Line 13 or Line 15.....		16	00
17. Compare the amount on Line 16 above to the amount of tax on Form 760PY, Line 19. Enter the lesser of the two amounts here and on Form 760PY, Line 24. This is your credit amount.....		17	00

## Addition to Tax, Penalty and Interest

18. Addition to tax. Check if addition came from: ..... <input type="checkbox"/> Form 760C <input type="checkbox"/> Form 760F.....	18	00
19. Penalty..... <input type="checkbox"/> Late Filing Penalty <input type="checkbox"/> Extension Penalty	19	00
20. Interest (accrued on the tax you owe). .....	20	00
21. Total Addition to Tax, Penalty and Interest (add Lines 18-20). Enter here and on Form 760PY, Line 34.....	21	00

**2017 VIRGINIA SCHEDULE OF INCOME**  
**Form 760PY**

Page 1



Your Name ABHILASH R MEKALA & SHRAVYA	Your SSN 658-20-5589
--	-------------------------

**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete This Schedule —			You (Include Spouse if Filing Status 2)					
			Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident	
1. Wages, salaries, tips, etc.....	1		162230	.00	44462	.00	117768	.00
2. Interest and dividends .....	2		3417	.00	0	.00	3417	.00
3. Pension and other income.....	3		-801	.00	0	.00	-801	.00
4. Gross income (add Lines 1, 2 and 3) .....	4		164846	.00	44462	.00	120384	.00
5. Adjustments to income: moving expenses .....	5		6105	.00	0	.00	6105	.00
6. Other income adjustments (enclose explanation)	6			.00		.00		.00
7. Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7		158741	.00	44462	.00	114279	.00
8. Net fixed date conformity modifications.....	8			.00		.00		.00
9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		158741	.00	44462	.00	114279	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete This Schedule if claiming Filing Status 4 —			Enter Spouse's Income When Filing Status 4 Is Claimed					
			Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident	
1. Wages, salaries, tips, etc.....	1		83142	.00	39770	.00	43372	.00
2. Interest and dividends .....	2			.00		.00		.00
3. Pension and other income.....	3		556	.00	0	.00	556	.00
4. Gross income (add Lines 1, 2 and 3) .....	4		83698	.00	39770	.00	43928	.00
5. Adjustments to income: moving expenses .....	5			.00		.00		.00
6. Other income adjustments (enclose explanation)	6			.00		.00		.00
7. Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		83698	.00	39770	.00	43928	.00
8. Net fixed date conformity modifications.....	8			.00		.00		.00
9. Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		83698	.00	39770	.00	43928	.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2017 VIRGINIA SCHEDULE OF INCOME****Form 760PY**

Page 2



Your Name	Your SSN
ABHILASH R MEKALA & SHRAVYA	658-20-5589

**PART 2****Prorated Exemptions Worksheet**

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		Column B Spouse	Column A You
1.	Your exemption .....	1	1
2.	Dependents .....	0	2
3.	Add Lines 1 and 2 .....	1	3
4.	Multiply Line 3 by \$930 .....	930	2790
5.	65 or over .....		
6.	Blind .....		
7.	Add Lines 5 and 6 .....		
8.	Multiply Line 7 by \$800 .....		
9.	Add Lines 4 and 8 .....	930	2790
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....	0.334	0.334
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14.....	311	932

**PART 3****Moving Information**

1a. If YOU moved into Virginia in 2017, prior state of residence \_\_\_\_\_

1b. If YOU moved out of Virginia in 2017, state moved to CA

2a. If SPOUSE moved into Virginia in 2017, prior state of residence \_\_\_\_\_

2b. If SPOUSE moved out of Virginia in 2017, state moved to CA

**2017 Schedule INC/CG**

658205589

Report all W-2s, 1099s &amp; VK-1s with VA Withholding



ABHILASH R MEKALA

SHRAVYA MARANGANTI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
658205589	W	2433.	510323571	30510323571F001	44462.
329067412	W	2197.	911608052	30911608052F001	39770.

Total VA Withholding	SSN	VA Withholding
You	658205589	2433.
Spouse	329067412	2197.

Total # of W-2s, 1099s &amp; VK-1s 02

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

# FDC Worksheet Fixed Date Conformity to Itemized Deductions Worksheet

2017

► Keep for your records

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

## Computation of Fixed Date Conformity Federal Adjusted Gross Income

1	Federal Adjusted Gross Income (FAGI) from federal return . . . . .	1	
2	Fixed date conformity additions. . . . .	2	
3	Subtotal. Add line 1 and line 2 . . . . .	3	
4	Fixed date conformity subtractions . . . . .	4	
5	Fixed date conformity FAGI. Subtract line 4 from line 3 . . . . .	5	

## MODIFICATIONS TO ITEMIZED DEDUCTION DUE TO FIXED DATE CONFORMITY

All references are to the same line and amount claimed on federal Schedule A unless otherwise specified.

6	Medical and dental expenses claimed on federal Schedule A, line 1 . . . . .	6	
7	Enter amount from line 5 above . . . . .	7	
8	Multiply line 7 above by 7.5% (.075) . . . . .	8	
9	Subtract line 8 from line 6. If line 8 is more than line 6, enter 0 . . . . .	9	
10	Enter the amount from federal Schedule A, line 9. . . . .	10	
11	Enter the amount from federal Schedule A, line 15 . . . . .	11	
12	Enter the amount from federal Schedule A, line 19 . . . . .	12	
13	Enter the amount from federal Schedule A, line 20 . . . . .	13	
14	Unreimbursed employee expenses from federal Schedule A, line 21 . . . . .	14	
15	Tax preparation fees from federal Schedule A, line 22 . . . . .	15	
16	Other expenses claimed on federal Schedule A, line 23 . . . . .	16	
17	Add lines 14 through 16 . . . . .	17	
18	Enter amount from line 5 above . . . . .	18	
19	Multiply line 18 above by 2% (.02) . . . . .	19	
20	Subtract line 19 from line 17. If line 19 is more than line 17, enter 0 . . . . .	20	
21	Enter the amount from federal Schedule A, line 28 . . . . .	21	
22	Modified itemized deduction. Add lines 9, 10, 11, 12, 13, 20 and 21 . . . . .	22	
<p>Is line 5 above over \$313,800 if filing jointly or qualifying widow(er), \$287,650 if head of household, \$261,500 if single, or \$156,900 if married and filing a separate return?</p> <p><b>No.</b> Your deduction is not limited. Enter the amount from line 22 on Form 760, line 10 or Form 763, line 10. For part-year residents filing Form 760PY, enter the amount of deductions from line 22 attributable to your period of residence in Virginia on Form 760PY, line 11.</p> <p><b>Yes.</b> Your deduction may be limited. Complete the Virginia Limited Itemized Deduction Worksheet.</p>			

# Other Additions Statement

2017

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
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**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
10	Interest of federally exempt U.S. obligations . . . . .		
11	Accumulation distribution income . . . . .		
12	Lump-sum distribution income. . . . .		
14	Income from dealer disposition of property . . . . .		
16	Telework expenses <b>Cannot be claimed for 2017</b> . . . . .		
17	First-time home buyer savings account distributions . . . . .		
18	Food Crop Donations. . . . .		
99	Other. Describe: _____		
	<b>Total Other Additions</b> . . . . .		



# Other Subtractions Statement

2017

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
20	Income from Virginia Obligations . . . . .		
21	Federal Work Opportunity Tax Credit Wages . . . . .		
22	Tier 2 and Other Railroad Retirement and Railroad Unemployment Benefits . . . . .		
24	Virginia Lottery prizes . . . . .		
28	Virginia National Guard Income . . . . .		
30	Military pay and allowances attributable to active duty . . . . . service in a combat zone or a qualified hazardous duty area . . .		
31	Retirement plan income previously taxed by another state		
34	Virginia College Savings Plan or ABLEnow Income Distribution or Refund . . . . .		
37	Unemployment Compensation Benefits . . . . .		
38	Military Basic Pay . . . . .		
39	Federal and State Employees . . . . .		
40	Income Received by Holocaust Victims . . . . .		
44	Congressional Medal of Honor Recipients . . . . .		
49	Certain Death Benefit Payments . . . . .		
51	Gains from Land Preservation . . . . .		
52	Long-Term Capital Gain . . . . .		
53	Historic Rehabilitation . . . . .		
54	First-time home buyer savings account distributions . . . . .		
55	Discharge of Student Loans . . . . .		
99	Other. Describe: _____		
	<b>Total Other Subtractions</b> . . . . .		

Fixed Date Conformity Subtractions - Other		
	Spouse	Taxpayer
<b>A</b> Applicable High Yield Discount Obligation modification . . . . .		
<b>B</b> Cancellation of Debt Income modification . . . . .		
<b>C</b> Other changes as a result of Virginia's conformity to Internal Revenue Code as it existed on December 31, 2016 . . . . .		
Total Other Fixed Date Conformity Subtractions . . . . .		

# Deductions Statement

**2017**

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

**Form 760PY filers** - Enter the amount attributed to the period of your Virginia residency.

Code	Description	Spouse (for 760 filing status 2 or 760PY filing status 4 only)	Taxpayer (for all filing statuses)
101	Child and dependent care expenses . . . . . <b>Information for Foster Care Deduction:</b> Name of each foster child claimed for this subtraction:  _____ _____ _____		1,000.
102	Foster care deduction (\$1,000 times number of foster children claimed) . . . . .		
103	Bone marrow screening fee . . . . .		
104	Virginia College Savings Plan Prepaid Tuition Contract Payments and Savings Account Contributions: Total contributions deductible in 2017 . . . . .		8,000.
105	Continuing teacher education: Tuition costs not deducted on federal return . . . . . Allowable deduction. Multiply tuition paid by 20% . . . . .		
106	Long-term health care premiums . . . . .		
107	Virginia public school construction grants program and fund . . .		
108	Tobacco quota buyout . . . . .		
109	Sales tax paid on certain energy efficient equipment or appliances: Actual sales tax paid on qualified equipment . . . . . Multiply sales tax paid by 20% . . . . . Allowable deduction amount . . . . .		
110	Organ and tissue donor expenses . . . . .		
111	Charitable mileage deduction difference between: <input type="checkbox"/> \$.18 per mile . . . . . less charitable mileage deduction . . . . . or <input type="checkbox"/> \$.18 per mile . . . . . less actual expense . . . . . Total charitable mileage deductions . . . . .		
112	Virginia Bank Franchise Tax deduction . . . . .		
113	Income from Dealer Disposition of Property . . . . .		
114	Prepaid funeral, medical or dental insurance premiums . . . . .		
115	ABLEnow Account Contributions . . . . .		
199	Other. Describe: _____		
	<b>Total deductions</b> . . . . .		9,000.

- Keep for your records

## Part I – Personal Information

First Name . . . . .	<u>ABHILASH</u>		
Last Name . . . . .	<u>MEKALA</u>		
Middle Initial . . . . .	<u>R</u>	Suffix . .	<u>      </u>
Social Security No . . . .	<u>658-20-5589</u>		
Date of Birth . . . . .	<u>12/26/1982</u>		
Date of Death . . . . .	<u>                    </u>		
VA Driver's License/VA ID No .	<u>                                    </u>		
VA DL/VA ID Issue Date . . . .	<u>                                    </u>		
E-mail Address . . . . .	<u>                                    </u>		
Daytime Phone . . . . .	<u>(864) 650-0899</u>	*	<u>X</u>
Home Phone . . . . .	<u>                    </u>	*	<u>      </u>

First Name . . . . . SHRAYYA  
 Last Name . . . . . MARANGANTI  
 Middle Initial . . . . .        Suffix . .         
 Social Security No . . . 329-06-7412  
 Date of Birth . . . . . 05/02/1983  
 Date of Death. . . . .                       
 VA Driver's License/VA ID No. .                       
 VA DL/VA ID Issue Date. . . .                       
 E-mail Address . . . . .                       
 Daytime Phone . . . . . (864) 643-0899 \*   

Address . . . . .	424 Bosworth st	Apartment Number . . .		A
City . . . . .	San Francisco	State . . .	CA	ZIP Code . . . 94112
Locality * . . . . .	Fairfax	City	<input checked="" type="checkbox"/> <input type="checkbox"/>	County <input type="checkbox"/>

If nonresident, select a city or county where the Virginia source income was located (see help).

	Form 760: Resident Tax Return . . . . .	▶
X	Form 760PY: Part-Year Resident Tax Return . . . . .	▶
	Form 763: Nonresident Tax Return . . . . .	▶
	Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer	▶
		Spouse

● Enter state of residence. . . . .

• If you moved out of Virginia during 2017, enter date you moved out . . . .	05/02/2017	05/02/2017
• If you moved into Virginia during 2017, enter date you moved in . . . . .		
• Part-year residency ratio . . . . .	0.334	0.334

	<b>1</b> = Single
	<b>2</b> = Married, joint
	<b>3</b> = Married, separate

	1 = Single
	2 = Married, joint
	3 = Married, separate
X	4 = Married, combined separate

	1 = Single
	2 = Married, joint
	3 = Married, spouse no income
	4 = Married, separate

☐ Check if married Filing Separate and spouse is claiming the low income credit

## Part IV – Other Information

**(Note:** Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | You agree to obtain Form 1099-G income tax refund statement electronically at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a>  |
| <input type="checkbox"/>            | You mail your return directly to the state of Virginia  |
| <input checked="" type="checkbox"/> | Your address is different from last year  |
| <input type="checkbox"/>            | Your name or filing status is different from last year  |
| <input type="checkbox"/>            | You did not file a Virginia return last year  |
| <input type="checkbox"/>            | You are a Virginia resident who has income from <b>only one</b> of these states that borders Virginia:<br>Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state<br>was earned income on wages and salaries or business income reported on federal Schedule C. |

**Part IV – Other Information (continued)****Farmers and Fishermen**

- ☐ You are self-employed in farming/fishing or a merchant seaman
- ☐ Return will be filed and tax due will be paid by March 1, 2018

**Sales & Use Tax Information**

Yes No

- ☐ ☒ Did you purchase merchandise from retailers in 2017 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased . . . . .

Enter total cost of non-food items purchased . . . . .

Check this box if home is in Northern Virginia or Hampton Roads region affected by increase

of Use Tax Rate to 6% (otherwise rate is 5.3%) . . . . . ☒**Underpayment Penalty Information**

Enter last year's Virginia adjusted gross income . . . . . 237,664.

Enter last year's deductions . . . . . 23,978.

Enter last year's nonrefundable credits . . . . .

Enter last year's total tax liability before credits . . . . . 11,816.

Enter last year's spouse tax adjustment credit (if you filed Form 760 last year) . . . . . 259.

**Part V – Direct Deposit Information or Direct Debit Information**

Yes No

- ☒ ☐ Do you want to elect direct deposit of state tax refund?

**Important** If you answered **No** to direct deposit, your state refund will be issued on a paper check.

The Virginia Department of Taxation no longer issues debit cards.

- ☐ ☐ Do you want to elect direct debit of state tax payment (Electronic Filing Only)?

*Note: Direct debit occurs upon acceptance date*

- ☐ ☐ Do you want to pay the amount you owe by credit/debit card?

*Note: Payment occurs upon acceptance date***International ACH Transactions:**

- ☐ ☒ Will the fund go to or originate from an account outside the U.S.?

Virginia does not currently support International ACH transactions.

If you answered **No** to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) . . . . . ► BANK OF AMERICA 4960

Check the appropriate box:

- ☒ Checking

- ☐ Savings

Routing number . . . . . ► 051000017

Account number . . . . . ► 435008144960

Enter the date to withdraw from the account above (**Caution: See help for date to enter**) . . . . .

State balance-due amount from this return . . . . .

**Part VI – Extension Status**

Yes No

- ☐ ☒ Has the tax return due date been extended for a six month extension?

Extended due date . . . . .

**QuickZoom** to Form 760-IP Automatic Extension Payment . . . . . ►

Part VII – Amended Return

- ☐ You are filing a Virginia amended return
- ☐ You are filing a Virginia amended return due to NOL

Enter the tax year you are amending . . . . .

Previous Virginia payment made . . . . .

Previous Virginia refund received . . . . .

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment . . . . . ▶

**QuickZoom** to Form 760 . . . . . ▶

**QuickZoom** to Form 760PY . . . . . ▶

**QuickZoom** to Form 763 . . . . . ▶

**QuickZoom** to Form 763S (Taxpayer) . . . . . ▶

**QuickZoom** to Form 763S (Spouse) . . . . . ▶

# Age Deduction Worksheet

2017

For taxpayers born on or between January 2, 1939 and January 1, 1953

Name(s) Shown on Return

Your Social Security Number

## Checklist for Married Filing Separate Filers Claiming Age Deduction

- ☒ Check if spouse claims the credit for low income or the Virginia Earned Income Credit. . . . . ☐
- ☒ Check if spouse files a Virginia return and claims an income-based age deduction. . . . . ☐
- ☒ Report spouse income in Taxpayer/Spouse Allocation Worksheet . . . . . ▶

1	Enter the number of taxpayers born on or between January 2, 1939 and January 1, 1953, who are claiming an income-based age deduction . . . . .	_____
2	Federal Adjusted Gross Income (FAGI) - include spouse amount if married . . . . .	_____
3	Fixed date conformity (FDC) addition - include spouse amount if married . . . . .	_____
4	Add line 2 and line 3 . . . . .	_____
5	Fixed date conformity (FDC) subtraction - include spouse amount if married . . . . .	_____
6	Subtract line 5 from line 4 . . . . .	_____
7	Social Security and Tier 1 Railroad Benefits - include spouse amount if married . . . . .	_____
8	<b>Adjusted Federal Adjusted Gross Income (AFAGI).</b> Subtract line 7 from line 6 . . . . .	_____
9	Income limit for age deduction (Single \$50,000; Married \$75,000) . . . . .	_____
10	If line 8 is less than line 9, your AFAGI is below the threshold. Single, enter \$12,000. Married, enter \$12,000 for each spouse claiming a deduction. This is your age deduction . . . . .	<b>You</b> <b>Spouse</b> _____ _____
11	If line 8 is greater than line 9, subtract line 9 from line 8 . . . . .	_____
12	Multiply line 1 by \$12,000 . . . . . If line 11 is greater than line 12, <b>STOP</b> here. <b>You do not qualify for a deduction.</b>	_____
13	If line 12 is greater than line 11, subtract line 11 from line 12 . . . . .	_____
14	Single or married with only one spouse claiming an income-based age deduction: Enter the amount from line 13. This is your age deduction . . . . .	_____
15	Married taxpayers and both spouses are claiming an income-based age deduction: Divide line 13 by 2 . . . . .	<b>You</b> <b>Spouse</b> _____ _____

# Tax Payments Worksheet

**2017**

► Keep for your records

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

## Tax Payments for the Current Year

	Date	Payment
1 First Payment . . . . .		
2 Second Payment . . . . .		
3 Third Payment . . . . .		
4 Fourth Payment . . . . .		
<b>Additional Payments</b>		
5 a Payment . . . . .		
b Payment . . . . .		
c Payment . . . . .		
d Payment . . . . .		
e Payment . . . . .		
6 Overpayment from previous year applied to 2017 . . . . .		
7 Amount paid with current year extension . . . . .		
8 <b>Total tax payments.</b> Add lines 1 through 7 . . . . .		

## Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .	2,197.	2,433.
10 State withholding on Forms W-2G . . . . .		
11 State withholding on Forms 1099-R . . . . .		
12 a State withholding on Forms 1099-MISC . . . . .		
b State withholding on Forms 1099-G . . . . .		
c State withholding on Forms 1099-INT . . . . .		
d State withholding on Forms 1099-K . . . . .		
13 a Withholding from Schedule VK-1 . . . . .		
b Other state tax withholding . . . . .		
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here . . . . . ►		
14 <b>Total income tax withheld.</b> . . . . .	2,197.	2,433.
15 Date return will be filed and balance paid . . . . .		

# Worksheet for Spouse Tax Adjustment and Virginia Taxable Income Allocation

**2017**

► Keep for your records

Name _____	Social Security Number _____
------------	------------------------------

## Part 1 – Separate Income and Exemptions

	Taxpayer	Spouse
<b>1</b> Federal adjusted gross income . . . . .	_____	_____
<b>2</b> Additions:		
<b>a</b> Fixed date conformity additions. . . . .	_____	_____
<b>b</b> Interest and obligations of other states. . . . .	_____	_____
<b>c</b> Other additions. . . . .	_____	_____
<b>d</b> Total additions. Add lines 2a, 2b and 2c . . . . .	_____	_____
<b>3</b> Subtotal. Add lines 1 and 2d . . . . .	_____	_____
<b>4</b> Age Deduction . . . . .	_____	_____
<b>5</b> Social Security Act and Tier 1 Railroad Retirement Act Benefits . . . . .	_____	_____
<b>6</b> State income tax refund or overpayment credit reported as income on your federal return. . . . .	_____	_____
<b>7</b> Other subtractions:		
<b>a</b> Fixed date conformity subtractions . . . . .	_____	_____
<b>b</b> Income from obligations or securities of the United States . . . . .	_____	_____
<b>c</b> Disability income reported as wages . . . . .	_____	_____
<b>d</b> Other subtractions . . . . .	_____	_____
<b>e</b> Add lines 7a through 7d . . . . .	_____	_____
<b>8</b> Total subtractions. Add lines 4, 5, 6 and 7e . . . . .	_____	_____
<b>9</b> <b>Virginia Adjusted Gross Income (VAGI).</b> Subtract line 8 from line 3. Enter here and on Form 760, lines 16a and 16b. . . . .	_____	_____
<b>10</b> Personal exemptions:		
You     \$930   Plus   65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 = _____		
Spouse \$930   Plus   65 or over <input type="text"/> Blind <input type="text"/> = ____ x \$800 = _____		
<b>11</b> Subtract line 10 from line 9. <b>If either amount is 0 or less, STOP;</b> you do not qualify for this credit. . . . .	_____	_____

## Part 2 – Virginia Taxable Income Allocation

Complete lines 12 through 15 if the taxpayer or spouse is claiming a credit for tax paid to another state, and filed a separate return with the other state.

<b>12</b> Standard or itemized deduction amount . . . . .	_____	_____
<b>13 a</b> Enter number of dependents to allocate to each spouse . . . . .	_____	_____
<b>b</b> Dependent exemptions: \$930 x number of dependents on line 13a. . . . .	_____	_____
<b>14</b> Deductions from VAGI. . . . .	_____	_____
<b>15</b> <b>Virginia Taxable Income.</b> Line 11 minus lines 12, 13b and 14 . . . . .	_____	_____

## Part 3 – Spouse Tax Adjustment

<b>16</b> Enter the taxable income from line 14 of Form 760 . . . . .	_____
<b>17</b> Enter the smaller amount from line 11 above. If this amount is larger than \$17,000 and line 16 is larger than \$34,000, skip to line 24 and enter \$259 as the credit . . . . .	_____
<b>18</b> Subtract line 17 from line 16 (if \$0 or less, enter \$0) . . . . .	_____
<b>19</b> Divide the amount on line 16 by 2 . . . . .	_____
<b>20</b> Enter the tax on the <b>smaller</b> of line 17 or line 19 . . . . .	_____
<b>21</b> Enter the tax on the <b>larger</b> of line 18 or line 19 . . . . .	_____
<b>22</b> Add lines 20 and 21 . . . . .	_____
<b>23</b> Enter the tax from line 17 of Form 760. . . . .	_____
<b>24</b> <b>Tax Adjustment:</b> Subtract line 22 from line 23. <i>Also enter on Form 760, line 18</i> . . . . .	_____



# Taxpayer/Spouse Allocation Worksheet

**2017**

► Keep for your records

Name ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security No. 658-20-5589
--	------------------------------------

Part 1 – Income and Adjustments	Column A Taxpayer	Column B Spouse
1 Wages, salaries, tips, etc . . . . .	162,230.	83,142.
2 Taxable interest income . . . . .		
3 Dividend income . . . . .	3,417.	
4 Taxable refunds, credits or offsets of state and local income taxes . .	556.	556.
5 Alimony received . . . . .		
6 Business income or (loss) . . . . .		
7 Capital gain or (loss) . . . . .	-3,000.	
8 Other gains or (losses) . . . . .		
9 Taxable amount of IRA distributions . . . . .		
10 Taxable amount of pensions and annuities . . . . .		
11 Rents, royalties, partnerships, estates, trusts . . . . .	1,643.	
12 Farm income or (loss) . . . . .		
13 Unemployment compensation . . . . .		
14 Taxable social security benefits . . . . .		
15 Other income . . . . .		
16 <b>Total income</b> (add lines 1 through 15) . . . . .	164,846.	83,698.
17 Educator expenses . . . . .		
18 Expenses of reservists, performing artists, fee-based govt officials . .		
19 Health savings account deduction . . . . .		
20 Moving expenses . . . . .	6,105.	
21 Deductible part of self-employment tax . . . . .		
22 Self-employed SEP, SIMPLE, and qualified plans . . . . .		
23 Self-employed health insurance deduction . . . . .		
24 Penalty on early withdrawal of savings . . . . .		
25 Alimony paid . . . . .		
26 IRA deduction . . . . .		
27 Student loan interest deduction . . . . .		
28 Tuition and fees deduction . . . . .		
29 Domestic production activities deduction . . . . .		
30 Other adjustments . . . . .		
31 <b>Total adjustments to income</b> (add lines 17 through 30) . . . . .	6,105.	
32 <b>Federal adjusted gross income</b> (line 16 minus line 31) . . . . .	158,741.	83,698.

## Part 2 – Fixed Date Conformity Adjustments

1 Fixed Date Conformity addition . . . . .		
2 Fixed Date Conformity subtraction . . . . .		
(above from depreciation adjustment plus any Other Additions Statement and Other Subtractions Statement manual entries)		

# Low Income Credit Worksheet

2017

► Keep for your records

Name(s) Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Your Social Security Number 658-20-5589
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## Part I – Family VAGI Calculations

	Name	Social Security Number	VA Adjusted Gross Income
a Taxpayer . . . . .	ABHILASH R MEKALA	658-20-5589	158,771.
b Spouse* . . . . .	SHRAVYA MARANGANTI	329-06-7412	83,698.
c Dependent . . . . .	Uma Mekala	799-40-5353	
d Dependent . . . . .	ira Mekala	364-49-8019	
e Dependent . . . . .			
f Dependent . . . . .			
g Dependent . . . . .			
h Dependent . . . . .			
i Dependent . . . . .			
j Dependent . . . . .			
k Dependent . . . . .			
l Dependent . . . . .			

\* Note: If married filing separate, enter spouse's Virginia adjusted gross income (enter 0 if none)

1 Total number of exemptions . . . . .	4
2 Total family VAGI (Virginia adjusted gross income) . . . . .	242,469.

Go to Part II to see if you qualify for a Low Income Credit.

## Part II – Low Income Credit and Virginia Earned Income Credit Eligibility

- ☐ You are **not** eligible for the **low income credit** and the **Virginia earned income credit** because your filing status is married filing separate and your spouse is claiming low income credit
- ☐ You are **not** eligible for the **low income credit** and the **Virginia earned income credit** due to one or more of the following reasons:
- Claiming age deduction
  - Claiming additional exemption for blindness or age 65 and over
  - Claiming Virginia National Guard subtraction (code 28)
  - Claiming basic military pay subtraction (code 38)
  - Claiming federal and state employee subtraction (code 39)
  - Claimed as a dependent on another person's return
- ☒ You are **not** eligible for the **low income credit** because your family VAGI is greater than the federal poverty guideline amount below for your family size:

Eligible exemptions	Poverty Guideline
1	\$ 12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8 *	41,320

\* For each additional person, spouse or dependent exemption, add \$4,180 to the poverty guideline amount

# Federal/State Adjustment Summary

2017

Name as Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . .

# Federal/State Adjustment Summary

2017

Name as Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Social Security Number

658-20-5589

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . .

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. . . . .

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. . . . .

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . .

# Federal/State Adjustment Summary

2017

Name as Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . .

## Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income . . . . .

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . . .

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . .

## Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments . . . . .

Total Sale of Asset Adjustment . . . . .

## Section 179 Worksheet

**2017**

Name as Shown on Return ABHILASH R MEKALA & SHRAVYA MARANGANTI	Social Security Number 658-20-5589
---	---------------------------------------

### Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation . . . . .	1	
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	2	
3 Section 1231 gain adjustment . . . . .	3	
4 Other additions or subtractions to taxable income . . . . .	4	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	5	
6 Total Section 179 before limitation . . . . .	6	
7 Section 179 allowable, if different . . . . .	7	
8 Federal Section 179 allowed . . . . .	8	
9 <b>State Section 179 adjustment</b> . . . . .	9	
10 Carryover to next year . . . . .	10	

**QuickZoom** to Activity Worksheet . . . . . ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation
product manager	1					

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover
product manager			

Total Form 2106 Section 179 Adjustment (Column B minus Column G) . . . . .

### Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) . . . . .

# Activity Worksheet

2017

Name as Shown on Return <b>ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI</b>	Social Security Number <b>658-20-5589</b>
--	--

Activity Description . . . . . 4438B beechstone ln  
Form or Worksheet Type. . . Sch E Copy number. . . 1

- A** If this activity was operated by spouse, check this box . . . . . ☐  
**B** If this activity was operated jointly by taxpayer and spouse, check this box . . . . . ☐  
**C** Check this box if you completely disposed of the property in the current year . . . . . ☐  
**D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) . . . . . ☐  
**E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) . . . . . ☐  
**F** Did you materially participate in this activity? (Not for K-1's) . . . . . Yes ☐ No ☐  
**G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) . . . . . ☒  
**H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) . . . . . ☐  
**I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) . . . . . ☐

**If this is a Schedule E, check the appropriate boxes:**

- J** Rental property. . . . . ☒ **L** Commercial property . . . . . ☐  
**K** Royalty property . . . . . ☐ **M** Other passive exceptions . . . . . ☒

**If this is a K-1, check the appropriate boxes:**

- N** This is a K-1 with ordinary income with material participation . . . . . ☐  
**O** This is a K-1 with rental real estate with material participation . . . . . ☐  
**P** This is a publicly traded partnership . . . . . ☐  
**Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 . . . . . ☐  
**R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) . . . . . ☐

- S** At-risk status . . . . . All  
**T** Passive status . . . . . Nonpassive

**Part I - Section 179 Adjustments**

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

**Part II - Regular Income/Loss**

	Income/Loss
<b>1</b> Federal income/loss . . . . .	1,643.
<b>2</b> Adjustments:	
<b>a</b> 30%/50% Special Depreciation Allowance (Bonus Depreciation) . . . . .	
<b>b</b> Other depreciation adjustment(s) . . . . .	
<b>c</b> Section 179 adjustment . . . . .	
<b>d</b> Other adjustments . . . . .	
<b>3</b> Total . . . . .	1,643.
<b>4</b> At-Risk adjustment. . . . . <b>a</b> Adjust amount . . . . . <b>b</b>	
<b>5</b> Total . . . . .	1,643.
<b>6</b> Passive carryover loss . . . . .	
<b>7</b> Passive disallowed loss (carryover to next year) . . . . .	
<b>8</b> Net profit or (loss) allowed . . . . .	1,643.
<b>9</b> Net federal profit or (loss) allowed . . . . .	1,643.
<b>10</b> Federal/State adjustment . . . . .	0.

Part III - Schedule K-1 Partnership and S Corporations		Section 179 Expense	Misc Income	Commercial Revitalization
1	Federal income/loss . . . . .			
2	Adjustments . . . . .			
3	Total . . . . .			
4 a	At-Risk adjustment amount . . . . .			
b	At-Risk adjustment. . . . .			
5	Total . . . . .			
6	Passive carryover loss . . . . .			
7	Passive disallowed loss (carryover to next year) . . . .			
8	Net profit or (loss) allowed . . . . .			
9	Net federal profit or (loss) allowed . . . . .			
10	Federal/State adjustment . . . . .			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1	Federal income/loss . . . . .			
2	Adjustments:			
a	Adjustments transferred from the federal return . . . . .			
b	Other adjustments . . . . .			
c	Total adjustments . . . . .			
3	Total . . . . .			
4 a	At-Risk adjustment amount . . . . .			
b	At-Risk adjustment. . . . .			
5	Total . . . . .			
6	Passive carryover loss . . . . .			
7	Passive disallowed loss . . . . .			
8	Net profit or (loss) allowed . . . . .			
9	Net federal profit or (loss) allowed . . . . .			
10	Federal/State adjustment . . . . .			



**Tax Summary**  
 ► Keep for your records

**2017**

Name(s) ABHILASH R MEKALA & SHRAVYA MARANGANTI	
<b>Federal adjusted gross income</b> . . . . .	242,439.
<b>Additions to income</b> . . . . .	30.
<b>Subtractions from income</b> . . . . .	158,207.
<b>Standard/Itemized deductions</b> . . . . .	15,860.
<b>Exemption amount</b> . . . . .	1,243.
<b>Deductions</b> . . . . .	9,000.
<b>Virginia taxable income</b> . . . . .	58,159.
<b>Virginia income tax</b> . . . . .	2,829.
<b>Total payments</b> . . . . .	4,630.
<b>Overpayment amount</b> . . . . .	1,801.
<b>Addition to tax, penalty and interest</b> . . . . .	
<b>Overpayment credited to next year's estimated tax</b>	
<b>Consumer's use tax and voluntary contributions</b> .	
<b>Amount you owe</b> . . . . .	
<b>Refund</b> . . . . .	1,801.

## Smart Worksheets from your 2017 Virginia Tax Return

SMART WORKSHEET FOR: Form 760 PY: Part-Year Individual Income Tax Return

Itemized Deduction Allocation Worksheet		
	Column 1 Total from all sources	Column 2 Virginia amount
1 Federal adjusted gross income (including fixed date conformity adjustment, if any) . . . . .	242439	
2 Medical and dental expenses . . . . .		
3 Multiply line 1 by 7.5% . . . . .	18183	
4 Allowable medical and dental expenses . . . . .		
5 State and local income taxes . <input checked="" type="checkbox"/> or general sales taxes . <input type="checkbox"/>	16365	4630
6 Real estate taxes . . . . .	6539	4362
7 Personal property taxes and other taxes . . . . .		
8 Total taxes paid. Add lines 5 - 7 . . . . .	22904	8992
9 Investment interest . . . . .		
10 Non-investment interest . . . . .	17231	11498
11 Gifts to charity . . . . .	900	0
12 Casualty and theft losses . . . . .		
13 Unreimbursed employee expenses . . . . .	500	
14 Tax preparation fees . . . . .	500	
15 Other expenses - investment, safe deposit box, etc. . . . .		
16 Add lines 13 - 15 . . . . .	1000	
17 Multiply line 1 by 2% (.02) . . . . .	4849	
18 Allowable jobs expenses . . . . .	0	
19 Gambling losses . . . . .		
20 Other miscellaneous deductions (not subject to limitation) . . . . .		
21 Virginia itemized deductions. Add lines 4, 8, 9-12, 18, 19 and 20 . . .	41035	20490

## SMART WORKSHEET FOR: Virginia Schedule of Income

Income and Adjustments Allocation Smart Worksheet				
<b>Note:</b> Entries made on this smart worksheet will transfer to Section A and/or Section B, lines 1-9.	<b>A</b> <b>Taxpayer</b> (include Spouse if Filing Status 2)		<b>B</b> <b>Spouse — Use only</b> when Filing Status 4 is claimed	
	Income on Federal Return	Income While Virginia Resident	Income on Federal Return	Income While Virginia Resident
<b>Income:</b>				
1 Wages, salaries, tips, etc . . . . .	162230	44462	83142	39770
2 Taxable interest income . . . . .	0	0		
3 Dividend income . . . . .	3417	0		
4 Taxable refunds, credits, offsets of state and local income taxes . .	556	0	556	0
5 Alimony received . . . . .				
6 Business income or (loss) . . . . .				
7 Capital gain or (loss) . . . . .	-3000	0		
8 Other gains or (losses) . . . . .				
9 Taxable IRA distributions . . . . .				
10 Taxable pensions and annuities .				
11 Rents, royalties, partnerships, estates, trusts, S Corporations . .	1643	0		
12 Farm income or (loss) . . . . .				
13 Unemployment compensation . .				
14 Taxable social security benefits .				
15 Other income . . . . .				
<b>Adjustments:</b>				
16 Educator expenses . . . . .				
17 Certain business expenses of reservists, performing artists, etc.				
18 Health savings account deduction				
19 Moving expenses . . . . .	6105	0		
20 Deduction for self-employment tax				
21 SEP, SIMPLE and qualified plans				
22 Self-employed health insurance .				
23 Penalty for early withdrawal . . .				
24 Alimony paid . . . . .				
25 IRA deduction . . . . .				
26 Student loan interest deduction . .				
27 Tuition and fees deduction . . . .				
28 Domestic production activities . .				
29 Other adjustments . . . . .				
<b>Fixed Date Conformity:</b>				
30 Fixed date conformity addition . .				
31 Fixed date conformity subtraction				

## SMART WORKSHEET FOR: Deductions Statement

Virginia 529 College Savings Plan Smart Worksheet						
Only account owners may take a deduction. Complete information below if you contributed to a Virginia 529 College Savings Plan and the account is under your name.						
Account Ownership	Account Number	Type of Plan	2017 Contribution	Prior Year Carryover	Deductible Amount	Carryover to Next Year
Taxpayer	0539868885	VEST	9,400.	3,900.	4,000.	9,300.
Taxpayer	11819696	VEST	15,600.		4,000.	11,600.

