

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. This isn't a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.**2016**

Submission Identification Number (SID)

5471962017056qarecfq

Taxpayer's name

RAVINDRA B KOTA

Social security number

159-84-5515

Spouse's name

KEERTHI KONGARA

Spouse's social security number

696-16-5671

Part I Tax Return Information — Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	144,511
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	17,145
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	26,531
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	9,386
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	0

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize PRASADA TRIPURAMALLU, CPA to enter or generate my PIN 57841
ERO firm name
as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize PRASADA TRIPURAMALLU, CPA to enter or generate my PIN 23451
ERO firm name
as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication—Practitioner PIN Method Only**

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

54719657283

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ PRASADA R TRIPURAMALLU Date ▶ _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (2016)

HTA

**DO NOT SEND THIS VA-8879 TO THE VA DEPT OF TAXATION OR THE IRS.
 IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)
 5471962017056qarjkz1

Your Name	B Your Social Security Number	
RAVINDRA B KOTA	159-84-5515	
Spouse's Name	A Spouse's Social Security Number	
KEERTHI KONGARA	696-16-5671	

Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	0.	144511.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0.	143003.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)	0.	115251.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)	0.	6369.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)	0.	8109.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)		0.
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)		1740.

Part II Declaration of Taxpayer and Signature Authorization

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct and complete. I further declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number or individual tax identification number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If I am filing a balance due return, I understand that if the Virginia Department of Taxation (The Department) 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 ERO, Transmitter or Intermediate Service Provider to transmit my complete return to the Department. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, the direct deposit of my refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

Taxpayer's e-File PIN: check one box only

☒ I authorize the ERO named below to enter my e-File PIN 57841 as my signature on my 2016 e-filed Virginia individual income tax return.
Do not enter all zeros

PRASADA TRIPURAMALLU, CPA

ERO Firm Name

☐ I will enter my e-File PIN as my signature on my 2016 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your Signature _____ Date _____

Spouse's e-File PIN: check one box only

☒ I authorize the ERO named below to enter my e-File PIN 23451 as my signature on my 2016 e-filed Virginia individual income tax return.
Do not enter all zeros

PRASADA TRIPURAMALLU, CPA

ERO Firm Name

☐ I will enter my e-File PIN as my signature on my 2016 e-filed Virginia individual income tax return. Check this box only if you are entering your own e-File PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 54719657283
Do not enter all zeros

I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2016 Virginia individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virginia's publication Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2016). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature _____ Date _____

2016 Tax Summary (1040)

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

Federal Information

Adjusted Gross Income	\$144,511
Taxable Income	\$102,410
Income Tax	\$17,145
Total Tax	\$17,145
Overpayment	\$9,386
Amount Applied	\$0
Refund	\$9,386
Amount Due	\$0
Tax Bracket	25.00%
Average Tax Rate	16.74%

Filer's SSN: 159-84-5515 Date of Birth: 4/1/1980
Spouse's SSN: 696-16-5671 Date of Birth: 6/9/1986

Filing status: Married Filing Joint
No. of exemptions: 2

Income:		% of Total
Wages	\$148,503	98.99%
Interest & Dividends	\$0	
Business	\$0	
Capital Gains	\$0	
Rents, partnerships	\$0	
Farm	\$0	
Other	\$1,508	1.01%
Total	\$150,011	

Other:		% of Total
Adjustments	\$5,500	3.67%
Deductions	\$34,001	22.67%
Exemptions	\$8,100	5.40%
Taxable	\$102,410	68.27%
Total Income	\$150,011	

Deductions:		% of Total
Medical Expenses	\$0	
Taxes	\$15,435	45.40%
Interest Expenses	\$18,566	54.60%
Charity	\$0	
Casualty & Theft	\$0	
Misc. Deductions	\$0	
Other Misc. Deductions	\$0	
Total	\$34,001	

State Information**State: VA Form: 760CG**

Adjusted Gross Income	\$143,003	Overpayment	\$1,740
Taxable Income	\$115,251	Amount Applied	\$0
Income Tax	\$6,369	Refund	\$1,740
Total Tax	\$6,369	Amount Due	\$0

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , ending

See separate instructions.

Your first name

M.I.

Last name

Suffix

RAVINDRA

B

KOTA

If a joint return, spouse's first name

M.I.

Last name

Suffix

KEERTHI

KONGARA

159-84-5515

159-84-5515

696-16-5671

696-16-5671

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

Apt. no.

20787 DUXBURY TERR

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

Foreign country name

Foreign province/state/county

Foreign postal code

ASHBURN

VA

20147

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

▲

Make sure the SSN(s) above and on line 6c are correct.

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) with dependent child

Check only one box.