## SMART WORKSHEET FOR: Deductions Statement

Prepaid Funeral, Medical or Dental Insurance Smart Worksheet		
<b>Eligibility Requirements</b>	<b>Spouse</b>	<b>Taxpayer</b>
• Age . . . . .	34	35
Age 66 or over? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
• Earned income . . . . .	83,142.	162,230.
Earned income is \$20,000 or more . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
• Federal adjusted gross income . . . . .	83,698.	158,741.
Federal adjusted gross income is \$30,000 or less . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A</b> Enter premiums paid in 2017 for a prepaid funeral insurance policy. . . . .	<b>Taxpayer</b>	_____
	<b>Spouse</b>	_____
<b>B</b> Enter the total medical and dental insurance premiums paid in 2017 for taxpayer, spouse and dependents (do not include long-term care) . . . . .		_____
<b>C</b> Enter the medical and dental portion of the self-employed health insurance premiums deducted on federal Form 1040, line 29 . . . . .		_____
<b>D</b> If taking federal itemized deductions, enter the medical and dental portion of the amount shown on federal Schedule A, line 4 . . . . .		_____
<b>E</b> Add line C and line D . . . . .		_____
<b>F</b> Subtract line E from line B. This is the Virginia basis of the medical and dental insurance premiums deduction . . . . .	<b>Total</b>	_____
	<b>Taxpayer</b>	_____
	<b>Spouse</b>	_____
<b>G</b> Add line A and line F, enter result under code 114 below. This is your prepaid funeral, medical and dental insurance premiums deduction.		_____

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

, 2017, ending

, 20

See separate instructions.

Your first name and initial

ABHILASH R

Last name

MEKALA

Your social security number

658-20-5589

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

SHRAVYA

Last name

MARANGANTI

Spouse's social security number

329-06-7412

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

424 Bosworth st

Apt. no.

A

▲ 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).

San Francisco CA 94112

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You
☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b ☒ Spouse . . . . .

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

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

Uma

Mekala

799-40-5353

Daughter

☒

ira

Mekala

364-49-8019

Daughter

☒

☐

☐

☐

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

d Total number of exemptions claimed . . . . .

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

2

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

Dependents on 6c not entered above

Add numbers on lines above ▶

4

Income

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

DCB

7

245,372.

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

8a

0.

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

8b

155.

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

9a

3,417.

b Qualified dividends . . . . .

9b

2,495.

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

10

1,112.

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

-3,000.

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

1,643.

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

248,544.

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

6,105.

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

27

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

28

29 Self-employed health insurance deduction . . . . .

29

30 Penalty on early withdrawal of savings . . . . .

30

31a Alimony paid b Recipient's SSN ▶

31a

32 IRA deduction . . . . .

32

33 Student loan interest deduction . . . . .

33

34 Tuition and fees. Attach Form 8917 . . . . .

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 35 . . . . .

36

6,105.

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

37

242,439.

**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>	242,439.
<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</b> <input type="checkbox"/> <b>39a</b>		
	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 <input type="checkbox"/> <b>39b</b>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	41,035.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	201,404.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	185,204.
<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>	38,417.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	1,419.
<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>	39,836.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	128.
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	200.
<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>	328.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	39,508.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input checked="" 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>	157.
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	39,665.

**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>	51,492.
<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>	3,075.
<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>	54,567.

**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>	14,902.
<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>	14,902.
<b>b</b>	Routing number 0 5 1 0 0 0 0 1 7 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 4 3 5 0 0 8 1 4 4 9 6 0		

**Amount You Owe**

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

**Third Party Designee**

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

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

**Sign Here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Product Manager	Daytime phone number (864) 650-0899
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation ENGINEER	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 A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

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

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 38 **2** 242,439.
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 18,183.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or } . . . . . **5** 16,365.
- b ☐ General sales taxes }

- 6 Real estate taxes (see instructions) . . . . . **6** 6,539.
- 7 Personal property taxes . . . . . **7**
- 8 Other taxes. List type and amount ► . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 22,904.**Interest  
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 17,231.
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► . . . . . **11**

**Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 12 Points not reported to you on Form 1098. See instructions for special rules . . . . . **12**
- 13 Mortgage insurance premiums (see instructions) . . . . . **13**
- 14 Investment interest. Attach Form 4952 if required. See instructions **14**
- 15 Add lines 10 through 14 . . . . . **15** 17,231.

**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** 900.
- 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** 900.

**Casualty and  
Theft Losses**

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

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► Employee business expenses . . . . . **21** 500.
- 22 Tax preparation fees . . . . . **22** 500.
- 23 Other expenses—investment, safe deposit box, etc. List type and amount ► . . . . . **23**
- 24 Add lines 21 through 23 . . . . . **24** 1,000.
- 25 Enter amount from Form 1040, line 38 **25** 242,439.
- 26 Multiply line 25 by 2% (0.02) . . . . . **26** 4,849.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 0.

**Other  
Miscellaneous  
Deductions**

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

**Total  
Itemized  
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } . . . . . **29** 41,035.
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

**Amount**

0.01

**1**

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ►

0.01

**2**

**3**

**4**

0.01

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ► CHARLES SCHWAB & CO., INC.  
Betterment Securities

1,081.79

2,335.13

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ►

**6**

3,416.92

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**Foreign Accounts and Trusts**

(See instructions.)

- 7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X



**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **12**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	665 .	653 .	1 .	13 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 30,221 . )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -30,208 .

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	59 .	51 .		8 .
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 8 .

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b> -30,200.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.	
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ►	<b>18</b>
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ►	<b>19</b>
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.	
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           . . . . .         </div> </div>	<b>21</b> ( 3,000. )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.	

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.059594 sh. iShares National AMT-Free Muni Bond ETF Class O	07/12/16	06/30/17	6.57	6.81	W	0.24	0.
	0.024956 sh. iShares iBoxx \$ Investment Grade Cor... Class O	08/17/16	06/30/17	3.01	3.08	W	0.07	0.
	0.020617 sh. iShares National AMT-Free Muni Bond ETF Class O	08/17/16	06/30/17	2.27	2.34	W	0.07	0.
	0.312329 sh. Vanguard Emerging Markets Government... Class O	12/16/16	11/17/17	25.03	24.02			1.01
	0.344819 sh. Vanguard Total Stock Market ETF Class O	03/16/17	03/31/17	41.93	42.41	W	0.48	0.
	0.453010 sh. Vanguard Value ETF Class O	03/16/17	06/30/17	43.72	44.19	W	0.47	0.
	0.231288 sh. iShares iBoxx \$ Investment Grade Cor... Class O	05/16/17	11/17/17	27.87	27.55			0.32
	0.124201 sh. iShares iBoxx \$ Investment Grade Cor... Class O	06/01/17	11/17/17	14.97	14.87			0.10
	0.014116 sh. Vanguard Value ETF Class O	06/01/17	11/17/17	1.43	1.35			0.08
	0.004368 sh. iShares Emerging Markets USD Bond ETF Class O	06/12/17	06/30/17	0.50	0.51			-0.01
	0.947737 sh. Vanguard FTSE Emerging Markets Class O	06/29/17	11/17/17	42.66	38.40			4.26
	0.049450 sh. iShares Emerging Markets USD Bond ETF Class O	07/06/17	11/17/17	5.70	5.59			0.11
	0.050326 sh. iShares iBoxx \$ Investment Grade Cor... Class O	07/06/17	11/17/17	6.06	6.02			0.04
	0.365481 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	42.14	42.71			-0.57
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				263.86	259.85		1.33	5.34

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social security number or taxpayer identification number

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.018568 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	2.14	2.17			-0.03
	0.259345 sh. iShares iBoxx \$ Investment Grade Cor... Class O	09/12/17	11/17/17	31.25	31.29			-0.04
	0.631696 sh. Vanguard Small-Cap Value ETF Class O	09/12/17	11/17/17	81.23	78.21			3.02
	0.631287 sh. Vanguard FTSE Developed Markets Class O	09/12/17	09/29/17	27.29	27.36	W	0.07	0.
	0.136677 sh. Vanguard Mid-Cap Value ETF Class O	09/12/17	11/17/17	14.64	14.28			0.36
	0.677265 sh. Vanguard Total Stock Market ETF Class O	09/12/17	11/17/17	89.97	86.84			3.13
	0.097382 sh. iShares Emerging Markets USD Bond ETF Class O	09/27/17	11/17/17	11.23	11.27			-0.04
	0.159916 sh. Vanguard Total Stock Market ETF Class O	09/27/17	11/17/17	21.24	20.53			0.71
	0.214139 sh. Vanguard Total International Bond ETF Class O	10/02/17	11/17/17	11.77	11.67			0.10
	0.200501 sh. iShares Emerging Markets USD Bond ETF Class O	10/02/17	11/17/17	23.11	23.22			-0.11
	0.030423 sh. iShares iBoxx \$ Investment Grade Cor... Class O	10/02/17	11/17/17	3.67	3.68			-0.01
	0.211253 sh. Vanguard FTSE Developed Markets Class O	10/02/17	11/17/17	9.28	9.15			0.13
	0.047289 sh. Vanguard Total Stock Market ETF Class O	10/02/17	11/17/17	6.28	6.14			0.14
	0.089428 sh. iShares National AMT-Free Muni Bond ETF Class O	10/04/17	11/17/17	9.90	9.90			0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				343.	335.71		0.07	7.36

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.190795 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	8.25	7.23			1.02
	0.015869 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	0.69	0.60			0.09
	0.503129 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	21.75	18.68			3.07
	0.658689 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	28.48	24.39			4.09
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				59.17	50.90			8.27

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **13**

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I** **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C or C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . . . ☒ **Yes** ☐ **No****B** If "Yes," did you or will you file required Forms 1099? . . . . . ☐ **Yes** ☒ **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)						
<b>A</b>	4438B beechstone ln Fairfax VA 22033						
<b>B</b>							
<b>C</b>							
<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>	
<b>A</b>	2			<b>A</b>	183	182	<input type="checkbox"/>
<b>B</b>				<b>B</b>			<input type="checkbox"/>
<b>C</b>				<b>C</b>			<input type="checkbox"/>

**Type of Property:**

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	14,850.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	1,200.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	1,200.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,604.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,100.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	5,765.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	100.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	2,187.		
<b>17</b> Utilities. . . . .	<b>17</b>	51.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	13,207.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	1,643.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	14,850.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	5,765.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	13,207.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			1,643.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 <sup>NPA</sup> . . . . .	<b>26</b>			1,643.

For Paperwork Reduction Act Notice, see the separate instructions.

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1,643. Schedule E (Form 1040) 2017

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **21**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
Montessori School of Fairfax	3411 Lees Corner Rd Chantilly VA 20151	30-0296691	5,800.
Stratford School - San Francisco	301 De Montfort Ave, San Francisco CA 94112	94-3337701	8,000.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Uma	Mekala	799-40-5353	8,800.
ira	Mekala	364-49-8019	0.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3**

1,000.

**4** Enter your **earned income**. See instructions**4**

162,230.

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5**

83,142.

**6** Enter the **smallest** of line 3, 4, or 5**6**

1,000.

**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7**

242,439.

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$0—15,000 .35

15,000—17,000 .34

17,000—19,000 .33

19,000—21,000 .32

21,000—23,000 .31

23,000—25,000 .30

25,000—27,000 .29

27,000—29,000 .28

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$29,000—31,000 .27

31,000—33,000 .26

33,000—35,000 .25

35,000—37,000 .24

37,000—39,000 .23

39,000—41,000 .22

41,000—43,000 .21

43,000—No limit .20

**8**

.20

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9**

200.

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10**

39,708.

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**

200.

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

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Form **2441** (2017)



**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	5,714.
<b>13</b>	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions . . . . .	<b>14</b>	( 0. )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	5,714.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	13,800.
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	5,714.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	161,605.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	83,053.
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	5,714.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	5,714.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	5,000.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	714.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000.
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	5,000.
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9 . . . . .	<b>29</b>	1,000.
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	8,800.
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	1,000.

**Alternative Minimum Tax—Individuals**

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **32**

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

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b>	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	<b>1</b>	201,404.
<b>2</b>	Reserved for future use	<b>2</b>	
<b>3</b>	Taxes from Schedule A (Form 1040), line 9	<b>3</b>	22,904.
<b>4</b>	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	<b>4</b>	
<b>5</b>	Miscellaneous deductions from Schedule A (Form 1040), line 27.	<b>5</b>	0.
<b>6</b>	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	<b>6</b>	( 0. )
<b>7</b>	Tax refund from Form 1040, line 10 or line 21	<b>7</b>	( 1,112. )
<b>8</b>	Investment interest expense (difference between regular tax and AMT).	<b>8</b>	
<b>9</b>	Depletion (difference between regular tax and AMT)	<b>9</b>	
<b>10</b>	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	<b>10</b>	
<b>11</b>	Alternative tax net operating loss deduction	<b>11</b>	( )
<b>12</b>	Interest from specified private activity bonds exempt from the regular tax	<b>12</b>	
<b>13</b>	Qualified small business stock, see instructions	<b>13</b>	0.
<b>14</b>	Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>14</b>	
<b>15</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>15</b>	
<b>16</b>	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	<b>16</b>	
<b>17</b>	Disposition of property (difference between AMT and regular tax gain or loss)	<b>17</b>	0.
<b>18</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>18</b>	0.
<b>19</b>	Passive activities (difference between AMT and regular tax income or loss)	<b>19</b>	
<b>20</b>	Loss limitations (difference between AMT and regular tax income or loss)	<b>20</b>	
<b>21</b>	Circulation costs (difference between regular tax and AMT)	<b>21</b>	
<b>22</b>	Long-term contracts (difference between AMT and regular tax income)	<b>22</b>	
<b>23</b>	Mining costs (difference between regular tax and AMT)	<b>23</b>	
<b>24</b>	Research and experimental costs (difference between regular tax and AMT)	<b>24</b>	
<b>25</b>	Income from certain installment sales before January 1, 1987	<b>25</b>	( )
<b>26</b>	Intangible drilling costs preference	<b>26</b>	
<b>27</b>	Other adjustments, including income-based related adjustments	<b>27</b>	
<b>28</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	<b>28</b>	223,196.

**Part II Alternative Minimum Tax (AMT)**

<b>29</b>	Exemption. (If you were under age 24 at the end of 2017, see instructions.) <b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b> Single or head of household . . . \$120,700 . . . \$54,300 Married filing jointly or qualifying widow(er) . . . 160,900 . . . 84,500 Married filing separately . . . 80,450 . . . 42,250 If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>29</b>	68,926.
<b>30</b>	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	<b>30</b>	154,270.
<b>31</b>	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	<b>31</b>	39,836.
<b>32</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>32</b>	128.
<b>33</b>	Tentative minimum tax. Subtract line 32 from line 31	<b>33</b>	39,708.
<b>34</b>	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	<b>34</b>	38,289.
<b>35</b>	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	<b>35</b>	1,419.

**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

<b>36</b>	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 . . . . .	<b>36</b>	154,270.
<b>37</b>	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>37</b>	2,495.
<b>38</b>	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>38</b>	
<b>39</b>	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>39</b>	2,495.
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	2,495.
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	151,775.
<b>42</b>	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . ▶	<b>42</b>	39,462.
<b>43</b>	Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	<b>43</b>	75,900.
<b>44</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>44</b>	182,709.
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	0.
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	2,495.
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	<b>47</b>	0.
<b>48</b>	Subtract line 47 from line 46 . . . . .	<b>48</b>	2,495.
<b>49</b>	Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	<b>49</b>	470,700.
<b>50</b>	Enter the amount from line 45 . . . . .	<b>50</b>	0.
<b>51</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter . . . . .	<b>51</b>	182,709.
<b>52</b>	Add line 50 and line 51 . . . . .	<b>52</b>	182,709.
<b>53</b>	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	<b>53</b>	287,991.
<b>54</b>	Enter the smaller of line 48 or line 53 . . . . .	<b>54</b>	2,495.
<b>55</b>	Multiply line 54 by 15% (0.15) . . . . . ▶	<b>55</b>	374.
<b>56</b>	Add lines 47 and 54 . . . . .	<b>56</b>	2,495.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>			
<b>57</b>	Subtract line 56 from line 46 . . . . .	<b>57</b>	0.
<b>58</b>	Multiply line 57 by 20% (0.20) . . . . . ▶	<b>58</b>	0.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>			
<b>59</b>	Add lines 41, 56, and 57 . . . . .	<b>59</b>	
<b>60</b>	Subtract line 59 from line 36 . . . . .	<b>60</b>	
<b>61</b>	Multiply line 60 by 25% (0.25) . . . . . ▶	<b>61</b>	
<b>62</b>	Add lines 42, 55, 58, and 61 . . . . .	<b>62</b>	39,836.
<b>63</b>	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>63</b>	40,110.
<b>64</b>	Enter the <b>smaller</b> of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 . . . . .	<b>64</b>	39,836.

# Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.  
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **71**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

## Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	267,461.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	267,461.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		17,461.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		157.

## Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

## Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

## Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		157.
----	--	----	--	------

## Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	3,879.	
20	Enter the amount from line 1 . . . . .	20	267,461.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	3,878.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		1.

**Moving Expenses**

► Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Before you begin:**

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . . .	<b>1</b>	6,105.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	5,000.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	11,105.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	5,000.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	6,105.

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

REV 11/13/17 Intuit.cq.cfp.sp

Form **3903** (2017)

# Tax History Report

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	165,744.	184,146.	191,118.	237,664.	248,544.
Adjustments to income		2,051.	4,946.		6,105.
Adjusted gross income	165,744.	182,095.	186,172.	237,664.	242,439.
Tax expense . . . . .	14,517.	8,226.	12,101.	19,024.	22,904.
Interest expense . . .	13,962.		13,435.	11,498.	17,231.
Contributions . . . . .	1,600.		6,480.	2,480.	900.
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	30,079.	12,400.	32,016.	33,002.	41,035.
Exemption amount . .	11,700.	11,850.	8,000.	16,200.	16,200.
Taxable income . . . .	123,965.	157,845.	146,156.	188,462.	185,204.
Tax. . . . .	22,826.	31,444.	28,127.	39,568.	38,417.
Alternative min tax . .				803.	1,419.
Total credits . . . . .	1,070.			237.	328.
Other taxes . . . . .		4,102.	9,891.	212.	157.
Payments . . . . .	30,462.	36,719.	18,267.	40,709.	54,567.
Form 2210 penalty . .			319.		
Amount owed . . . . .			20,070.		
Applied to next year's estimated tax .					
Refund. . . . .	8,706.	1,173.		363.	14,902.
Effective tax rate % . .	12.70	17.27	15.11	16.89	16.30
**Tax bracket % . . .	25.0	28.0	25.0	28.0	28.0

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

## Smart Worksheets from your 2017 Virginia Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 38,417.
Check if from:	
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 38,417.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Additional Other Taxes Smart Worksheet	
<b>A</b>	Section 72(m)(5) excess benefits tax . . . . .
<b>B</b>	Uncollected employee social security and Medicare or RRTA tax on tips . . . . .
<b>C</b>	Uncollected employee social security and Medicare or RRTA tax on group term insurance . . . . .
<b>D</b>	Golden parachute payments . . . . .
<b>E</b>	Accumulation distribution of trusts . . . . .
<b>F</b>	Recapture of Investment Credit . . . . .
<b>G</b>	Tax on Archer MSA distribution(s) from Form 8853 . . . . .
<b>H</b>	Tax on Medicare Advantage MSA distribution(s) from Form 8853 . . . . .
<b>I</b>	Tax on HSA distribution(s) from Form 8889 . . . . .
<b>J</b>	Additional tax from line 21 on Form(s) 8889 . . . . .
<b>K</b>	Additional tax on recapture of a charitable contribution deduction relating to the contribution of a fractional interest in tangible personal property . . . . .
<b>L</b>	Reserved . . . . .
<b>M</b>	Total Additional Medicare Tax from Form 8959 . . . . . 157.
<b>N</b>	Net Investment Income Tax for Individuals from Form 8960 . . . . .
<b>O</b>	. . . . .

## SMART WORKSHEET FOR: Form 1040: Individual Tax Return

## Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

**A** Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 3,075.

## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

[illegible]



## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

Dividend Income Smart Worksheet							
Payer's Name To access 1099-DIV, <b>Double-Click</b> from payer							
Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Capital Gain Distributions	Box 2b Unrecap. Sec 1250	Box 3 Nondividend Distributions	Box 10 Exempt- int Dividends	State ID*	Private Actvty Bond
CHARLES SCHWAB & CO., INC.							
1,081.79	786.54				29.65	CA	0.00
Betterment Securities							
2,335.13	1,708.37	0.00	0.00	0.00	125.38	VA	0.00

## SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
<b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b> ; you cannot take the credit.	
<b>A</b>	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . . 39,836.
<b>B</b>	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . . 128.

## SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

General Information Smart Worksheet	
<b>A</b>	Enter the new principal place of work for this move . . . <u>San Francisco, CA</u>
<b>B</b>	Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . . 5,000.
<b>C</b>	Other allowance or reimbursements not on Form W-2 . . . . .
<b>D</b>	Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . . 5,000 miles
<b>E</b>	Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . . 13 miles
<b>F</b>	Subtract line E from line D. If zero or less, enter -0- . . . . . 4,987 miles
<b>Is line F at least 50 miles?</b>	
<b>Yes</b>	▶ You meet this test.
<b>No</b>	▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses. Do Not complete Form 3903.
<b>G</b>	For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . . <input type="checkbox"/>
	● You moved in an earlier year
	● You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States Enter storage fees applicable to foreign move . . . . .
	● Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A

Travel and lodging expenses for this move (excluding auto expenses) . . . . .

5,000.

B

Parking fees and tolls . . . . .

C

Gasoline and oil . . . . .

D

Miles driven traveling to new home . . . . .

TAXABLE YEAR

**2017****California Online e-file Return Authorization  
for Individuals**

FORM

**8453-OL**

Your first name and initial ABHILASH R		Last name MEKALA		Suffix	Your SSN or ITIN 658-20-5589
If filing jointly, spouse's/RDP's first name SHRAYYA		Last name MARANGANTI		Suffix	Spouse's/RDP's SSN or ITIN 329-06-7412
Street address (number and street) or PO box 424 BOSWORTH ST		Apt. no. UN A	PMB/private mailbox		Daytime telephone number (864) 650-0899
City SAN FRANCISCO				State CA	ZIP code 94112
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** 156,971.

2 Refund or no amount due. See instructions ..... **2** 1,220.

3 Amount you owe. See instructions ..... **3**

**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 1,220.    12 The remaining amount of my refund for direct deposit \_\_\_\_\_

9 Routing number 051000017    13 Routing number \_\_\_\_\_

10 Account number 435008144960    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

2017

California Nonresident or Part-Year  
Resident Income Tax Return

Long Form

540NR

APE

658-20-5589 MEKA 329-06-7412  
 ABHILASH R MEKALA  
 SHRAVYA MARANGANTI

17

A  
R  
RP

424 BOSWORTH ST UN A  
 SAN FRANCISCO CA 94112

12-26-1982 05-02-1983

**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 ☐ 2 X \$114 = ☒ \$ 228

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"/> UMA	<input checked="" type="radio"/> IRA	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> MEKALA	<input checked="" type="radio"/> MEKALA	<input checked="" type="radio"/>
SSN	<input checked="" type="radio"/> 7 9 9 4 0 5 3 5 3	<input checked="" type="radio"/> 3 6 4 4 9 8 0 1 9	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/>

Total dependent exemptions ☒ 10 ☐ 2 X \$353 = ☒ \$ 706

11 **Exemption amount:** Add line 7 through line 10 ☒ 11 ☐ \$ 934

12 Total California wages from your Form(s) W-2, box 16 ☒ 12 160426 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 242439 00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B ☒ 14 1112 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☒ 15 241327 00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C ☒ 16 3146 00

17 Adjusted gross income from all sources. Combine line 15 and line 16 ☒ 17 244473 00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 44; **OR** Your California **standard deduction**. See instructions ☒ 18 24670 00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☒ 19 219803 00

Total Taxable Income

Exemptions

Your name: MEKALA

Your SSN or ITIN: 658-20-5589

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	31	15155	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	156971	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	141130	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0 6 8 9
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	9724	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	6 4 2 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	600	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	9124	00
	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	9124	00
Special Credits	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
	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
Other Taxes	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	9124	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	9124	00
	81	California income tax withheld. See instructions	81	10344	00
	82	2017 CA estimated tax and other payments. See instructions	82		00
Overpaid Tax/Due	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	10344	00
101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	1220	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	1220	00	
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00	

Your name: MEKALA Your SSN or ITIN: 658-20-5589

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: MEKALA Your SSN or ITIN: 658-20-5589

**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** .....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** .....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** .....1 2 2 0.00

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  
0 5 1 0 0 0 0 1 7 ☐ Savings 4 3 5 0 0 8 1 4 4 9 6 0 .....1 2 2 0.00  
● Routing number ● Type ● Account number ● **126** Direct deposit amount

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

**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

( 8 6 4 ) 6 5 0 0 8 9 9

**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

( )

**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

A R M E K A L A &amp; S M A R A N G A N T I

6 5 8 2 0 5 5 8 9

**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 ☐ Resident**b** 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"/> VA	<input checked="" type="radio"/> VA
<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 checked="" type="radio"/> VA 05/02/2017	<input checked="" type="radio"/> VA 05/02/2017
<b>4</b> I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . .	<input type="radio"/>	<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 checked="" type="radio"/> 180	<input checked="" type="radio"/> 180
<b>7</b> I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" type="radio"/> N	<input checked="" type="radio"/> N
<b>8 Before 2017:</b> I was a CA resident for the period of . . . . .	<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"/> 245,372.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 245,372.	<input checked="" type="radio"/> 160,426.
<b>8</b> Taxable interest. (b) 155. . . . . <b>8(a)</b>	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 125.	<input checked="" type="radio"/> 125.	<input checked="" type="radio"/> 155.
<b>9</b> Ordinary dividends. See instructions. (b) 2,495. . . . . <b>9(a)</b>	<input checked="" type="radio"/> 3,417.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 3,417.	<input checked="" type="radio"/> 2,495.
<b>10</b> Taxable refunds, credits, or offsets of state and local income taxes. . . . . <b>10</b>	<input checked="" type="radio"/> 1,112.	<input checked="" type="radio"/> 1,112.			
<b>11</b> Alimony received. See instructions. . . . . <b>11</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Business income or (loss) . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Capital gain or (loss). See instructions . . . <b>13</b>	<input checked="" type="radio"/> -3,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 3,021.	<input checked="" type="radio"/> 21.	<input checked="" type="radio"/> 0.
<b>14</b> Other gains or (losses) . . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> IRA distributions. See instructions. (a) 15(b) 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Pensions and annuities. See instructions. (a) 16(b) 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . <b>17</b>	<input checked="" type="radio"/> 1,643.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,643.	<input checked="" type="radio"/> 0.
<b>18</b> Farm income or (loss) . . . . . <b>18</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> Unemployment compensation . . . . . <b>19</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>20</b> Social security benefits. (a) 20(b) 20(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>21</b> Other income. <b>a</b> California lottery winnings <b>b</b> Disaster loss deduction from FTB 3805V <b>c</b> Federal NOL (Form 1040, line 21) <b>d</b> NOL deduction from FTB 3805V <b>21</b> <b>e</b> NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 <b>f</b> Other (describe): 	<input checked="" type="radio"/> <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 5px;">{</div> <div style="margin-right: 5px;"> <input checked="" type="radio"/> a  <input checked="" type="radio"/> b  <input type="radio"/> c  <input checked="" type="radio"/> d  <input type="radio"/> e  <input type="radio"/> f </div> </div>	<input type="radio"/> a <input type="radio"/> b <input checked="" type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input checked="" type="radio"/> f	<input type="radio"/> 21	<input type="radio"/> 21	
<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"/> 248,544.	<input checked="" type="radio"/> 1,112.	<input checked="" type="radio"/> 3,146.	<input checked="" type="radio"/> 250,578.	<input checked="" type="radio"/> 163,076.



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. . . . . 22b	248,544.	1,112.	3,146.	250,578.	163,076.
23	Educator expenses. . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses. . . . . 26	6,105.			6,105.	6,105.
27	Deductible part of self-employment tax . . . 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 Enter recipient's: SSN <input type="radio"/> - - - - - Last name <input type="radio"/> . 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Tuition and fees . . . . . 34					
35	Domestic production activities deduction . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36	6,105.			6,105.	6,105.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	242,439.	1,112.	3,146.	244,473.	156,971.

### 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** 41,035.

**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** 16,365.

**40** Subtract line 39 from line 38. . . . . ☐ **40** 24,670.

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

**42** Combine line 40 and line 41. . . . . ☐ **42** 24,670.

**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** 24,670.

**44 Enter the larger of the amount on line 43 or your standard deduction. See instructions.** . . . . . ☐ **44** 24,670.

### Part IV California Taxable Income

**45 California AGI.** Enter your California AGI from line 37, column E. . . . . ☐ **45** 156,971.

**46** Enter your deductions from line 44 . . . . . ☐ **46** 24,670.

**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** 0.6421

**48 California Itemized/Standard Deductions.** Multiply line 46 by the percentage on line 47 . . . . . ☐ **48** 15,841.

**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** 141,130.

**2017****California Capital Gain or Loss Adjustment**

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

**D (540)**

Name(s) as shown on return

SSN or ITIN

A R M E K A L A &amp; S M A R A N G A N T I

6 5 8 2 0 5 5 8 9

1	(a) Description of property Example: 100 shares of "Z" Co.		(b) Sales price		(c) Cost or other basis		(d) Loss If (c) is more than (b), subtract (b) from (c)		(e) Gain If (b) is more than (c), subtract (c) from (b)	
a	0.059594 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS 0		6.57		6.57				0.	
b	0.024956 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0		3.01		3.01				0.	
c	0.020617 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS 0		2.27		2.27				0.	
d	0.312329 SH. VANGUARD EMERGING MARKETS GOVERNMENT... CLASS 0		25.03		24.02				1.01	
e	0.344819 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0		41.93		41.93				0.	
f	0.453010 SH. VANGUARD VALUE ETF CLASS 0		43.72		43.72				0.	
g	0.231288 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0		27.87		27.55				0.32	
h	0.124201 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0		14.97		14.87				0.10	
i	0.014116 SH. VANGUARD VALUE ETF CLASS 0		1.43		1.35				0.08	
j	0.004368 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0		0.50		0.51		0.01			
k	0.947737 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0		42.66		38.40				4.26	
l	0.049450 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0		5.70		5.59				0.11	
m	0.050326 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0		6.06		6.02				0.04	
n	0.365481 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0		42.14		42.71		0.57			
o	0.018568 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0		2.14		2.17		0.03			
p	0.259345 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0		31.25		31.29		0.04			
q	0.631696 SH. VANGUARD SMALL-CAP VALUE ETF CLASS 0		81.23		78.21				3.02	
r	0.631287 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS 0		27.29		27.29				0.	
s	0.136677 SH. VANGUARD MID-CAP VALUE ETF CLASS 0		14.64		14.28				0.36	
t	0.677265 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0		89.97		86.84				3.13	
u	0.097382 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0		11.23		11.27		0.04			
v	SEE LINE 1A STATEMENT		202.06		192.82		0.20		9.44	

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568). . . . . 2

3 Capital gain distributions (federal Form 1099-DIV, box 2a) . . . . . 3

4 Total 2017 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 . . . . . 4 22.

5 2017 loss. Add column (d) amounts of line 1 and line 2. . . . . 5 ( 1. )

6 California capital loss carryover from 2016, if any. See instructions. . . . . 6 ( 0. )

7 Total 2017 loss. Add line 5 and line 6 . . . . . 7 ( 1. )



- 8** Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10. . . . . ☒ **8** 21.
- 9** If line 8 is a loss, enter the smaller of: (a) the loss on line 8.  
(b) \$3,000 (\$1,500 if married/RDP filing separate). See instructions. . . . ☒ **9** (                      )
- 10** Enter the gain or (loss) from federal Form 1040, line 13 . . . . . ☒ **10** -3,000.
- 11** Enter the California gain from line 8 or (loss) from line 9 . . . . . ☒ **11** 21.
- 12 a** If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), line 13, column B . . . . . ☒ **12a**
- b** If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), line 13, column C . . . . . ☒ **12b** 3,021.