First name

Last name

SSN

Exemptions

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

6b ☒ Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ If child under age 17 qualifying for child tax credit (see instructions)

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

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

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

Dependents on 6c not entered above

Add numbers on lines above

2

0

0

0

2

d Total number of exemptions claimed

Income

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

8a Taxable interest. Attach Schedule B if required

8b Tax-exempt interest. Do not include on line 8a

9a Ordinary dividends. Attach Schedule B if required

9b Qualified dividends

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions

15b Taxable amount

16a Pensions and annuities

16b Taxable amount

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits

20b Taxable amount

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 148,503

8a

8b

9a

10 1,508

11

12

13

14

15b

16b

17

18

19

20b 0

21

22 150,011

Adjusted Gross Income

23 Educator expenses

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

25 Health savings account deduction. Attach Form 8889

26 Moving expenses. Attach Form 3903

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

28 Self-employed SEP, SIMPLE, and qualified plans

29 Self-employed health insurance deduction

30 Penalty on early withdrawal of savings

31a Alimony paid

31b Recipient's SSN

32 IRA deduction

33 Student loan interest deduction

34 Tuition and fees. Attach Form 8917

35 Domestic production activities deduction. Attach Form 8903

36 Add lines 23 through 35

37 Subtract line 36 from line 22. This is your adjusted gross income

23

24

25

26

27

28

29

30

31a

31b

32 5,500

33

34

35

36 5,500

37 144,511

Tax and Credits	38	Amount from line 37 (adjusted gross income).	38	144,511
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	34,001
	41	Subtract line 40 from line 38	41	110,510
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	102,410
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	17,145
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
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, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	47	Add lines 44, 45, and 46	47	17,145
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	17,145
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	17,145	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	26,531
	65	2016 estimated tax payments and amount applied from 2015 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
Refund	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	26,531
	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,386
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here.	76a	9,386
	b	Routing number 051000017 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 435022490535		
	77	Amount of line 75 you want applied to your 2017 estimated tax	77	
	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
	79	Estimated tax penalty (see instructions)	79	
	Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name PRASADA TRIPURAMALLU		Phone no. (703) 665-2082	Personal identification number (PIN) 57283	
Sign Here	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 SOFTWARE ENGINEER	Daytime phone number (571) 223-6775
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation SOFTWARE ENGINEER
				If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Print/Type preparer's name PRASADA R TRIPURAMALLU	Preparer's signature PRASADA R TRIPURAMALLU	Date 2/25/2017	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name PRASADA TRIPURAMALLU, CPA	Firm's EIN 26-1112218	Phone no. (703) 665-2082	PTIN P00757994

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
▶ Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2	144,511		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	14,451		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	8,109		
b	<input type="checkbox"/> General sales taxes	6	6,459		
6	Real estate taxes (see instructions)	7	867		
7	Personal property taxes	8			
8	Other taxes. List type and amount ▶	9			15,435
9	Add lines 5 through 8				
Interest You Paid		10	18,566		
10	Home mortgage interest and points reported to you on Form 1098	11			
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	12			
Name		13			
Address		14			
TIN		15			18,566
12	Points not reported to you on Form 1098. See instructions for special rules				
13	Mortgage insurance premiums (see instructions)				
14	Investment interest. Attach Form 4952 if required. (See instructions.)				
15	Add lines 10 through 14				
Gifts to Charity		16			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	17			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	18			
18	Carryover from prior year	19			0
19	Add lines 16 through 18				
Casualty and Theft Losses		20			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)				
Job Expenses and Certain Miscellaneous Deductions		21			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	22			
22	Tax preparation fees	23			
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	24	0		
24	Add lines 21 through 23	25	144,511		
25	Enter amount from Form 1040, line 38	26	2,890		
26	Multiply line 25 by 2% (0.02)	27			0
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				
Other Miscellaneous Deductions		28			
28	Other—from list in instructions. List type and amount ▶				
Total Itemized Deductions		29			34,001
29	Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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				

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

2016Department of the Treasury
Internal Revenue Service (99)► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

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

1	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.)	1	110,510
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	0
3	Taxes from Schedule A (Form 1040), line 9	3	15,435
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	(0)
7	Tax refund from Form 1040, line 10 or line 21	7	(1,508)
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	124,437

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)			
IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .				
Single or head of household \$119,700 \$53,900		}	29	
Married filing jointly or qualifying widow(er) 159,700 83,800				
Married filing separately 79,850 41,900				
If line 28 is over the amount shown above for your filing status, see instructions.				
30	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.	30	40,637	
31	<ul style="list-style-type: none"> 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. All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. 	}	31	
32	Alternative minimum tax foreign tax credit (see instructions)			32
33	Tentative minimum tax. Subtract line 32 from line 31.			33
34	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).	34	17,145	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	0	

Line 10 (1040) - State and Local Income Tax Refund

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
COMMONWEALTH	763	2015	PA	763
DEPARTMENT OF	745	2015	VA	745
				0
				0
				0
				0
				0
				0
Total taxable amount (enter on 1040, line 10)				1,508