**Additional information from your Schedule D (540): California Capital Gain or Loss Adjustment****Schedule D (540): California Capital Gain or Loss Adjustment  
Gain/Loss Adjustment****Continuation Statement**

Property Description	Sales Price	Cost or Other Basis	Loss	Gain
0.159916 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O	21.24	20.53		0.71
0.214139 SH. VANGUARD TOTAL INTERNATIONAL BOND ETF CLASS O	11.77	11.67		0.10
0.200501 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS O	23.11	23.22	0.11	
0.030423 SH. ISHARES IBOXX \$ INVESTMENT GRADE COR... CLASS O	3.67	3.68	0.01	
0.211253 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	9.28	9.15		0.13
0.047289 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O	6.28	6.14		0.14
0.089428 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O	9.90	9.90		0.
0.146616 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS O	16.90	16.94	0.04	
0.044421 SH. ISHARES IBOXX \$ INVESTMENT GRADE COR... CLASS O	5.35	5.37	0.02	
0.057788 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O	6.40	6.40		0.
0.152029 SH. VANGUARD FTSE EMERGING MARKETS CLASS O	6.84	6.82		0.02
0.229545 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	10.08	10.10	0.02	
0.150448 SH. VANGUARD FTSE EMERGING MARKETS CLASS O	6.77	6.71		0.06
0.103802 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	4.56	4.56		0.
0.016401 SH. VANGUARD FTSE EMERGING MARKETS CLASS O	0.74	0.73		0.01
0.190795 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	8.25	7.23		1.02
0.015869 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	0.69	0.60		0.09
0.503129 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	21.75	18.68		3.07
0.658689 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O	28.48	24.39		4.09
<b>Total</b>	<b>202.06</b>	<b>192.82</b>	<b>0.20</b>	<b>9.44</b>

## Schedule P

## Credits That Reduce Tax Statement

2017

Name A R MEKALA & S MARANGANTI		Social Security Number 658-20-5589		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c) . . . . .			3,174.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
223 Motion Picture and Television Production . . . . .			3,174.	
205 Disabled Access . . . . .			3,174.	
204 Donated Agricultural Products Transportation . . . . .			3,174.	
190 Employer Childcare Contribution . . . .			3,174.	
189 Employer Child Care Program . . . . .			3,174.	
203 Enhanced Oil Recovery . . . . .			3,174.	
218 Environmental Tax . . . . .			3,174.	
207 Farmworker Housing . . . . .			3,174.	
198 Local Agency Military Base Recovery Area Hiring . . . . .			3,174.	
198 Local Agency Military Base Recovery Area Sales or Use Tax . . . . .			3,174.	
211 Manufacturing Enhancement Area Hiring . . . . .			3,174.	
220 New Jobs . . . . .			3,174.	
237 New Motion Picture & Television			3,174.	
238 New Donated Fresh Fruits or Vegetables . . . . .			3,174.	
234 New Employment . . . . .			3,174.	
175 Agricultural Products . . . . .			3,174.	
209 Community Development Financial Institution Deposits Credit . . . . .			3,174.	
224 Donated Fresh Fruits or Vegetables Credit . . . . .			3,174.	
194 Employee Ridesharing . . . . .			3,174.	
191 Employer Ridesharing (Large) . . . . .			3,174.	
192 Employer Ridesharing (Small) . . . . .			3,174.	
193 Employer Ridesharing (Transit Passes) . . . . .			3,174.	
182 Energy Conservation . . . . .			3,174.	
160 Low Emission Vehicles . . . . .			3,174.	
184 Political Contributions . . . . .			3,174.	
174 Recycling Equipment . . . . .			3,174.	
186 Residential Rental and Farm Sales . .			3,174.	
206 Rice Straw . . . . .			3,174.	
171 Ridesharing . . . . .			3,174.	
200 Salmon and Steelhead Trout Habitat Restoration . . . . .			3,174.	
179 Solar Pump . . . . .			3,174.	
178 Water Conservation . . . . .			3,174.	

161 Young Infant . . . . .			3,174.	
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A R MEKALA & S MARANGANTI

658-20-5589

Page 2

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c) . . . . .			9,124.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes . . . . .			9,124.	
235 College Access . . . . .			9,124.	
197 Child Adoption . . . . .			9,124.	
176 Enterprise Zone Hiring			9,124.	
176 Enterprise Zone Sales or Use Tax . .			9,124.	
172 Low-Income Housing . . . . .			9,124.	
213 Natural Heritage Preservation . . . . .			9,124.	
183 Research . . . . .			9,124.	
210 Targeted Tax Area Hiring . . . . .			9,124.	
210 Targeted Tax Area Sales or Use Tax .			9,124.	
196 Commercial Solar Electric System . .			9,124.	
181 Commercial Solar Energy . . . . .			9,124.	
185 Orphan Drug . . . . .			9,124.	
180 Solar Energy . . . . .			9,124.	

# California Information Worksheet

2017

► Keep for your records

## Part I — Personal Information

### Taxpayer:

First Name . . . . . ABHILASH  
 Middle Initial . . . . . R Suffix . . . . .  
 Last Name . . . . . MEKALA  
 Social Security No. . . . . 658-20-5589  
 Date of Birth . . . . . 12/26/1982 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 35  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (864) 650-0899 Ext  
 Home phone . . . . .  
 Your email address to print on Form 540, 540NR or 540X (optional) . . . . .  
 Check to print phone number on Form 540. . ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

### Spouse/RDP:

First Name . . . . . SHRAVYA  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . . MARANGANTI  
 Social Security No. . . . . 329-06-7412  
 Date of Birth . . . . . 05/02/1983 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 34  
 Date of Death . . . . . (mm/dd/yyyy)  
 Legally blind . . . . . ☐  
 Daytime Phone . . . . . (864) 643-0899 Ext

c/o Address . . . . .  
 Street Address . . . . . 424 Bosworth st  
 Unit Description . . . . . UN Unit Number A Private Mailbox (PMB) . . . . .  
 City . . . . . San Francisco State . . . . . CA ZIP Code . . . . . 94112  
 Foreign province/country . . . . . Foreign postal code . . . . .  
 Foreign country . . . . .

### Military Filers:

☐ APO ☐ FPO  
 For Military Extension:  
 Military indicator . . ► Taxpayer \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

## Part II — Main Form

☐ Form 540: Resident Income Tax Return. . . . . ►  
☒ Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ►  
 Enter your state of residence as of December 31, 2017 . . . . . CA  
☐ Resident entire year  
☒ Resident part of year  
 Date you established residence in state above . . . . . 05/02/2017  
 In which state (or foreign country) did you reside before this change? . . . . . VA  
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ►

## Part III — Filing Status

☐ Single  
☒ Married/RDP filing joint return  
☐ Married/RDP filing separate return  
☐ You **did not** live with spouse at any time during the year  
**Yes No**  
☐ ☐ If filing electronically, is spouse a CA Nonresident?  
☐ ☐ If filing electronically, is spouse Active Duty Military?  
☐ Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's name . . . . .  
 Child's social security number . . . . .  
☐ Qualifying widow(er)  
 Year spouse/RDP died . . . ☐ 2015 ☐ 2016  
☐ Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship
Uma		Mekala	799-40-5353	Daughter
ira		Mekala	364-49-8019	Daughter

**Part V – Standard Deduction/Itemized Deductions**

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

**Part VI – Other Information****Prior Name:**

If you filed your 2016 return under a different last name, enter the last name **only** from the 2016 return . . . . ▶ Taxpayer . \_\_\_\_\_ Spouse/RDP \_\_\_\_\_

**Dependent of Someone Else:**

**Taxpayer** **Spouse**

- ☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

**Interest and Penalties:**

Returns filed late: Enter interest, late return and late payment penalties . . . . . \_\_\_\_\_

**Farmers and Fishermen:**

- ☐ At least two-thirds of your 2016 or 2017 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2018

**Mandatory Electronic Payments**

- ☐ You are required to make California tax payments electronically
- ☐ A waiver is or will be in effect for the current year
- ☐ Force print all payment vouchers even if required to pay electronically

**Schedule W-2:**

- ☐ You do **not** want to complete Schedule W-2

**Executor/Guardian Information:**

	First Name	MI	Last Name	Suf.
Executor/Guardian . . . . .	_____	_____	_____	_____
Executor type (if filing electronically) . . . . .	_____			

**Third Party Designee:**

**Yes** **No**

- ☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name . . . . . Telephone . . . . .

First . \_\_\_\_\_ Middle init . \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**Disasters:**

- ☐ Claiming a disaster loss (see FTB Publication 1034)

**QuickZoom** to enter disaster explanation . . . . . ▶ \_\_\_\_\_

**Outside of the USA:**

- ☐ You were living or traveling outside the United States on April 17, 2018

**Special Condition Text** (prints at the top of Form 540 or 540NR)**Part VII – Direct Deposit Information or Direct Debit Information**

**Yes** **No**

- ☒ ☐ Do you want to elect direct deposit of state tax refund?
- ☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?

**Bank Information:**

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) . . . . . BANK OF AMERICA 4960

Account type . . . . . Checking . ☒ Savings . ☐

Routing number . . . . . 051000017

Account number . . . . . 435008144960

**Enter the following information only if you are requesting direct debit of balance due:**

Enter the payment date to debit the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_



**International ACH Transactions**

Yes No

☐☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part VIII – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	
4	Rare and Endangered Species Preservation Program . . . . .	4	
5	California Breast Cancer Research Fund . . . . .	5	
6	California Firefighters' Memorial Fund . . . . .	6	
7	Emergency Food For Families Fund . . . . .	7	
8	California Peace Officer Memorial Foundation Fund . . . . .	8	
9	California Sea Otter Fund . . . . .	9	
10	California Cancer Research Fund . . . . .	10	
11	School Supplies for Homeless Children Fund . . . . .	11	
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	
13	Protect Our Coast and Oceans Fund . . . . .	13	
14	Keep Arts in Schools Fund . . . . .	14	
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	
17	Revive the Salton Sea Fund . . . . .	17	
18	California Domestic Violence Victims Fund . . . . .	18	
19	Special Olympics Fund . . . . .	19	
20	Type 1 Diabetes Research Fund . . . . .	20	
21	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	21	
22	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	22	
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	23	
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	24	
25	Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	25	

**Part IX – Extension Status**

Yes No

☐☒

Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return? . . . . .

If Yes, enter the extended due date . . . . .

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶**Automatic extension information for military filers (Electronic Filing Only):**

	Taxpayer	Spouse
Beginning Military Date . . . . .		
Ending Military Date . . . . .		
Combat zone/QHDA Operation or Area Served . . . . .		

**Part X – Amended Return**☐

Are you filing a California amended return?

Enter the tax year you are amending . . . . .

Previous California payment made . . . . .

Previous California refund received . . . . .

**QuickZoom** here to Schedule X . . . . . ▶**QuickZoom** to Form 540 . . . . . ▶**QuickZoom** to Form 540NR. . . . . ▶

# Interest and Dividend Adjustments Worksheet

2017

Name as Shown on Return  
A R MEKALA & S MARANGANTI

Social Security Number  
658-20-5589

Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories* . . . . .		
2 Loans made in an enterprise zone . . . . .		
3 Interest on obligations of District of Columbia issued after December 27, 1973 . . . . .		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California . . . .		
5 California interest adjustments from K-1's . . . . .		
6 Interest earned from Health Savings Account . . . . .		
7 Interest from Ottoman Turkish Empire Settlement Payments . . . . .		
8 Other interest income subtraction . . . . .		
9 Tax exempt interest from other states or that do not meet 50% rule . . . . .		125.
10 a Canadian RRSP undistributed interest income from Form 8891 . . . .		
b RRSP total interest income for the year . . . . .		
11 Interest from Build America Bond . . . . .		
12 Other adjustments (itemize):		
a ----- . . . . .		
b ----- . . . . .		
c ----- . . . . .		
d ----- . . . . .		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 8. . . . .		125.

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends . . . . .		
14 Regulated investment company (RIC) capital gains . . . . .		
15 Distributions of pre-1987 earnings from S Corporations . . . . .		
16 U.S. obligations dividends adjustment . . . . .		
17 California dividend adjustments from K-1's . . . . .		
18 a Canadian RRSP undistributed dividend income from Form 8891 . . . .		
b RRSP total interest dividend for the year . . . . .		
19 Other adjustments (itemize):		
a ----- . . . . .		
b ----- . . . . .		
c ----- . . . . .		
d ----- . . . . .		
e Dividend earned from Health Savings Account . . . . .		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 9. . . . .		

\* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

**Schedule CA**  
**Line 21**

**California Other Income Statement**  
▶ Attach to return (after all other FTB forms)

**2017**

Name as Shown on Return  
A R MEKALA & S MARANGANTI

Social Security Number  
658-20-5589

	(B) Subtractions	(C) Additions
1 Olympic medals and prize money . . . . .		
2 Native American income, Form 3504 . . . . .		
3 Reward from a crime hotline . . . . .		
4 Federal foreign earned income or housing exclusion, from Form 2555 . . . . .		
5 Beverage container recycling income . . . . .		
6 Rebates or vouchers from a local water agency, energy agency or energy supplier . . . . .		
7 Financial incentive for turf removal . . . . .		
8 Financial incentive for seismic improvement . . . . .		
9 Original issue discount (OID) for debt instruments issued in 1985 and 1986 . . . . .		
10 Foreign income of nonresident aliens . . . . .		
11 Cost-share payments received by forest landowners . . . . .		
12 Coverdell (ESA) distributions . . . . .		
13 HSA distributions for unqualified medical expense . . . . .		
14 Distributions rolled over from MSA to HSA account (Form 3805P) . .		
15 Grants paid to low-income individuals . . . . .		
16 California National Guard Surviving Spouse & Children Relief Act of 2004 . . . . .		
17 Ottoman Turkish Empire Settlement Payments . . . . .		
18 Federal form 8814/California form 3803 adjustment . . . . .		
19 Other income, from Schedule(s) K-1 . . . . .		
20 Canceled debt income. . . . .		
21 a Canadian RRSP undistributed other income from Form 8891 . . . . .		
b RRSP total other income for the year . . . . .		
Other taxable income:		
22 a		
b		
c		
d		
e		
f		
g		
23 <b>Total.</b> Add lines 1 through 23. Enter here and on Schedule CA or Schedule CA(NR), line 21f. . . . .		

# Tax Payments Worksheet

**2017**

► Keep for your records

Name <b>A R MEKALA &amp; S MARANGANTI</b>	Social Security Number <b>658-20-5589</b>
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## Tax Payments for the Current Year

		State	
		Date	Payment
<b>1</b>	First Payment . . . . .		
<b>2</b>	Second Payment . . . . .		
<b>3</b>	Third Payment . . . . .		
<b>4</b>	Fourth Payment . . . . .		
<b>Additional Payments</b>			
<b>5</b>	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
<b>6</b>	Overpayment from previous year applied to current year . . . . .	<b>6</b>	
<b>7</b>	Amount paid with current year extension . . . . .	<b>7</b>	
<b>8</b>	<b>Total tax payments . . . . .</b>	<b>8</b>	

## Income Taxes Withheld for the Current Year

<b>9</b>	State withholding on Forms W-2 . . . . .	<b>9</b>	10,344.
<b>10</b>	State withholding on Forms W-2G . . . . .	<b>10</b>	
<b>11</b>	State withholding on Forms 1099-R . . . . .	<b>11</b>	
<b>12 a</b>	State withholding on Forms 1099-MISC . . . . .	<b>12 a</b>	
<b>b</b>	State withholding on Forms 1099-G . . . . .	<b>b</b>	
<b>c</b>	State withholding on Forms 1099-K . . . . .	<b>c</b>	
<b>13</b>	Other state tax withholding . . . . .	<b>13</b>	
<b>14</b>	<b>Total income tax withheld . . . . .</b>	<b>14</b>	10,344.
<b>15</b>	Date return will be filed and balance paid . . . . .	<b>15</b>	

# California Excess SDI (or VPDI) Worksheet

**2017**

► Keep for your records

Name as Shown on Return <u>A R MEKALA &amp; S MARANGANTI</u>	Social Security No. <u>658-20-5589</u>
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	You	Your Spouse/RDP
<b>A</b> Did you have <b>two or more</b> employers during 2017? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>B</b> Did you receive more than \$110,902 in wages? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>C</b> Did the amounts of SDI (or VPDI) withheld appear on your Forms W-2? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you answered yes to the questions above, fill out the worksheet below to calculate your excess SDI (or VPDI) credit.**

	You	Your Spouse
<b>1</b> Add amounts of SDI (or VPDI) withheld shown on your Forms W-2 . . . . .		
<b>1 a</b> Total SDI (or VPDI) withheld shown on Forms W-2 . . . . . TP: _____ SP: _____		
<b>2</b> 2017 SDI (or VPDI) limit. . . . .		
<b>3</b> Excess SDI (or VPDI) withheld. Subtract line 2 from line 1. Enter the result here and enter on Form 540, line 74; or Form 540NR, line 84. <b>Note:</b> If zero or less, enter zero . . . . .		

**Note:** if line 1 and 1a has different amount, it indicates the SDI (or VPDI) was withheld more than 0.9% by a single employer. If SDI (or VPDI) was withheld by a single employer at more than 0.9% of gross wages, you may not claim excess SDI (or VPDI) on your Form 540. Contact the employer for a refund.

# California Carryover Worksheet

2017

Use this worksheet to enter information from your 2016 tax return  
which will be used on your 2017 tax return

► Keep for your records

Name as Shown on Return A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
--	---------------------------------------

## 2016 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate	
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)		
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73) . . . . .	2			
3	Tax on lump-sum distributions (Schedule G-1) . . . . .	3			
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83) . . . . .	4			
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84) . . . . .	5			
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) . . . . .	6			
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125) . . . . .	7			
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124) . . . . .	8			

## Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover . . . . .	0.	0.
b	Capital loss carryover (nonresidents) . . . . .		
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2016 . . . . .		
b	2015 . . . . .		
c	2014 . . . . .		
d	2013 . . . . .		
e	2012 . . . . .		

## Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7) . . . . .	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7) . . . . .	12	
13	Net operating loss carryforward from Form 3805V . . . . .	13	
14	Disaster loss carryforward from Form 3805V . . . . .	14	

**Form 3510 (Credit for Prior Year Alternative Minimum Tax)**

<b>15</b>	<b>Form 3510 information - 2016 Resident filers</b>	
<b>a</b>	Schedule P, Part I, line 15 through line 18 . . . . .	<b>15 a</b> _____
<b>b</b>	Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P, Part II, line 25 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P, Part II, line 26 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P, Part III, Section C, lines 22 and 23, column b. . . . .	<b>e</b> _____
<b>16</b>	<b>Form 3510 information - 2016 Nonresident or Part-year residents</b>	
<b>a</b>	Schedule P(NR), Part I, line 15 through line 18 . . . . .	<b>16 a</b> _____
<b>b</b>	Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed . . . . .	<b>b</b> _____
<b>c</b>	Schedule P(NR), Part II, line 35 . . . . .	<b>c</b> _____
<b>d</b>	Schedule P(NR), Part II, line 28 . . . . .	<b>d</b> _____
<b>e</b>	Schedule P(NR), Part II, line 29a and 29h . . . . .	<b>e</b> _____
<b>f</b>	Schedule P(NR), Part II, line 44 . . . . .	<b>f</b> _____
<b>g</b>	Schedule P(NR), Part II, line 45 . . . . .	<b>g</b> _____
<b>h</b>	Schedule P(NR), Part III, Section C, lines 22 and 23, column b . . . . .	<b>h</b> _____

**Schedule P/P(NR)**  
**Line 17**

**AMT Exclusion Worksheet**

► Keep for your records

**2017**

Name as Shown on Return A R MEKALA & S MARANGANTI		Social Security Number 658-20-5589
	<b>(A)</b> Gross Receipts Less Returns and Allowances	<b>(B)</b> AMT Exclusion
1 Schedule C . . . . .		
2 Schedule D . . . . .		
3 Schedule D-1 . . . . .		
4 Schedule E . . . . .	14,850.	1,643.
5 Schedule F . . . . .		
6 Schedule K-1 (Partnerships) . . . . .		
7 Schedule K-1 (S Corporations) . . . . .		
8 Form 3805E . . . . .		
9 Form 4684 . . . . .		
10 Form 4835 . . . . .		
11 Form 8824 . . . . .		
12 One-half self-employment tax and Keogh/SEP deduction . . . . .		
13 Other . . . . .		
14 Total . . . . .	14,850.	1,643.



# California Schedule D Worksheet for Nonresidents and Part-Year Residents

**2017**

► Keep for your records

Name as Shown on Return A R MEKALA & S MARANGANTI	Social Security Number 658-20-5589
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## Part I – Worksheet to Allocate Capital Gains/Losses Sale by Sale

Description of property		A Gain/Loss Enter total amounts as if you were a <b>CA resident</b> for the entire year	B All 540NR Filers Amounts earned or received from California sources as if you were a <b>nonresident</b> for the entire year	Alloc Type	C Part-year Filers Amounts earned or received during the portion of the year you were a <b>California Resident</b>	D Amounts earned or received from CA sources during the portion of the year you were a <b>nonresident</b>
Date Acquired	Date Sold					
0.312329 sh. Vanguard Emerging Markets Government... (Class Q)	12/16/2016	11/17/2017	1.			
0.947737 sh. Vanguard FTSE Emerging Markets Class Q	06/29/2017	11/17/2017	4.			
0.365481 sh. iShares Emerging Markets USD Bond ETF (Class Q)	09/12/2017	11/17/2017	-1.			
See Schedule D Transactions						
		15.				

## Part II – Schedule D Worksheet for Nonresidents and Part-Year Residents

	A Enter total as if you were a <b>CA resident</b> for the entire year	B Enter amounts earned or received from CA sources as if you were a <b>nonresident</b> for the entire year	C Enter amounts earned or received during the portion of the year you were a <b>California Resident</b>	D Enter amounts earned or received from CA sources during the portion of the year you were a <b>nonresident</b>	E <b>Total</b> Combine column C and column D
<b>1/2</b> Gains or losses . . . . .	21.				
<b>3</b> Prior year loss carryover . . . . .	0.		0.		0.
<b>4</b> Combine line 1 through line 3. . . . .	21.				0.
<b>5</b> Enter smaller of loss on line 4 or \$3,000 (\$1,500 if married filing separately). . . . .					
<b>6</b> Amount to be reported on Schedule CA(NR) . . . . .					0.

**California  
Schedule E Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return

A R MEKALA & S MARANGANTI

Social Security No.

658-20-5589

**1** Property description . . . . . Virginia Home  
Property type. . . **2** Multi-Family Residence If type is other, enter a description . . .  
Location (street address) . . . . . 4438B beechstone ln  
City . . . . . Fairfax State . . . . . VA ZIP code . . . . . 22033  
Foreign country . . . . .  
Link to single member LLC return, Form 568 . . . . .

**2** Days rented at fair rental value. . . . . 183 Days of personal use . . . . . 182

**Check all that apply**

<b>A</b> Owned by spouse . . . . .	<input type="checkbox"/>	<b>B</b> Owned jointly . . . . .	<input type="checkbox"/>
<b>C</b> Active participation. . . . .	<input checked="" type="checkbox"/>	<b>D</b> Material participation . . . . .	<input type="checkbox"/>
<b>E</b> Other passive exceptions . . . . .	<input checked="" type="checkbox"/>	<b>F</b> Some investment is not at risk. . . . .	<input type="checkbox"/>
<b>G</b> Complete taxable disposition . . . . .	<input type="checkbox"/>		

**Ownership Percentage**

**H** Check to allocate income and expenses using ownership percentage . . . . . ☐  
**I** Enter ownership percentage \_\_\_\_\_ %

**Owner rents part of a property**

**J** Check to allocate personal use items to Schedule A . . . . . ☐  
**K** Percentage of rental use . . . . . \_\_\_\_\_ %

**Vacation home or property with personal use days**

**L** Check to allocate interest and taxes using Tax Court Method . . . . . ☐  
**M** Number of days property owned if less than 365 . . . . . \_\_\_\_\_

Income		% if Different	Total
<b>3</b>	<b>Enter</b> rental income (not reported elsewhere) . . . .	14,850.	
	Rental income from Form 1099-MISC . . . . .		
	Rental income from Form 1099-K . . . . .		
	Rental Income from Cancellation of Debt Wks . . .		
	Total rents received . . . . .	14,850.	100.000000
<b>4</b>	<b>Enter</b> royalties received (not reported elsewhere) .		
	Royalty income from Form 1099-MISC . . . . .		
	Royalty income from Form 1099-K . . . . .		
	Royalty Income from Cancellation of Debt Wks . . .		
	Royalty Income from Schedule K-1 . . . . .		
	Total royalties received . . . . .		

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
<b>5</b> Advertising . . . . .	1,200.		1,200.		
<b>6 a</b> Auto . . . . .					
<b>b</b> Travel . . . . .	1,200.		1,200.		
<b>7</b> Cleaning and maint . .	3,200.		1,604.		1,596.
<b>8</b> Commissions . . . . .					
<b>9 a</b> Mort insur qualified . .					
From Form 1098 wks .					
Total mort insur qual. .					
<b>b</b> Other Insurance . . . .					
<b>10</b> Legal and other professional fees . . . .					
<b>11</b> Management fees . . .	1,100.		1,100.		
<b>12 a</b> Mortgage int qualified	11,498.				
From Form 1098 wks .					
Total mort int qualified .	11,498.		5,765.		5,733.
<b>b</b> Mort int other . . . . .					
From Form 1098 wks .					
Total mort int other. . .					
<b>13</b> Other interest. . . . .					
<b>14</b> Repairs . . . . .	200.		100.		100.
<b>15</b> Supplies . . . . .	0.		0.		0.
<b>16 a</b> Real estate taxes . . .	4,363.				
From Form 1098 wks .					
Total real estate taxes .	4,363.		2,187.		2,176.
<b>b</b> Other taxes . . . . .					
<b>17</b> Utilities . . . . .	100.		51.		49.
<b>18 a</b> Depreciation . . . . .					
<b>b</b> Depletion . . . . .					
<b>c</b> Depreciation carryover					
<b>19</b> Other expenses . . . . .					
<b>a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> . . . . .					
<b>e</b> Indirect operating exp .					
<b>f</b> Operating exp carryover					
<b>g</b> Vehicle rental. . . . .					
<b>h</b> Amortization . . . . .					
<b>20</b> Add lines 5 through 19	22,861.		13,207.		
<b>21</b> Income or (loss) . . . . .			1,643.		
<b>22</b> Deductible rental real estate loss . . . . .					

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Name as Shown on Return

A R MEKALA &amp; S MARANGANTI

Social Security Number

658-20-5589

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any

**Investment Interest Expense** (Form 3526, line 1)

1	Investment interest expense from Schedule K-1 . . . . .		
2	Investment interest expense from royalties . . . . .		
3	Other investment interest expense:		
a			
b			
c			
d			
4	<b>Total investment interest expense.</b> Add lines 1 through 3 . . . . .		

**Gross Income from Property Held for Investment** (Form 3526, line 4a)

5	Taxable investment income from Schedule B, K-1s and Form 3803. . . . .	3,417.	125.
6	Royalty income from Schedule E . . . . .		
7	Net passive income from publicly traded partnerships . . . . .		
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
9	Other investment income:		
a			
b			
c			
d			
10	<b>Total investment income.</b> Add lines 5 through 9 . . . . .		3,542.

**Net Gain from the Disposition of Property Held for Investment** (Form 3526, line 4b)

11 a	Net gains from Schedule D, line 8 . . . . .		21.
b	Less net gains from property not held for investment . . . . .		
c	<b>Net gains from property held for investment.</b> Line 11a less line 11b . . . . .		21.

**Net Capital Gain from the Disposition of Property Held for Investment** (Form 3526, line 4c)

12	Net capital gain from the disposition of property held for investment . . . . .		21.
----	--	--	-----

	(a) Amount From Federal Form 4952	(b) California Adjustment, If Any
--	--	--

**Investment Expenses** (Form 3526, line 5)

<b>13</b>	Royalty expenses . . . . .		
<b>14 a</b>	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .		
<b>b</b>	Investment expenses included as itemized deductions (not 2% limitation) . . . . .		
<b>15</b>	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .		
<b>16</b>	Other investment expenses:		
<b>a</b>	_____		
<b>b</b>	_____		
<b>c</b>	_____		
<b>d</b>	_____		
<b>17</b>	<b>Total investment expenses.</b> Add lines 13 through 16. . . . .		

	(a) Regular Tax	(b) Alternative Minimum Tax
--	-----------------------	-----------------------------------

**Allocation of Investment Interest Expense**

<b>18</b>	Allowed investment interest expense, from Form 3526, line 8 . . . . .	0 .	0 .
<b>19</b>	Less interest expense deducted on other forms and schedules:		
<b>a</b>	Deducted on Schedule E, page 2 for passthru entities . . . . .		
<b>b</b>	Deducted on Schedule E, page 1 for royalties . . . . .		
<b>c</b>	Other amounts deducted on other forms and schedules . . . . .		
<b>d</b>	Total amount deducted on other forms and schedules . . . . .		
<b>20</b>	California investment interest expense. . . . .	0 .	0 .
<b>21</b>	Allowed federal investment interest expense deducted elsewhere . .		
<b>22</b>	Allowed federal Schedule A investment interest expense . . . . .		
<b>23</b>	Adjustment for interest expense deducted on other forms and schedules. Subtract line 21 from line 19 . . . . .		
<b>24</b>	Adjustment for itemized deductions. Subtract line 22 from line 20. Enter here and on Schedule CA, line 41 . . . . .	0 .	

# California Depreciation Options

2017

Name as Shown on Return  
A R MEKALA & S MARANGANTI

Social Security Number  
658-20-5589

## MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2017 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention  
2 ☐ Mid-quarter convention

## MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

## Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

## Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service" . . . . .	1 a	
b	Additions or subtractions to calculated value . . . . .	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse. . . . .	2 a	
b	Allocation percentage elected for your return, if other than 50%. . . . .	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation . . . . .	3 a	
b	California Adjustments (calculated) . . . . .	b	
c	Other additions or subtractions to taxable income . . . . .	c	
d	California Taxable Income for the Section 179 Limitation . . . . .	d	

## Two-Year Comparison

2017

A R MEKALA &amp; S MARANGANTI

Income	2016	2017	Difference	%
<b>Federal AGI and California Adjustments:</b>				
Federal adjusted gross income . . . . .		242,439.	242,439.	
California adjustments . . . . .		2,034.	2,034.	
<b>Adjusted Gross Income . . . . .</b>		244,473.	244,473.	
<b>Standard or Itemized Deduction . . .</b>		24,670.	24,670.	
<b>Taxable Income . . . . .</b>		219,803.	219,803.	
Tax . . . . .		9,724.	9,724.	
Exemption credits . . . . .		600.	600.	
Tax less exemption credits . . . . .		9,124.	9,124.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits . . . . .		9,124.	9,124.	
Credits . . . . .				
Tax after credits . . . . .		9,124.	9,124.	
Alternative minimum tax . . . . .				
Other taxes and IRC interest . . . . .				
<b>Total Tax After Credits . . . . .</b>		9,124.	9,124.	
Withholding . . . . .		10,344.	10,344.	
Estimated payments . . . . .				
Other payments . . . . .				
<b>Total Payments . . . . .</b>		10,344.	10,344.	
Use tax . . . . .				
Contributions . . . . .				
Form 5805/5805F penalty . . . . .				
Other penalties and interest . . . . .				
Applied to next year's estimated tax . . .				
<b>Amount Refund . . . . .</b>		1,220.	1,220.	
<b>Amount Due . . . . .</b>				

Current year effective tax rate . . . . . 3.73 %

**Tax Summary**  
 ► Keep for your records

**2017**

Name(s)	
A R MEKALA & S MARANGANTI	
<b>Federal adjusted gross income</b> . . . . .	242,439.
<b>Net California adjustments</b> . . . . .	2,034.
<b>California adjusted gross income</b> . . . . .	244,473.
<b>Itemized/standard deduction</b> . . . . .	24,670.
<b>California taxable income</b> . . . . .	141,130.
<b>Tax</b> . . . . .	9,724.
<b>Exemption credits</b> . . . . .	600.
<b>Tax less exemptions</b> . . . . .	9,124.
<b>Tax from Schedule G-1/FTB 5870A</b> . . . . .	
<b>Credits</b> . . . . .	
<b>Other taxes</b> . . . . .	
<b>Total tax</b> . . . . .	9,124.
<b>Total payments</b> . . . . .	10,344.
<b>Use tax</b> . . . . .	
<b>Contributions</b> . . . . .	
<b>Underpayment penalty</b> . . . . .	
<b>Interest, late filing and late payment penalties</b> . . . . .	
<b>Refund</b> . . . . .	1,220.
<b>Balance due</b> . . . . .	
<b>Tax bracket</b> . . . . .	9.3%



# California Electronic Filing Information Worksheet

2017

► Keep for your records

Name as Shown on Return

A R MEKALA & S MARANGANTI

Social Security Number

658-20-5589

## Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Phone Number

Fax Number

Address

Employer Identification Number

City

State

Zip Code

EFIN

Country

E-mail Address

## Paid Preparer Information

Firm Name

Social Security Number/Preparer Tax ID Number

Name

Employer Identification Number

Address

Phone Number

Fax Number

City

State

Zip Code

Country

E-mail Address

## Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically

	Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
13 Check that you have the correct selections for the RDP return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

## Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

### Form 540NR California Income Tax Withheld Smart Worksheet

- A** California income tax withheld from the Tax Payments Worksheet . . . . . 10,344.
- B** Real estate and nonresident withholding from Form(s) 592-B and 593  
entered on the federal Tax Payments Worksheet and included on line A . . . . . \_\_\_\_\_  
**Note:** Make sure that the amount on line B is reported on the federal  
Tax Payments Worksheet or you will not get the state income tax  
deduction on your federal Schedule A.
- C** California income tax withheld for line 81. Subtract line B from line A . . . . . 10,344.

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

### Form 540NR Smart Worksheet

Check this box to transfer the information from the "Yourself" column to the "Spouse/RDP"  
column (if no entry is already made in the "Spouse/RDP" column) . . . . . ☒

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

### Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet

- 1** Total wages from box 16 of the W-2 Worksheets included in the federal  
program where the state entered is 'CA' and statutory wage information is  
**not** entered . . . . . 160,426.

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

<b>Schedule CA(NR) Schedule E Income Smart Worksheet</b>			
<b>Rental Real Estate &amp; Royalty Income:</b>			
Rental & Royalty Name	State Rental or Royalty was Located	Column D Total Amounts	Column E CA Source Amounts
4438B BEECHSTONE LN	VA	1,643.	
<b>QuickZoom</b> to Schedule E Worksheet . . . . . ►			
<b>K-1 Partnership Income:</b>			
Partnership Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 Partnership Worksheet . . . . . ►			
<b>K-1 S-Corp Income:</b>			
S-Corp Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 S-Corp Worksheet . . . . . ►			
<b>K-1 Trust Income:</b>			
Trust Name	State of Income Source	Column D Total Amounts	Column E CA Source Amounts
<b>QuickZoom</b> to Schedule K-1 Trust Worksheet. . . . . ►			

## SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

**Capital Gains and Losses Smart Worksheet**

Enter dispositions of capital assets related to a **specific activity** (i.e., Schedule C, E, etc) on the Disposition Worksheets for non-depreciable assets for that activity. To get there, go to the activity form and **QuickZoom** to the Disposition Worksheet. Entries on the Disposition Worksheets for non-depreciable assets flow to line 1.

Enter dispositions **not** related to a specific activity in the smart worksheet below.

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/ loss	
0.059594 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O					
07/12/2016	06/30/2017	6.57	6.57	0.00	
0.024956 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS O					
08/17/2016	06/30/2017	3.01	3.01	0.00	
0.020617 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O					
08/17/2016	06/30/2017	2.27	2.27	0.00	
0.312329 SH. VANGUARD EMERGING MARKETS GOVERNMENT... CLASS O					
12/16/2016	11/17/2017	25.03	24.02	1.01	
0.344819 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O					
03/16/2017	03/31/2017	41.93	41.93	0.00	
See Schedule D Transactions					

\* Check box to exclude transaction from Schedule D

**Other Capital Gains and/or Losses**

- A** Federal Form 1099-R gains . . . . . ▶ \_\_\_\_\_
- B** Federal Form 4684 gain . . . . . ▶ \_\_\_\_\_
- C** Federal Form 6781 gains or losses. . . . . ▶ \_\_\_\_\_
- D** Federal Form 8824 gain . . . . . ▶ \_\_\_\_\_
- E** Canadian RRSP account total capital gain. . . . . ▶ \_\_\_\_\_
- F** Net capital gain or loss from HSA account . . . . . ▶ \_\_\_\_\_
- G** Net IRC Section 1231 gain from Schedule D-1, line 9 or line 7 . . . . . ▶ \_\_\_\_\_
- H** Form FTB 3805E. . . . . ▶ \_\_\_\_\_
- I 1** Gain attributable to sale of Qualified Small Business stock included on  
Line H above . . . . . ▶ \_\_\_\_\_
- 2** Gain qualifying under R&TC 18152.5 . . . . . ▶ \_\_\_\_\_
- J** Check this box to print Schedule D and its worksheets even if you are not required to . . . . . ☐

## SMART WORKSHEET FOR: Interest and Dividend Adjustments Wks

Tax Exempt Interest Smart Worksheet	
<b>A</b> Total tax exempt interest from federal Schedule B . . . . .	155.
<b>B</b> California state tax exempt interest from federal Schedule B . . . . .	30.
<b>C</b> Of the amount in line B, enter the portion attributable to funds where at least 50% of their assets are <b>not</b> invested in U.S./California municipal obligations . . . . .	
<b>D</b> Exempt interest that meets the 50% rule (B - C) . . . . .	30.
<b>E</b> Out of state exempt interest from federal Schedule B . . . . .	125.
<b>F</b> Exempt interest additions per California tax law, line 9 below. (C + E) . . . . .	125.