Worksheet for refunds of amounts deducted in 2015

- 1 a Enter the income tax refund from Form(s) 1099-G (or similar statement) **a** 1,508
b Enter the state and local taxes from the 2015 Sch A, line 5 **b** 10,323
c Enter the General sales tax that could have been deducted on Sch A line 5 **c** 829
- But do not enter more than the amount on your 2015 Schedule A (Form 1040), line 5
Also, do not enter more than the excess of the tax you chose to deduct over the tax
you did not choose to deduct (see Pub 525) **1** 1,508
- 2 Enter your total allowable itemized deductions from your 2015 Schedule A (Form 1040),
line 29, if sales taxes were deducted in 2015, enter zero **2** 39,273
- Note. If the filing status on your 2015 Form 1040 was married filing separately and your spouse itemized
deductions in 2015, skip lines 3 through 5, and check here ☐ enter the amount from line 2 on line 6, go to line 7.
- Enter the filing status claimed on your 2015 Form 1040. ☐ 2
Enter the number from line 39a of your 2015 Form 1040. ☐
- 3 Enter the amount shown below for the filing status claimed on your 2015 Form 1040.
* Single-\$6,300
* Married filing jointly or qualifying widow(er)-\$12,600
* Married filing separately-\$6,300
* Head of household-\$9,250 **3** 12,600
- 4 Did you fill in line 39a on your 2015 Form 1040?
☒ No. Enter -0-.
☐ Yes. Multiply the number in the box on line 39a of your
2015 Form 1040 by: \$1,250 if your 2015 filing
status was married filing jointly or separately
or qualifying widow(er); \$1,550 if your 2015
filing status was single or head of household **4** 0
- 5 Add lines 3 and 4 **5** 12,600
- 6 Is the amount on line 5 less than the amount on line 2?
☐ No. STOP. None of your refund is taxable.
☒ Yes. Subtract line 5 from line 2 **6** 26,673
- 7 Tentative taxable part of your refund. Enter the smaller of line 1 or line 6 here **7** 1,508
- 8 If tax benefit is limited due to prior year AMT or unused tax credits, enter that limit (see Pub 525) **8**
- 9 Taxable part of your refund. If line 8 is blank, enter line 7, enter otherwise the smaller of
line 7 and line 8 **9** 1,508

Line 5 (Sch A (1040)) - State and Local Taxes

State and local income taxes

- 1 2015 state tax overpayment applied to your 2016 state estimated tax 1 0
- 2 2015 state tax payment paid with extension/return:

State:								
Payment Amount:								
Extension Amount:								

2 0

- 3 2015 state fourth quarter and other state estimates (paid in 2016):

State:								
Payment Amount:								

3 0

- 4 2016 state estimated tax payments for first, second and third quarter 4 0
- 5 2016 state estimated tax payments for fourth quarter made in 2016 5 0
- 6 Other 2016 state estimated tax payments made in 2016 6 0
- 7 Amounts of state and local income taxes withheld from Form W-2 for 2016 7 8,109
- 8 Amounts of state and local income taxes withheld from Form W-2G for 2016 8 0
- 9 Amounts of state and local income taxes withheld from Form 1099-R for 2016 9 0
- 10 Amounts of state and local income taxes withheld from Form 1099-Misc for 2016 10 0
- 11 Amounts of state and local income taxes withheld from Form 1099-G for 2016 11 0
- 12 Amount of state income taxes withheld from Form 1099-INT for 2016 12 0
- 13 Amount of state income taxes withheld from Form 1099-DIV for 2016 13 0
- 14 Deductible state or local tax from Form W-2
- a AK Employee paid AK State Unemployment 14a 0
- b CA State Disability Insurance/ Paid Family Leave 14b 0
- c KY Rural Economic Development Act 14c 0
- d NJ State Disability Insurance 14d 0
- e NJ Unemployment Insurance/Health Care/Workforce Development 14e 0
- f NJ Family Leave Insurance program 14f 0
- g NY Nonoccupational Disability Fund 14g 0
- h RI Temporary Disability Insurance 14h 0
- i WA Supplemental Workers Compensation Fund 14i 0
- j PA Unemployment Insurance 14j 0
- k Other deductible state or local tax 14k 0

State Use Only:

State:								
State's part of Ln 14k:								

- 1 Total deductible state or local tax from Form W-2 14l 0
- Other state and local taxes paid in 2016:
- 15 State 15
- 16 State 16
- 17 Total state and local income taxes 17 8,109

State and local general sales taxes

- Optional state sales tax
- a Enter the amount from line form 1040, line 38 a 144,511
- Enter the amount of the following nontaxable items:
- b Tax-exempt interest from form 1040, line 8b b 0
- c Veterans' benefits c
- d Nontaxable combat pay d 0
- e Workers' Compensation e
- f Nontaxable part of social security/railroad retirement f 0
- g Nontaxable part of IRA, pension, or annuity distributions g 0
- h Public assistance payments h
- i i
- 18 Add lines a through i, use this income with the tables in instructions 18 144,511

19 State	VA			
20 Days in state	366			
21 Number of exemptions, while in state	2	0	0	0
22 Income	144,511	0	0	0
23 Enter amount from state sales tax tables	821	0	0	0

24 Multiply line 23 by line 20 divided by 366 821 0 0 0

Next. If, for all of 2016, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island skip lines 25 through 32, enter -0- on line 33, and go to line 34. Otherwise, go to line 25.

☐

25 Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2016?

☐ No ☐ No ☐ No ☐ No

☒ Yes ☐ Yes ☐ Yes ☐ Yes

If line 25 is No, skip lines 26 through 28 and go to 29.

26 Enter which optional table to use for the local general sales tax (see instructions) B

27 Local general sales tax from tables (see instructions) 208 0 0 0

28 Multiply line 27 by line 20 divided by 366 208 0 0 0

29 Did your locality impose a local general sales tax in 2016? Residents of California and Nevada see instructions

☐ No ☐ No ☐ No ☐ No

☐ Yes ☐ Yes ☐ Yes ☐ Yes

If line 29 is No, skip lines 30 through 32, enter -0- on 33, and go to 34.

30 Enter local general sales tax rate

If line 25 is Yes, skip lines 31 and 32 and go to line 33.

31 Enter state general sales tax rate 0.00000% 0.00000% 0.00000% 0.00000%

32 Divide line 30 by line 31 0.0000 0.0000 0.0000 0.0000

33 If line 27 is zero, multiply line 24 by line 32, otherwise multiply line 28 by line 30 (If using line 30, omit percentage. Ex. if line 30 is 5.5% use 5.5)

0 0 0 0

34 General sales taxes paid on specified items

35 State and local general sales taxes 821 0 0 0

36 Enter the total of line 35 (all columns) **36** 821

37 Actual state and local general sales tax **37**

☐ Check if filing status is MFS and spouse used optional tables.

38 Total state and local general sales tax deduction. Enter the larger of line 36 or line 37 (if married filing separately, see instructions) **38** 821

☐ Check ("X") this box to force state and local income taxes deduction.

☐ Check ("X") this box to force state and local general sales tax deduction.

39 State and local income tax/general sales tax deduction (to Schedule A, line 5) **39** 8,109

Line 6 (Sch A (1040)) - Real Estate Taxes

		Home Office					
		1	2	3	4		
1a	Principal residence					1a	6,459
1b	Principal residence					1b	
Total principal residence						1	6,459
2	Real estate taxes from Schedule E properties					2	0
3 Other real estate (not held for investment):		Home Office					
		1	2	3	4		
a	_____					3a	_____
b	_____					3b	_____
c	_____					3c	_____
d	_____					3d	_____
e	_____					3e	_____
Total other real estate (not held for investment)						3	0
4	a Real estate taxes on all properties not held for investment					4a	6,459
	b Real estate taxes allocated on Home Office Expense Worksheet					4b	0
Subtract line 4b from line 4a						4	6,459
5	Real estate held for investment:						
a	_____					5a	_____
b	_____					5b	_____
c	_____					5c	_____
d	_____					5d	_____
e	_____					5e	_____
Total other real estate held for investment						5	0
6	Total real estate taxes (add line 4 and line 5)					6	6,459

Line 7 (Sch A (1040)) - Personal Property Taxes

1	Non-business portion of vehicle personal property taxes from Vehicle Worksheets	1	0
2	2014 HONDA CR-V	2	520
3	2011 ACURA	3	347
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	Total	7	867

Line 10 (Sch A (1040)) - Home Mortgage Interest and Points on Form 1098

1 Lender's Name	NOT used to buy, build, or improve a qualified residence	USED for investment assets	Home Office				Total Mortgage Interest	Fully Deductible Points
			1	2	3	4		
a PRIMELANDING							1a 9,401	1a
b STEARS							1b 5,114	1b
c TCF NATIONAL BANK							1c 1,850	1c
d M&T BANK							1d 2,201	1d
e							1e	1e
f							1f	1f
g							1g	1g
h							1h	1h
i Mortgage interest from Schedule E							1i 0	1i
j Interest difference not reported above. Explain: _____							1j	1j

Total of line 1 1 18,566

Qualified Loan Limit - Part I

2 Enter the average balance of all your grandfathered debt.	2	
3 Enter the average balance of all your home acquisitions debt.	3	
4 Enter \$1,000,000 (\$500,000 if married filing separately)	4	1,000,000
5 Enter the LARGER of the amounts on line 2 or the amount on line 4	5	1,000,000
6 Add the amounts on lines 2 and 3. Enter the total here	6	0
7 Enter the SMALLER of the amount on line 5 or the amount on line 6	7	0
8 Enter \$100,000 (\$50,000 if married filing separately).	8	100,000
9 Add the amounts on lines 7 and 8. Enter the total. This is your qualified loan limit	9	100,000

Deductible Home Mortgage Interest - Part II

10 Enter the total of the average balances of all mortgages on all qualified homes.	10	
If line 9 is less than line 10, Go on to line 11.		
If line 9 is equal to or more than line 10, go to line 13. All of your interest on all the mortgages included on line 10 is deductible as home mortgage interest on Schedule A (Form 1040)		
11 Enter the total amount of interest that you paid.	11	0
12 Divide the amount on line 9 by the amount on line 10. Enter as a decimal (rounded to 3 places)	12	0.000
13 Multiply the amount on line 11 by the decimal amount on line 12. If you skipped lines 11 & 12, enter amount from line 1. This is your DEDUCTIBLE HOME MORTGAGE INTEREST	13	18,566
a Deductible home mortgage interest for line 10	a	18,566
b Deductible home mortgage interest for line 11	b	0
14 Reductions in amounts deductible on Schedule A		
a Subtract the amount on line 13a from the amount on line 11. This is NOT home mortgage interest	a	0
b Form 8396 allocation.	b	0
c Mortgage interest and points allocated on Home Office Expense Worksheet	c	0
d	d	
Total of Lines 14b - 14d	14	0
15 Subtract line 14 from line 13a. Enter the result on line 10, Schedule A	15	18,566

1099-G Summary Totals (1099G (Worksheet))