## SMART WORKSHEET FOR: Sch D Wks for Part-Year and Nonresidents

Schedule D Worksheet for 540NR Filers Smart Worksheet	
<b>1</b> To allocate gains/losses sale by sale, check this box and complete Part I. . . . .	<input checked="" type="checkbox"/>
<b>Note:</b> You must also complete Part II, line 3 if you have a capital loss carryover from 2016.	
<b>2</b> If you already know the allocated amounts, check this box and complete Part II. . . . .	<input type="checkbox"/>
<b>3</b> Check the appropriate box for your residency status:	
<b>a</b> Full year nonresident . . . . .	<input type="checkbox"/>
<b>b</b> Part-year resident - moved into California . . . . .	<input checked="" type="checkbox"/>
Date you became a California resident in 2017 . . . . .	05/02/2017
<b>c</b> Part-year resident - moved out of California . . . . .	<input type="checkbox"/>
Date you became a California nonresident in 2017 . . . . .	
<b>4</b> If completing Part I, enter the number of days you were a California Resident . . . . .	244
Resident Ratio <u>66.85</u> Nonresident Ratio <u>33.15</u>	
<b>5</b> If a part-year resident and completing Part I:	
<b>a</b> Check this box to allocate transactions with dates to Column C and Column D based on the date moved into or moved out of California entered on line 3 above.	
<b>Note:</b> See the data source for Column C and Column D below for the conditions used when calculating those columns . . . . .	
<b>b</b> Check this box to allocate transactions to Column C and Column D based on the resident and nonresident ratios on line 4 above . . . . .	<input type="checkbox"/>

## SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone In)

General Information Smart Worksheet	
<b>A</b> Federal depreciation from this activity . . . . .	
<b>B</b> Federal amortization from this activity . . . . .	
<b>C</b> Federal profit (loss) before passive loss limitation, if any . . . . .	1,643.
<b>D</b> If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 <b>or</b> Passive Activities Worksheet 3, column A or column B, whichever is applicable . . . . .	
<b>E</b> QuickZoom to another copy of Schedule E Worksheet . . . . .	→

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

## Federal/California Adjustment Smart Worksheet

<b>A</b>	Net California profit or (loss) allowed . . . . .	<u>1,643.</u>
<b>B</b>	Net federal profit or (loss) allowed . . . . .	<u>1,643.</u>
<b>C</b>	Federal/CA adjustment. Line A less line B . . . . .	<u>0.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (4438B beechstone ln)

## Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

<b>A</b>	Ownership . . . . .	<u>Taxpayer</u>
<b>B</b>	At-risk status . . . . .	<u>All</u>
<b>C</b>	Passive status . . . . .	<u>Nonpassive</u>

		Regular Tax	Alternative Minimum Tax
<b>Schedule E</b>			
<b>D</b>	Tentative profit (loss) . . . . .	1,643.	1,643.
<b>E</b>	Other adjustments and preferences . . . . .		
<b>F</b>	At-risk disallowed loss . . . . .		
<b>G</b>	Passive carryover loss . . . . .		
<b>H</b>	Passive disallowed loss . . . . .		
<b>I</b>	Net profit (loss) allowed . . . . .	1,643.	1,643.
<b>Related Disposition</b>			
<b>J</b>	Tentative profit (loss) . . . . .		
<b>K</b>	At-risk disallowed loss . . . . .		
<b>L</b>	Passive carryover loss . . . . .		
<b>M</b>	Passive disallowed loss . . . . .		
<b>N</b>	Net profit (loss) allowed . . . . .		
<b>AMT Exclusion</b>			
<b>O</b>	Schedule E income/loss . . . . .	1,643.	

## Additional information from your 2017 California Tax Return

### SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

#### Schedule D Transactions

#### Continuation Statement

Description		*			
Date Acquired	Date Sold		Sales price	Cost or other basis	Gain/loss
0.453010 SH. VANGUARD VALUE ETF CLASS 0					
03/16/2017	06/30/2017		43.72	43.72	0.00
0.231288 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0					
05/16/2017	11/17/2017		27.87	27.55	0.32
0.124201 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0					
06/01/2017	11/17/2017		14.97	14.87	0.10
0.014116 SH. VANGUARD VALUE ETF CLASS 0					
06/01/2017	11/17/2017		1.43	1.35	0.08
0.004368 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
06/12/2017	06/30/2017		0.50	0.51	-0.01
0.947737 SH. VANGUARD FTSE EMERGING MARKETS CLASS 0					
06/29/2017	11/17/2017		42.66	38.40	4.26
0.049450 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
07/06/2017	11/17/2017		5.70	5.59	0.11
0.050326 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0					
07/06/2017	11/17/2017		6.06	6.02	0.04
0.365481 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
09/12/2017	11/17/2017		42.14	42.71	-0.57
0.018568 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
09/12/2017	11/17/2017		2.14	2.17	-0.03
0.259345 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0					
09/12/2017	11/17/2017		31.25	31.29	-0.04
0.631696 SH. VANGUARD SMALL-CAP VALUE ETF CLASS 0					
09/12/2017	11/17/2017		81.23	78.21	3.02
0.631287 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS 0					
09/12/2017	09/29/2017		27.29	27.29	0.00
0.136677 SH. VANGUARD MID-CAP VALUE ETF CLASS 0					
09/12/2017	11/17/2017		14.64	14.28	0.36
0.677265 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0					
09/12/2017	11/17/2017		89.97	86.84	3.13
0.097382 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
09/27/2017	11/17/2017		11.23	11.27	-0.04
0.159916 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS 0					
09/27/2017	11/17/2017		21.24	20.53	0.71
0.214139 SH. VANGUARD TOTAL INTERNATIONAL BOND ETF CLASS 0					
10/02/2017	11/17/2017		11.77	11.67	0.10
0.200501 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS 0					
10/02/2017	11/17/2017		23.11	23.22	-0.11
0.030423 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS 0					
10/02/2017	11/17/2017		3.67	3.68	-0.01
0.211253 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS 0					
10/02/2017	11/17/2017		9.28	9.15	0.13

## SMART WORKSHEET FOR: Schedule D (540): California Capital Gain or Loss Adjustment

## Schedule D Transactions

## Continuation Statement

Description		*			
Date Acquired	Date Sold	Sales price	Cost or other basis	Gain/loss	
0.047289 SH. VANGUARD TOTAL STOCK MARKET ETF CLASS O					
10/02/2017	11/17/2017	6.28	6.14	0.14	
0.089428 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O					
10/04/2017	11/17/2017	9.90	9.90	0.00	
0.146616 SH. ISHARES EMERGING MARKETS USD BOND ETF CLASS O					
10/09/2017	11/17/2017	16.90	16.94	-0.04	
0.044421 SH. ISHARES IBOX \$ INVESTMENT GRADE COR... CLASS O					
10/09/2017	11/17/2017	5.35	5.37	-0.02	
0.057788 SH. ISHARES NATIONAL AMT-FREE MUNI BOND ETF CLASS O					
10/09/2017	11/17/2017	6.40	6.40	0.00	
0.152029 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
11/08/2017	11/17/2017	6.84	6.82	0.02	
0.229545 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
11/10/2017	11/17/2017	10.08	10.10	-0.02	
0.150448 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
11/10/2017	11/17/2017	6.77	6.71	0.06	
0.103802 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
11/16/2017	11/17/2017	4.56	4.56	0.00	
0.016401 SH. VANGUARD FTSE EMERGING MARKETS CLASS O					
11/16/2017	11/17/2017	0.74	0.73	0.01	
0.190795 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
08/17/2016	09/29/2017	8.25	7.23	1.02	
0.015869 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
08/17/2016	09/29/2017	0.69	0.60	0.09	
0.503129 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
08/17/2016	09/29/2017	21.75	18.68	3.07	
0.658689 SH. VANGUARD FTSE DEVELOPED MARKETS CLASS O					
08/17/2016	09/29/2017	28.48	24.39	4.09	

## Sch D Wks for Part-Year and Nonresidents

## Schedule D Transactions

## Continuation Statement

Description of property		A	B		C	D
Date Acquired	Date Sold	Gain/Loss Enter total amounts as if you were a CA resident for the entire year	All 540NR Filers Amounts earned or received from California sources as if you were a nonresident for the entire year	Alloc Type	Part-year Filers Amounts earned or received during the portion of the year you were a California Resident	Part-year Filers Amounts earned or received during the portion of the year you were a nonresident
0.631696 sh. Vanguard Small-Cap Value ETF Class O						
09/12/2017	11/17/2017	3.				
0.677265 sh. Vanguard Total Stock Market ETF Class O						
09/12/2017	11/17/2017	3.				
0.159916 sh. Vanguard Total Stock Market ETF Class O						
09/27/2017	11/17/2017	1.				



## Sch D Wks for Part-Year and Nonresidents


## Schedule D Transactions

## Continuation Statement

Description of property		A Gain/Loss Enter total amounts as if you were a <b>CA resident for the entire year</b>	B All 540NR Filers Amounts earned or received from California sources as if you were a <b>nonresident for the entire year</b>	Alloc Type	C Part-year Filers Amounts earned or received during the portion of the year you were a <b>California Resident</b>	D Amounts earned or received from CA sources during the portion of the year you were a <b>nonresident</b>
Date Acquired	Date Sold					
0.190795 sh. Vanguard FTSE Developed Markets Class O						
08/17/2016	09/29/2017	1.				
0.503129 sh. Vanguard FTSE Developed Markets Class O						
08/17/2016	09/29/2017	3.				
0.658689 sh. Vanguard FTSE Developed Markets Class O						
08/17/2016	09/29/2017	4.				

Total

15.

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				<b>Your social security number</b>
ABHILASH R		MEKALA				658-20-5589
If a joint return, spouse's first name and initial		Last name				<b>Spouse's social security number</b>
SHRAVYA		MARANGANTI				329-06-7412
Home address (number and street). If you have a P.O. box, see instructions.					Apt. no.	 Make sure the SSN(s) above and on line 6c are correct.
424 Bosworth st					A	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).						
San Francisco CA 94112						<b>Presidential Election Campaign</b>
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"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b>

**Filing Status**

Check only one box.

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)

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a					Boxes checked on 6a and 6b
b <input checked="" type="checkbox"/> Spouse					No. of children on 6c who:
c Dependents:					<input checked="" type="checkbox"/> lived with you <input checked="" type="checkbox"/> did not live with you due to divorce or separation (see instructions)
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	
Uma	Mekala	799-40-5353	Daughter	<input checked="" type="checkbox"/>	
ira	Mekala	364-49-8019	Daughter	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
d Total number of exemptions claimed					Add numbers on lines above

<b>Income</b>	7	Wages, salaries, tips, etc. Attach Form(s) W-2		DCB	7	245,372.	
	8a	Taxable interest. Attach Schedule B if required			8a	0.	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Tax-exempt interest. Do not include on line 8a		8b 155.			
	9a	Ordinary dividends. Attach Schedule B if required			9a	3,417.	
	b	Qualified dividends		9b 2,495.			
	10	Taxable refunds, credits, or offsets of state and local income taxes			10	1,112.	
	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 <input type="checkbox"/>	13	-3,000.	
	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	
If you did not get a W-2, see instructions.	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	1,643.	
	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	248,544.		

<b>Adjusted Gross Income</b>	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	6,105.	
	27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27		
	28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28		
	29	Self-employed health insurance deduction . . . . .	29		
	30	Penalty on early withdrawal of savings . . . . .	30		
	31a	Alimony paid    b Recipient's SSN ► _____	31a		
	32	IRA deduction . . . . .	32		
	33	Student loan interest deduction . . . . .	33		
	34	Tuition and fees. Attach Form 8917 . . . . .	34		
	35	Domestic production activities deduction. Attach Form 8903	35		
	36	Add lines 23 through 35 . . . . .	36	6,105.	
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> . . . . . ►	37	242,439		

**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>	242,439.
<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>	41,035.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	201,404.
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	185,204.
<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>	38,417.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	1,419.
<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>	39,836.
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	128.
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	200.
<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>	328.
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	39,508.

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input checked="" 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>	157.
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	39,665.

**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>	51,492.
<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>	3,075.
<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>	54,567.

**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>	14,902.
<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>	14,902.
<b>b</b>	Routing number 0 5 1 0 0 0 0 1 7 ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number 4 3 5 0 0 8 1 4 4 9 6 0		
<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 Manager	Daytime phone number (864) 650-0899
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation ENGINEER	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 A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

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

- 1 Medical and dental expenses (see instructions) . . . . . **1** 0.
- 2 Enter amount from Form 1040, line 38 **2** 242,439.
- 3 Multiply line 2 by 7.5% (0.075). . . . . **3** 18,183.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or } . . . . . **5** 16,365.
- b ☐ General sales taxes }

- 6 Real estate taxes (see instructions) . . . . . **6** 6,539.
- 7 Personal property taxes . . . . . **7**
- 8 Other taxes. List type and amount ► . . . . . **8**

9 Add lines 5 through 8 . . . . . **9** 22,904.**Interest  
You Paid**

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 17,231.
- 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► . . . . . **11**

**Note:**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 12 Points not reported to you on Form 1098. See instructions for special rules . . . . . **12**
- 13 Mortgage insurance premiums (see instructions) . . . . . **13**
- 14 Investment interest. Attach Form 4952 if required. See instructions **14**
- 15 Add lines 10 through 14 . . . . . **15** 17,231.

**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** 900.
- 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** 900.

**Casualty and  
Theft Losses**

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

**Job Expenses  
and Certain  
Miscellaneous  
Deductions**

- 21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► Employee business expenses . . . . . **21** 500.
- 22 Tax preparation fees . . . . . **22** 500.
- 23 Other expenses—investment, safe deposit box, etc. List type and amount ► . . . . . **23**
- 24 Add lines 21 through 23 . . . . . **24** 1,000.
- 25 Enter amount from Form 1040, line 38 **25** 242,439.
- 26 Multiply line 25 by 2% (0.02) . . . . . **26** 4,849.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 0.

**Other  
Miscellaneous  
Deductions**

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

**Total  
Itemized  
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☐ **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } . . . . . **29** 41,035.
- ☒ **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

**SCHEDULE B**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **08**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I**  
**Interest**

(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

CHARLES SCHWAB & CO., INC.

**Amount**

0.01

**1**

- 2** Add the amounts on line 1 . . . . .
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ►

0.01

**2**

**3**

**4**

0.01

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ► CHARLES SCHWAB & CO., INC.  
Betterment Securities

1,081.79

2,335.13

**5**

- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ►

3,416.92

**6**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**Foreign Accounts and Trusts**

(See instructions.)

- 7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X

**SCHEDULE D**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.**  
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **12**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	665 .	653 .	1 .	13 .
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( 30,221 . )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b> -30,208 .

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	59 .	51 .		8 .
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> 8 .

**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b> -30,200.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.	
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ►	<b>18</b>
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ►	<b>19</b>
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.	
<b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div>           . . . . .         </div> </div>	<b>21</b> ( 3,000. )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	
<b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).  <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.	

**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.059594 sh. iShares National AMT-Free Muni Bond ETF Class O	07/12/16	06/30/17	6.57	6.81	W	0.24	0.
	0.024956 sh. iShares iBoxx \$ Investment Grade Cor... Class O	08/17/16	06/30/17	3.01	3.08	W	0.07	0.
	0.020617 sh. iShares National AMT-Free Muni Bond ETF Class O	08/17/16	06/30/17	2.27	2.34	W	0.07	0.
	0.312329 sh. Vanguard Emerging Markets Government... Class O	12/16/16	11/17/17	25.03	24.02			1.01
	0.344819 sh. Vanguard Total Stock Market ETF Class O	03/16/17	03/31/17	41.93	42.41	W	0.48	0.
	0.453010 sh. Vanguard Value ETF Class O	03/16/17	06/30/17	43.72	44.19	W	0.47	0.
	0.231288 sh. iShares iBoxx \$ Investment Grade Cor... Class O	05/16/17	11/17/17	27.87	27.55			0.32
	0.124201 sh. iShares iBoxx \$ Investment Grade Cor... Class O	06/01/17	11/17/17	14.97	14.87			0.10
	0.014116 sh. Vanguard Value ETF Class O	06/01/17	11/17/17	1.43	1.35			0.08
	0.004368 sh. iShares Emerging Markets USD Bond ETF Class O	06/12/17	06/30/17	0.50	0.51			-0.01
	0.947737 sh. Vanguard FTSE Emerging Markets Class O	06/29/17	11/17/17	42.66	38.40			4.26
	0.049450 sh. iShares Emerging Markets USD Bond ETF Class O	07/06/17	11/17/17	5.70	5.59			0.11
	0.050326 sh. iShares iBoxx \$ Investment Grade Cor... Class O	07/06/17	11/17/17	6.06	6.02			0.04
	0.365481 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	42.14	42.71			-0.57
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				263.86	259.85		1.33	5.34

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



**Sales and Other Dispositions of Capital Assets**► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Social security number or taxpayer identification number

658-20-5589

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)  
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.018568 sh. iShares Emerging Markets USD Bond ETF Class O	09/12/17	11/17/17	2.14	2.17			-0.03
	0.259345 sh. iShares iBoxx \$ Investment Grade Cor... Class O	09/12/17	11/17/17	31.25	31.29			-0.04
	0.631696 sh. Vanguard Small-Cap Value ETF Class O	09/12/17	11/17/17	81.23	78.21			3.02
	0.631287 sh. Vanguard FTSE Developed Markets Class O	09/12/17	09/29/17	27.29	27.36	W	0.07	0.
	0.136677 sh. Vanguard Mid-Cap Value ETF Class O	09/12/17	11/17/17	14.64	14.28			0.36
	0.677265 sh. Vanguard Total Stock Market ETF Class O	09/12/17	11/17/17	89.97	86.84			3.13
	0.097382 sh. iShares Emerging Markets USD Bond ETF Class O	09/27/17	11/17/17	11.23	11.27			-0.04
	0.159916 sh. Vanguard Total Stock Market ETF Class O	09/27/17	11/17/17	21.24	20.53			0.71
	0.214139 sh. Vanguard Total International Bond ETF Class O	10/02/17	11/17/17	11.77	11.67			0.10
	0.200501 sh. iShares Emerging Markets USD Bond ETF Class O	10/02/17	11/17/17	23.11	23.22			-0.11
	0.030423 sh. iShares iBoxx \$ Investment Grade Cor... Class O	10/02/17	11/17/17	3.67	3.68			-0.01
	0.211253 sh. Vanguard FTSE Developed Markets Class O	10/02/17	11/17/17	9.28	9.15			0.13
	0.047289 sh. Vanguard Total Stock Market ETF Class O	10/02/17	11/17/17	6.28	6.14			0.14
	0.089428 sh. iShares National AMT-Free Muni Bond ETF Class O	10/04/17	11/17/17	9.90	9.90			0.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 1b</b> (if <b>Box A</b> above is checked), <b>line 2</b> (if <b>Box B</b> above is checked), or <b>line 3</b> (if <b>Box C</b> above is checked) ►				343.	335.71		0.07	7.36

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

658-20-5589

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). <b>See the separate instructions.</b>		(h) <b>Gain or (loss).</b> Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	0.190795 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	8.25	7.23			1.02
	0.015869 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	0.69	0.60			0.09
	0.503129 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	21.75	18.68			3.07
	0.658689 sh. Vanguard FTSE Developed Markets Class O	08/17/16	09/29/17	28.48	24.39			4.09
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ►				59.17	50.90			8.27

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE E  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **13**

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.**A** Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) . . . . . ☒ **Yes** ☐ **No****B** If "Yes," did you or will you file required Forms 1099? . . . . . ☐ **Yes** ☒ **No**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)					
<b>A</b>	4438B beechstone ln Fairfax VA 22033					
<b>B</b>						
<b>C</b>						
<b>1b</b>	Type of Property (from list below)	<b>2</b>	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	2	<b>A</b>		183	182	<input type="checkbox"/>
<b>B</b>		<b>B</b>				<input type="checkbox"/>
<b>C</b>		<b>C</b>				<input type="checkbox"/>

**Type of Property:**

- |                           |                              |             |                    |
|---------------------------|------------------------------|-------------|--------------------|
| 1 Single Family Residence | 3 Vacation/Short-Term Rental | 5 Land      | 7 Self-Rental      |
| 2 Multi-Family Residence  | 4 Commercial                 | 6 Royalties | 8 Other (describe) |

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	14,850.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	1,200.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	1,200.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>	1,604.		
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>	1,100.		
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	5,765.		
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>	100.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>	2,187.		
<b>17</b> Utilities. . . . .	<b>17</b>	51.		
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	13,207.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	1,643.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	14,850.		
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>	5,765.		
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>	13,207.		
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			1,643.
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 <sup>NPA</sup> . . . . .	<b>26</b>			1,643.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA REV 02/13/18 Intuit.cq.dfp.sp

1,643. Schedule E (Form 1040) 2017

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040A  
1040NR

2441

OMB No. 1545-0074

**2017**Attachment  
Sequence No. **21**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I** **Persons or Organizations Who Provided the Care—You must complete this part.**  
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Montessori School of Fairfax	3411 Lees Corner Rd Chantilly VA 20151	30-0296691	5,800.
	Stratford School - San Francisco	301 De Montfort Ave, San Francisco CA 94112	94-3337701	8,000.

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
Uma	Mekala	799-40-5353	8,800.
ira	Mekala	364-49-8019	0.

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3** 1,000.**4** Enter your **earned income**. See instructions**4** 162,230.**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5** 83,142.**6** Enter the **smallest** of line 3, 4, or 5**6** 1,000.**7** Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37**7** 242,439.**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8** .20**9** Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9** 200.**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10** 39,708.**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11** 200.**For Paperwork Reduction Act Notice, see your tax return instructions. BAA**

REV 02/13/18 Intuit.cq.cfp.sp

Form **2441** (2017)

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership . . . . .	<b>12</b>	5,714.
<b>13</b>	Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2018. See instructions . . . . .	<b>14</b>	( 0. )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	5,714.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2017 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	13,800.
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	5,714.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	161,605.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	83,053.
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	5,714.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	5,714.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	5,000.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB". . . . .	<b>26</b>	714.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000.
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	5,000.
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2016 expenses in 2017, see the instructions for line 9 . . . . .	<b>29</b>	1,000.
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	8,800.
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	<b>31</b>	1,000.

**Alternative Minimum Tax—Individuals**

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **32**

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

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

<b>1</b> If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	<b>1</b>	201,404.
<b>2</b> Reserved for future use	<b>2</b>	
<b>3</b> Taxes from Schedule A (Form 1040), line 9	<b>3</b>	22,904.
<b>4</b> Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	<b>4</b>	
<b>5</b> Miscellaneous deductions from Schedule A (Form 1040), line 27.	<b>5</b>	0.
<b>6</b> If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	<b>6</b>	( 0. )
<b>7</b> Tax refund from Form 1040, line 10 or line 21	<b>7</b>	( 1,112. )
<b>8</b> Investment interest expense (difference between regular tax and AMT).	<b>8</b>	
<b>9</b> Depletion (difference between regular tax and AMT)	<b>9</b>	
<b>10</b> Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	<b>10</b>	
<b>11</b> Alternative tax net operating loss deduction	<b>11</b>	( )
<b>12</b> Interest from specified private activity bonds exempt from the regular tax	<b>12</b>	
<b>13</b> Qualified small business stock, see instructions	<b>13</b>	0.
<b>14</b> Exercise of incentive stock options (excess of AMT income over regular tax income)	<b>14</b>	
<b>15</b> Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	<b>15</b>	
<b>16</b> Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	<b>16</b>	
<b>17</b> Disposition of property (difference between AMT and regular tax gain or loss)	<b>17</b>	0.
<b>18</b> Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	<b>18</b>	0.
<b>19</b> Passive activities (difference between AMT and regular tax income or loss)	<b>19</b>	
<b>20</b> Loss limitations (difference between AMT and regular tax income or loss)	<b>20</b>	
<b>21</b> Circulation costs (difference between regular tax and AMT)	<b>21</b>	
<b>22</b> Long-term contracts (difference between AMT and regular tax income)	<b>22</b>	
<b>23</b> Mining costs (difference between regular tax and AMT)	<b>23</b>	
<b>24</b> Research and experimental costs (difference between regular tax and AMT)	<b>24</b>	
<b>25</b> Income from certain installment sales before January 1, 1987	<b>25</b>	( )
<b>26</b> Intangible drilling costs preference	<b>26</b>	
<b>27</b> Other adjustments, including income-based related adjustments	<b>27</b>	
<b>28</b> <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	<b>28</b>	223,196.

**Part II Alternative Minimum Tax (AMT)**

<b>29</b> Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
<b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b>		
Single or head of household . . . . . \$120,700 . . . . . \$54,300	}	
Married filing jointly or qualifying widow(er) 160,900 . . . . . 84,500		
Married filing separately . . . . . 80,450 . . . . . 42,250		
If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>29</b>	68,926.
<b>30</b> Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	<b>30</b>	154,270.
<b>31</b> • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • <b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	<b>31</b>	39,836.
<b>32</b> Alternative minimum tax foreign tax credit (see instructions)	<b>32</b>	128.
<b>33</b> Tentative minimum tax. Subtract line 32 from line 31	<b>33</b>	39,708.
<b>34</b> Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	<b>34</b>	38,289.
<b>35</b> <b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	<b>35</b>	1,419.



**Part III Tax Computation Using Maximum Capital Gains Rates**

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

<b>36</b>	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31 . . . . .	<b>36</b>	154,270.
<b>37</b>	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>37</b>	2,495.
<b>38</b>	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>38</b>	
<b>39</b>	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>39</b>	2,495.
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	2,495.
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	151,775.
<b>42</b>	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . ▶	<b>42</b>	39,462.
<b>43</b>	Enter: <ul style="list-style-type: none"> <li>• \$75,900 if married filing jointly or qualifying widow(er),</li> <li>• \$37,950 if single or married filing separately, or</li> <li>• \$50,800 if head of household.</li> </ul>	<b>43</b>	75,900.
<b>44</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter . . . . .	<b>44</b>	182,709.
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	0.
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	2,495.
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46. This amount is taxed at 0% . . . . .	<b>47</b>	0.
<b>48</b>	Subtract line 47 from line 46 . . . . .	<b>48</b>	2,495.
<b>49</b>	Enter: <ul style="list-style-type: none"> <li>• \$418,400 if single</li> <li>• \$235,350 if married filing separately</li> <li>• \$470,700 if married filing jointly or qualifying widow(er)</li> <li>• \$444,550 if head of household</li> </ul>	<b>49</b>	470,700.
<b>50</b>	Enter the amount from line 45 . . . . .	<b>50</b>	0.
<b>51</b>	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter . . . . .	<b>51</b>	182,709.
<b>52</b>	Add line 50 and line 51 . . . . .	<b>52</b>	182,709.
<b>53</b>	Subtract line 52 from line 49. If zero or less, enter -0- . . . . .	<b>53</b>	287,991.
<b>54</b>	Enter the smaller of line 48 or line 53 . . . . .	<b>54</b>	2,495.
<b>55</b>	Multiply line 54 by 15% (0.15) . . . . . ▶	<b>55</b>	374.
<b>56</b>	Add lines 47 and 54 . . . . .	<b>56</b>	2,495.
<b>If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.</b>			
<b>57</b>	Subtract line 56 from line 46 . . . . .	<b>57</b>	0.
<b>58</b>	Multiply line 57 by 20% (0.20) . . . . . ▶	<b>58</b>	0.
<b>If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.</b>			
<b>59</b>	Add lines 41, 56, and 57 . . . . .	<b>59</b>	
<b>60</b>	Subtract line 59 from line 36 . . . . .	<b>60</b>	
<b>61</b>	Multiply line 60 by 25% (0.25) . . . . . ▶	<b>61</b>	
<b>62</b>	Add lines 42, 55, 58, and 61 . . . . .	<b>62</b>	39,836.
<b>63</b>	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>63</b>	40,110.
<b>64</b>	Enter the <b>smaller</b> of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31 . . . . .	<b>64</b>	39,836.



# Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.  
► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **71**

Name(s) shown on return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

Your social security number

658-20-5589

## Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	267,461.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	267,461.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		17,461.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		157.

## Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

## Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

## Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		157.
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## Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	3,879.	
20	Enter the amount from line 1 . . . . .	20	267,461.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	3,878.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		1.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		1.

**Moving Expenses**

► Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2017**  
Attachment  
Sequence No. **170**

Name(s) shown on return

ABHILASH R MEKALA &amp; SHRAVYA MARANGANTI

Your social security number

658-20-5589

**Before you begin:**

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

<b>1</b>	Transportation and storage of household goods and personal effects (see instructions) . . . .	<b>1</b>	6,105.
<b>2</b>	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	<b>2</b>	5,000.
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	11,105.
<b>4</b>	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	<b>4</b>	5,000.
<b>5</b>	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	<b>5</b>	6,105.

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

REV 11/13/17 Intuit.cq.cfp.sp

Form **3903** (2017)

# Tax History Report

2017

► Keep for your records

Name(s) Shown on Return

ABHILASH R MEKALA & SHRAVYA MARANGANTI

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .	165,744.	184,146.	191,118.	237,664.	248,544.
Adjustments to income		2,051.	4,946.		6,105.
Adjusted gross income	165,744.	182,095.	186,172.	237,664.	242,439.
Tax expense . . . . .	14,517.	8,226.	12,101.	19,024.	22,904.
Interest expense . . .	13,962.		13,435.	11,498.	17,231.
Contributions . . . . .	1,600.		6,480.	2,480.	900.
Miscellaneous deductions. . . . .					0.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	30,079.	12,400.	32,016.	33,002.	41,035.
Exemption amount . .	11,700.	11,850.	8,000.	16,200.	16,200.
Taxable income . . . .	123,965.	157,845.	146,156.	188,462.	185,204.
Tax. . . . .	22,826.	31,444.	28,127.	39,568.	38,417.
Alternative min tax . .				803.	1,419.
Total credits . . . . .	1,070.			237.	328.
Other taxes . . . . .		4,102.	9,891.	212.	157.
Payments . . . . .	30,462.	36,719.	18,267.	40,709.	54,567.
Form 2210 penalty . .			319.		
Amount owed . . . . .			20,070.		
Applied to next year's estimated tax .					
Refund. . . . .	8,706.	1,173.		363.	14,902.
Effective tax rate % . .	12.70	17.27	15.11	16.89	16.30
**Tax bracket % . . .	25.0	28.0	25.0	28.0	28.0

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

## Smart Worksheets from your 2017 California Tax Return Attachment

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 38,417.
	Check if from:
<b>1</b>	Tax table . . . . . <input type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input checked="" type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . .
<b>C</b>	Additional tax from Form 4972 . . . . .
<b>D</b>	Tax from additional Form(s) 4972 . . . . .
<b>E</b>	Recapture tax from Form 8863 . . . . .
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . .
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . .
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . 38,417.

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Additional Other Taxes Smart Worksheet	
<b>A</b>	Section 72(m)(5) excess benefits tax . . . . .
<b>B</b>	Uncollected employee social security and Medicare or RRTA tax on tips . . . . .
<b>C</b>	Uncollected employee social security and Medicare or RRTA tax on group term insurance . . . . .
<b>D</b>	Golden parachute payments . . . . .
<b>E</b>	Accumulation distribution of trusts . . . . .
<b>F</b>	Recapture of Investment Credit . . . . .
<b>G</b>	Tax on Archer MSA distribution(s) from Form 8853 . . . . .
<b>H</b>	Tax on Medicare Advantage MSA distribution(s) from Form 8853 . . . . .
<b>I</b>	Tax on HSA distribution(s) from Form 8889 . . . . .
<b>J</b>	Additional tax from line 21 on Form(s) 8889 . . . . .
<b>K</b>	Additional tax on recapture of a charitable contribution deduction relating to the contribution of a fractional interest in tangible personal property . . . . .
<b>L</b>	Reserved . . . . .
<b>M</b>	Total Additional Medicare Tax from Form 8959 . . . . . 157.
<b>N</b>	Net Investment Income Tax for Individuals from Form 8960 . . . . .
<b>O</b>	. . . . .

## SMART WORKSHEET FOR: Form 1040: Individual Tax Return

## Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet

The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.

**A** Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 3,075.

## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

[illegible]

## SMART WORKSHEET FOR: Schedule B: Interest and Dividend Income

Dividend Income Smart Worksheet							
Payer's Name To access 1099-DIV, <b>Double-Click</b> from payer							
Box 1a Tot Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Capital Gain Distributions	Box 2b Unrecap. Sec 1250	Box 3 Nondividend Distributions	Box 10 Exempt- int Dividends	State ID*	Private Actvty Bond
CHARLES SCHWAB & CO., INC.							
1,081.79	786.54				29.65	CA	0.00
Betterment Securities							
2,335.13	1,708.37	0.00	0.00	0.00	125.38	VA	0.00

## SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
<b>Note:</b> Line 10 is presently calculated by subtracting line B from line A. If zero or less, <b>stop</b> ; you cannot take the credit.	
<b>A</b> The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. . . . .	39,836.
<b>B</b> Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- . . . . .	128.

## SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

General Information Smart Worksheet	
<b>A</b> Enter the new principal place of work for this move . . .	San Francisco, CA
<b>B</b> Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form . . . . .	5,000.
<b>C</b> Other allowance or reimbursements not on Form W-2 . . . . .	
<b>D</b> Enter the number of miles from your <b>old home</b> to your <b>new workplace</b> . . . . .	5,000 miles
<b>E</b> Enter the number of miles from your <b>old home</b> to your <b>old workplace</b> . . . . .	13 miles
<b>F</b> Subtract line E from line D. If zero or less, enter -0- . . . . .	4,987 miles
<b>Is line F at least 50 miles?</b>	
<b>Yes</b> ▶ You meet this test.	
<b>No</b> ▶ You do not meet this test. You <b>cannot</b> deduct your moving expenses. Do Not complete Form 3903.	
<b>G</b> For <b>foreign</b> moves check here <b>only</b> if <b>all</b> the following apply . . . . .	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>You moved in an earlier year</li> <li>You are claiming <b>only</b> storage fees while you are <b>away</b> from the United States Enter storage fees applicable to foreign move . . . . .</li> <li>Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2</li> </ul>	

SMART WORKSHEET FOR: Form 3903 (San Francisco, CA): Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

A

Travel and lodging expenses for this move (excluding auto expenses) . . . . .

5,000.

B

Parking fees and tolls . . . . .

C

Gasoline and oil . . . . .

D

Miles driven traveling to new home . . . . .