Box	Form	Activity	Total	Filer	Spouse
1		Unemployment compensation	0	0	0
1a		Amount repaid (if any)	0	0	0
2	a	State or local income tax refunds, credits, or offsets	1,508	1,508	0
	b	Taxable business/trade state or local income tax refunds.	0	0	0
4		Federal income tax withheld	0	0	0
5		RTAA payments	0	0	0
6		Taxable grants	0	0	0
7		Agriculture payments	0	0	0
9		Market Gain	0	0	0

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1099-G Summary by Payers (1099G (Worksheet))

			1	1a	1b		2	4	5	6	7	8	9	10a	11
	Payers	F/S	Unemploy Comp	Amt Repaid (if any)	Prev Gov't Program Contrib	Railroad Unemploy Comp	State/Local Refunds	Fed Tax Withheld	ATAA / RTAA Payments	Taxable Grants	Ag Payments	Taxable Trade/Bus Income	Market Gain	ST	State Tax Withheld
1	COMMONWEALTH OF PENNS	F	0	0	0	0	763	0	0	0	0	0	0	PA	0
2	DEPARTMENT OF TAXATION	F	0	0	0	0	745	0	0	0	0	0	0	VA	0
	Total		0	0	0	0	1,508	0	0	0	0	0	0		0

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Traditional IRA Worksheet (IRA/Roth Worksheets)

		Filer	Spouse
1	Were you or your spouse covered by a retirement plan?	1a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Next. If you checked "No" on line 1a, and, if married filing jointly, "No" on line 1b, skip lines 2-4, enter \$5,500 (\$6,500 if age 50 or older at the end of 2016) on line 5a (and 5b if applicable), and go to line 6. Otherwise, go to line 2.</p>			
2	Enter the amount shown below that applies to you.		
	* Single, head of household, or married filing separately and lived apart from spouse for all of 2016, enter \$71,000		
	<input type="checkbox"/> Check if married filing separately and lived apart from spouse for all of 2016.		
	* Qualifying widow(er), enter \$118,000		
	* Married filing jointly, enter \$118,000 in both columns. But if 'No' is checked on either line 1a or 1b, enter \$194,000 for the person who was not covered by a plan		
	* Married filing separately and lived with spouse at any time in 2016, enter \$10,000	2a 118,000	2b 194,000
3	Enter the MAGI (for both spouses if MFJ)	3 150,011	
4	Subtract line 3 from line 2 in each column.		
	* If the result is zero or less, STOP. None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.		
	* If the result is \$10,000 or more (\$20,000 or more if MFJ or QW and covered by a retirement plan), enter \$5,500 (\$6,500 if age 50 or older at the end of 2016) on line 5 for that column and go to line 6	4a 0	4b 43,989
5	Multiply lines 4a and 4b by 55% (or by 65% if age 50 or older at the end of 2016). If MFJ or QW and covered by a retirement plan multiply by 27.5% (or by 32.5% if age 50 or older at the end of 2016).		
	If the result is not a multiple of \$10, increase it to the next multiple of \$10 (for example, increase \$490.30 to \$500). If the result is \$200 or more, enter the result. But if it is less than \$200, enter \$200	5a 0	5b 5,500
6	Enter compensation. If MFJ and compensation is less than spouse's, include spouse compensation reduced by his or her traditional and Roth IRA contributions. Do not reduce wages by any loss from self-employment	6a 148,503	6b 148,503
	<input type="checkbox"/> Caution: If married filing jointly and compensation is less than \$11,000 (\$12,000 if one spouse is 50 or older at the end of 2016; \$13,000 if both spouses are 50 or older at the end of 2016), mark this checkbox and use this special worksheet to figure your IRA deduction.		
		Filer's IRA	Spouse's IRA
7	a Wages and other earned income.	7a 0	0
	b Combined earned income of both spouses.	7b 0	0
	c IRA contributions made by other spouse (limited to earned income)	7c 0	0
	d Maximum contribution allowed (line 7a, or line 7b less line 7c, but not more \$11,000 (\$12,000 if one spouse is 50 or older at the end of 2016; \$13,000 if both spouses are 50 or older at the end of 2016)	7d 0	0
8	If line 7 is completed then enter the amounts from 7d, otherwise enter the amounts from 6a and 6b	8a 148,503	8b 148,503
9	Traditional IRA contributions made, or that will be made by April 18, 2017, for 2016 to filer's IRA on line 9a and to spouse's IRA on line 9b	9a 0	9b 5,500
10	On line 10a, enter the smallest of line 5a, 8a, or 9a. On line 10b, enter the smallest of line 5b, 8b, or 9b. This is the most you can deduct. Add the amounts on lines 10a and 10b and enter the total on Form 1040, line 32. Or you may deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606)	10a 0	10b 5,500

Modified Adjusted Gross Income for Traditional IRA (IRA/Roth Worksheets)

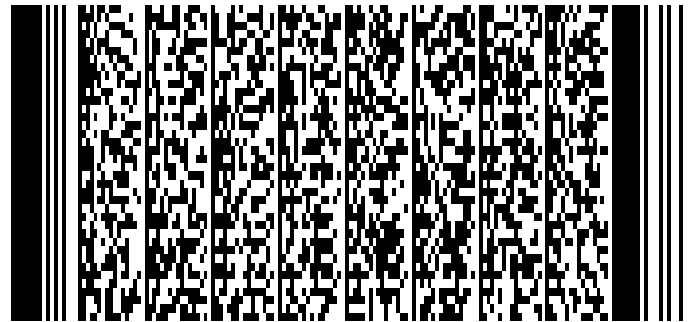
1	Enter the total income shown on line 15, Form 1040A, or line 22, Form 1040. The AGI used to calculate total income is figured without taking into account the IRA deduction amount from Form 1040, line 32, or Form 1040A, line 17. (If Form 8606 is present in the return, an adjustment may be required)	1	<u>150,011</u>
2	Enter deductions from line 16, Form 1040A, or lines 23 through 31a, and any write in adjustment entered on the dotted line next to line 36, Form 1040	2	<u>0</u>
3	Subtract line 2 from line 1	3	<u>150,011</u>
4	Enter any foreign earned income exclusion and/or housing exclusion from line 18, Form 2555-EZ, or line 45, Form 2555	4	<u>0</u>
5	Enter any foreign housing deduction from line 50, Form 2555	5	<u>0</u>
6	Enter any excluded qualified savings bond interest shown on line 3, Schedule B, Form 1040 (from line 14, Form 8815)	6	<u>0</u>
7	Enter any excluded employer-provided adoption benefits from Form 8839, line 28	7	<u>0</u>
8	Add lines 3 through 7. This is the Modified AGI for traditional IRA purposes	8	<u>150,011</u>

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W-2 Summary by Payers (W2 (1040))

Payers				F/S	1 Fed Wage	2 Fed Tax	3 SS Wage	4 SS Tax	5 Med Wage	6 Med Tax	7 SS Tips	8 Alloc Tips
1	FREDDIE MAC			F	148,503	26,531	118,500	7,347	158,036	2,292	0	0
Total					148,503	26,531	118,500	7,347	158,036	2,292	0	0
	10 Dep Care	11 Dist. defer. comp plan	St 1	16a St Wage	17a State Tax	18a Loc Wage	19a Loc Tax	St 2	16b St Wage	17b State Tax	18b Loc Wage	19b Loc Tax
1	0	0	VA	148,503	8,109	0	0		0	0	0	0
	0	0		148,503	8,109	0	0		0	0	0	0
			St 3	16c St Wage	17c State Tax	18c Loc Wage	19c Loc Tax	St 4	16d St Wage	17d State Tax	18d Loc Wage	19d Loc Tax
1				0	0	0	0		0	0	0	

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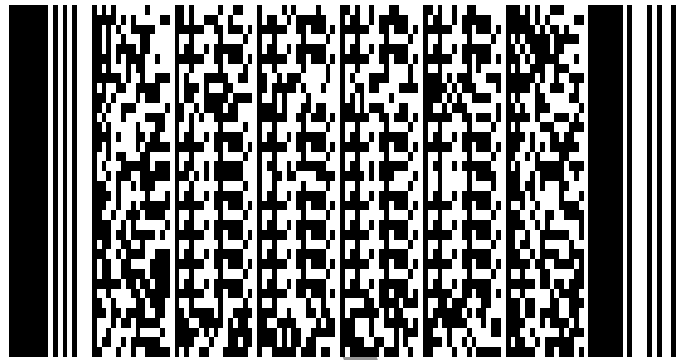


RAVINDRA B KOTA
KEERTHI KONGARA
20787 DUXBURY TERR

ASHBURN VA 20147

SSN - You	KOTA	159845515
SSN - Spouse	KONG	696165671
Fed Adj Gross Income (FAGI)	1.	144511.
Additions	2.	
Subtotal	3.	144511.
Age Deduction - You	4A.	
Age Deduction - Spouse	4B.	
Soc Sec & Tier 1 Railroad	5.	
State Income Tax Overpayment	6.	1508.
Subtractions	7.	
Subtotal Subtractions	8.	1508.
Total VA Adj Gross Income (VAGI)	9.	143003.
Fed Itemized Deductions	10.	34001.
State/Local Income Tax	11.	8109.
Standard/Itemized Deductions	12.	25892.
Exemptions	13.	1860.
Deductions	14.	
Subtotal (Deductions & Exemptions)	15.	27752.
VA Taxable Income	16.	115251.
Amount of Tax	17.	6369.
Spouse Tax Adjustment (STA)	18.	
VAGI - Spouse	18A.	-5500.
Net Amount of Tax	19.	6369.

Vendor ID	1833
Withholding (VA) - You	20A. 8109.
Withholding (VA) - Spouse	20B.
Estimated Payments	21.
2015 Overpayment	22.
Extension Payments	23.
Credit - Low-Income or EIC	24.
Credit - Schedule OSC	25.
Credit - Political Contributions	26.
Credits - Schedule CR	27.
Total Payments/Credits	28. 8109.
Tax You Owe	29.
Tax Overpayment	30. 1740.
Overpayment Credited to Next Year	31.
VAC - College Savings Plan	32.
VAC - Other Contributions	33.
Addition to Tax, Penalty & Interest	34.
Sales and Use Tax	35. 00.
Amount You Owe	
Will Pay by Credit/Debit Card	
Your Refund	1740.
Bank Routing #	C 051000017
Bank Account #	435022490535



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Federal Head of Household

DOB - You 04011980

VA Driver's License ID - You

VA Driver's License - Iss. Date - You

Spouse Name (Filing Status 3 Only)

DOB - Spouse 06091986

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality

107

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Refund - Direct Bank Deposit

X

Refund - Check

Obtain Electronic 1099G

Office Use Only

Exemptions (A)

You 1

Spouse 1

Dependents

Total (A) 02

Exemptions (B)

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You

5712236775

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer PRASADA R TRIPURAMA Date 022517

Phone - Preparer

7036652082

The Tax Department may discuss my/our return with my/our preparer.

X

Preparer Information

P00757994

File by May 1, 2017

Include Page 1, Page 2 and all
supporting 760CG documents.

PRASADA R TRIPURAMALLU
PRASADA TRIPURAMALLU, CPA
43676 TRADE CENTER PL STE 140
STERLING VA 20166

**Additions**

Interest on obligations (other state) 1.
Other Additions
Fixed Date Conformity 2A.

2B.

2C.

Total Additions 3.

Subtractions

Income (US obligations/securities) 4.

Disability Income (wages) - You 5A.

Disability Income (wages) - Spouse 5B.

Other Subtractions

Fixed Date Conformity 6A.

6B.

6C.

6D.

Total Subtractions 7.

Deductions 8A.

8B.

8C.

Total Deductions 9.

Low-Income Credit or VA EIC

Family

Name

SSN

VAGI

You

Spouse

Dependent

Dependent

Total Family VAGI

10.

Low-Income Credit or VA EIC (con't)

Total Exemptions 11.

of Personal Exemptions 12.

Total Exemptions Amount or \$0 13.

Federal EIC 14.

20% of Line 14 15.

Greater of Line 13 or Line 15 16.

Credit 17.

Addition to Tax, Penalty & Interest

Addition to Tax 18.

Form 760C Addition

Form 760F Addition

Penalty 19.

Late Filing Penalty

Extension Penalty

Interest 20.

Total Adjustments 21.

2016 Schedule INC/CG

159845515

Report all W-2s, 1099s & VK-1s with VA Withholding



RAVINDRA

B KOTA

KEERTHI

KONGARA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
159845515	W	8109.	520904874	30520904874F001	148503.

Total VA Withholding	SSN	VA Withholding
You	159845515	8109.
Spouse		

Total # of W-2s, 1099s & VK-1s 1

Line 18 (VA 760CG) - Spouse Tax Adjustment Worksheet**STEP 1 - Determine Separate Federal Adjusted Gross Income**

	1040 Amount	A - Yourself	B - Spouse
1 Wages, salaries, tips, etc.	1 148,503	148,503	0
2 Taxable interest income	2 0	0	0
3 Dividend income	3 0	0	0
4 State and local income tax refunds	4 1,508	1,508	0
5 Alimony received	5 0	0	0
6 Business income or (loss)	6 0	0	0
7 Capital gain or (loss)	7 0	0	0
8 Other gains or (losses)	8 0	0	0
9 Taxable IRA distributions	9 0	0	0
10 Taxable pensions and annuities	10 0	0	0
11 Rents, royalties, partnerships, estates, trusts, etc.	11 0	0	0
12 Farm income or (loss)	12 0	0	0
13 Taxable unemployment compensation	13 0	0	0
14 Taxable social security benefits	14 0	0	0
15 Other income	15 0	0	0
16 Total (add Lines 1 through 15)	16 150,011	150,011	0
17 Less: Federal adjustments to income	17 5,500	0	5,500
18 FAGI-subtract line 17 from line 16	18 144,511	150,011	-5,500

(The total of both columns should equal your joint FAGI reported on your 1040, 1040A or 1040EZ)

STEP 2 - Determine Separate Virginia Adjusted Gross Income

19 Total additions to FAGI (Form 760, line 2)	19 0	
20 Sub-total - add lines 18 and 19	20 150,011	-5,500
21 Age Deduction (Form 760, line 4)	21 0	0
22 Social Security Act and Tier 1 Railroad Retirement Act Benefits (Form 760, line 5)	22 0	0
23 State income tax refund or overpayment credit reported as income on your federal return (Form 760, line 6)	23 1,508	0
24 Other Subtractions (Form 760, line 7)	24 0	
25 Total Subtractions from FAGI - add lines 21, 22, 23, and 24	25 1,508	0
26 Subtract line 25 from line 20. These are your separate VAGI amounts	26 148,503	-5,500

(The total of both columns should equal your combined VAGI reported on line 9 of your 760)

STEP 3 - Determine Personal Exemptions

Enter separate personal exemption amounts

27 You: 65 or over <input type="text" value="0"/> + Blind <input type="text" value="0"/> = Total <input type="text" value="0"/> X \$800 = <input type="text" value="0"/> + \$930 =	27a 930	////
Spouse: <input type="text" value="0"/> + <input type="text" value="0"/> = <input type="text" value="0"/> X \$800 = <input type="text" value="0"/> + \$930 =	27b	930
28 Subtract line 27 from line 26. If either amount is 0 or less, stop here. You do not qualify for this adjustment	28 147,573	0

STEP 4 - Determine Your Spouse Tax Adjustment

29 Enter the VA Taxable Income on Form 760	29 0
30 Enter the smaller amount from column A or column B on line 28 above. If larger than \$17,000 and line 29 is greater than \$34,000, go to line 37 and enter \$259	30 0
31 Subtract line 30 from line 29 (if \$0 or less, enter \$0)	31 0
32 Divide the amount on line 29 by 2	32 0
33 Enter the tax on the SMALLER amount from line 30 or line 32. Refer to the Tax Rate Schedule or Tax Table in the instructions booklet	33 0
34 Enter the tax on the LARGER amount from line 31 or line 32. Refer to the Tax Rate Schedule or Tax Table in the instructions booklet	34 0
35 Add line 33 and line 34	35 0
36 Enter the Amount of Tax on Form 760	36 0
37 SPOUSE TAX ADJUSTMENT: Subtract line 35 from line 36. Enter this amount on Line 18 of Form 760. This amount cannot exceed \$259	37 0

Lines 10 and 11 (VA 760CG) - Itemized Deductions**Fixed Date Conformity (FDC) Worksheet for Itemized Deductions**

Computation of Fixed Date Conformity Federal Adjusted Gross Income

1	Federal Adjusted Gross Income (FAGI) from federal return	1	<u>144,511</u>
2	Fixed date conformity additions to FAGI	2	<u>0</u>
3	Subtotal. Add line 1 and line 2	3	<u>144,511</u>
4	Fixed date conformity subtractions from FAGI	4	<u>0</u>
5	Fixed date conformity FAGI. Subtract line 4 from line 3	5	<u>144,511</u>

MODIFICATIONS TO ITEMIZED DEDUCTION DUE TO FIXED DATE CONFORMITY (All references are to the same line and amount claimed on the federal Schedule A unless otherwise specified).

6	Medical and dental expenses claimed on federal Schedule A, line 1	6	<u>0</u>
7	Enter amount from line 5 above	7	<u>144,511</u>
8	Multiply line 7 above by 10% (.10). If either you or your spouse was born before January 2, 1952, multiply line 7 by 7.5% (.075) instead	8	<u>14,451</u>
9	Subtract line 8 from line 6. If line 8 is more than line 6, enter -0-	9	<u>0</u>
10	Enter the amount from federal Schedule A, line 9	10	<u>15,435</u>
11	Enter the amount from federal Schedule A, line 15	11	<u>18,566</u>
12	Enter the amount from federal Schedule A, line 19	12	<u>0</u>
13	Enter the amount from federal Schedule A, line 20	13	<u>0</u>
14	Unreimbursed employee expenses from federal Schedule A, line 21	14	<u>0</u>
15	Tax preparation fees from federal Schedule A, line 22	15	<u>0</u>
16	Other expenses claimed on federal Schedule A, line 23	16	<u>0</u>
17	Add lines 14 through 16	17	<u>0</u>
18	Enter amount from line 5 above	18	<u>144,511</u>
19	Multiply line 18 above by 2% (.02)	19	<u>2,890</u>
20	Subtract line 19 from line 17. If line 19 is more than line 17, enter -0-	20	<u>0</u>
21	Enter the amount from federal Schedule A, line 28	21	<u>0</u>
22	Add lines 9, 10, 11, 12, 13, 20 and 21.	22	<u>34,001</u>

If line 5 is over \$311,300 if filing jointly or qualifying widow, \$155,650 if married filing separately, \$285,350 if head of household, or \$259,400 if single, the deduction may be limited. Complete the Limited Itemized Deduction Worksheet.

Limited Itemized Deduction Worksheet

Refer to federal Schedule A when completing the worksheet below. However, if you completed the FDC Worksheet above, substitute those figures for corresponding Schedule A information.

Part A - Total federal itemized deductions.

1	Amount from Line 22 of the FDC Worksheet above	1	<u>0</u>
2	Add the amounts on Line 9 of the FDC Worksheet above, federal Schedule A Lines 14 and 20, plus any gambling losses included on federal Schedule A Line 28	2	<u>0</u>
3	Subtract line 2 from line 1. If the result is zero, stop here; enter the amount from line 1 above as the federal itemized deductions on Form 760. (The limitation does not apply.)	3	<u>0</u>
4	Multiply line 3 above by 80% (0.80)	4	<u>0</u>
5	Enter the total from Line 5 of the FDC Worksheet above	5	<u>0</u>
6	Enter \$311,300 if filing jointly or qualifying widow(er), \$285,350 if head of household, \$259,400 if single, or \$155,650 if married filing a separate return	6	<u>0</u>
7	Subtract line 6 from line 5. If the result is zero or less, stop here; complete federal itemized deductions on Form 760 (the limitation does not apply.)	7	<u>0</u>
8	Multiply line 7 above by 3% (0.03)	8	<u>0</u>
9	Enter the smaller of line 4 or line 8	9	<u>0</u>
10	Total itemized deductions. Subtract line 9 from line 1. Enter the total as federal itemized deductions on Form 760 and continue the worksheet	10	<u>0</u>

Part B - State and local income tax modification

11	Enter the state and local income tax shown on Schedule A, Line 5	11	<u>0</u>
12	Enter the amount from line 9 above	12	<u>0</u>
13	Enter the amount from line 3 above	13	<u>0</u>
14	Divide line 12 by line 13. Enter the result to 3 decimal places	14	<u>0.000</u>
15	Multiply line 14 by line 11	15	<u>0</u>
16	Subtract line 15 from line 11. Enter as state/local income tax on Form 760	16	<u>0</u>