

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

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
 ► **Go to www.irs.gov/Form8879 for the latest information.**

2018Submission Identification Number (SID) **5471962019049sxotiq5**

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, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	180,113
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	22,230
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	29,995
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	7,765
5	Amount you owe (Form 1040, line 22; 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, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. 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 2018 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 2018 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 2018 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 2018 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.

54719657283Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 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 3/15/2019

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** (2018)

HTA

Form 1040 Comparison
2018

RAVINDRA B KOTA and KEERTHI KONGARA
159-84-5515

1040, Page 2:

		Prior Year	Current Year	Difference	%
1	Wages, salaries, tips, etc. Attach Form(s) W-2	165,854	183,457	17,603	11%
2a	Tax-exempt interest income			0	0%
b	Taxable interest. Attach Schedule B if required			0	0%
3a	Qualified dividends			0	0%
b	Ordinary dividends. Attach Schedule B if required			0	0%
4a	IRAs, pensions, and annuities			0	0%
b	Taxable IRAs, pensions, and annuities			0	0%
5a	Social security benefits			0	0%
b	Taxable amount of social security benefits			0	0%
Schedule 1: Additional Income					
10	Taxable refunds of state and local income taxes	1,740	2,156	416	24%
11	Alimony received			0	0%
12	Business income or (loss) (Schedule C)			0	0%
13	Capital gain or (loss) (Schedule D)			0	0%
14	Other gains or (losses). Attach Form 4797			0	0%
17	Rents, royalties, partnerships, etc. (Schedule E)			0	0%
18	Farm income or (loss). Attach Schedule F			0	0%
19	Unemployment compensation			0	0%
21	Other income			0	0%
	Total income	167,594	185,613	18,019	11%
Schedule 1: Adjustments to Income					
23	Educator expenses			0	0%
24	Certain business expenses (Form 2106 or 2106-EZ)			0	0%
25	Health savings account deduction. Attach Form 8889	5,250		-5,250	-100%
26	Moving expenses. Attach Form 3903			0	0%
27	Deductible part of self-employment tax			0	0%
28	Self-employed SEP, SIMPLE, and qualified plans			0	0%
29	Self-employed health insurance deduction			0	0%
30	Penalty on early withdrawal of savings			0	0%
31	Alimony paid			0	0%
32	IRA deduction	5,500	5,500	0	0%
33	Student loan interest deduction			0	0%
34	Tuition and fees. Attach Form 8917			0	0%
35	Reserved				
36	Total adjustments. Add lines 23 through 35	10,750	5,500	-5,250	-49%
	Adjusted Gross Income (AGI)	156,844	180,113	23,269	15%

	Prior Year	Current Year	Difference	%
1040, Page 2:				
8 Standard deduction or itemized deductions	8 36,984	33,061	-3,923	-11%
9 Qualified business income deduction	9		0	0%
Exemption amount	8,100	0	-8,100	-100%
10 Taxable income	10 111,760	147,052	35,292	32%
11a Tax	11a 19,418	24,230	4,812	25%
b Regular tax plus Schedule 2 taxes	b 19,418	24,230	4,812	25%
12a Child tax credit/credit for other dependents	12a	2,000	2,000	0%
b Total credits	b 200	2,000	1,800	900%
13 Subtract line 12b from line 11b	13 19,218	22,230	3,012	16%
14 Other taxes. Attach Schedule 4	14 0	0	0	0%
15 Total tax. Add lines 13 and 14	15 19,218	22,230	3,012	16%
16 Federal income tax withheld	16 30,779	29,995	-784	-3%
17a Earned income credit	17a		0	0%
Nontaxable combat pay			0	0%
17b Additional child tax credit (Form 8812)	17b		0	0%
17c American opportunity credit (Form 8863)	17c		0	0%
Other payments and refundable credits. Attach Schedule 5	0	0	0	0%
17 Total other payments and refundable credits	17 0	0	0	0%
18 Add lines 16 and 17. These are your total payments	18 30,779	29,995	-784	-3%
19 Amount Overpaid	19 11,561	7,765	-3,796	-33%
20a Amount to be Refunded To You	20a 11,561	7,765	-3,796	-33%
21 Amount to be applied to next year's estimated tax	21		0	0%
22 Amount You Owe	22 0	0	0	0%
23 Penalty for underpayment of estimated tax	23		0	0%
Schedule 2: Tax				
45 Alternative minimum tax (Form 6251)	45		0	0%
46 Excess advance premium tax credit repayment	46		0	0%
Schedule 3: Nonrefundable Credits				
48 Foreign tax credit. Attach Form 1116 if required	48		0	0%
49 Credit for child and dependent care expenses (Form 2441)	49		0	0%
50 Education credits from Form 8863	50		0	0%
51 Retirement savings contributions credit (Form 8880)	51		0	0%
53 Residential energy credit. Attach Form 5695	53 200		-200	-100%
54 Other credits	54		0	0%
Schedule 4: Other Taxes				
57 Self-employment tax (Schedule SE)	57		0	0%
58 Unreported social security and Medicare tax	58		0	0%
59 Tax on IRAs/qual. retirement plans (Form 5329)	59		0	0%
60a Household employment taxes from Sch H	60a		0	0%
b First time homebuyer credit repayment	b		0	0%
61 Health care: individual responsibility	61		0	0%
62 Other taxes	62		0	0%
63 Section 965 net tax liability installment from Form 965-A	63		0	0%
64 Total other taxes	64 0	0	0	0%
Schedule 5: Other Payments and Refundable Credits				
66 Estimated tax payments	66		0	0%
70 Net premium tax credit (Form 8962)	70		0	0%
71 Amount paid with Form 4868 (extension request)	71		0	0%
72 Excess social security and tier 1 RRTA tax withheld	72		0	0%
73 Credit for federal tax on fuels (Form 4136)	73		0	0%
74 Other credits	74		0	0%
75 Other payments and refundable credits	75 0	0	0	0%

			Prior Year	Current Year	Difference	%	
Medical and Dental Expenses	1	Medical and dental expenses	1		0	0%	
	3	AGI threshold amount	3	11,763	13,508	1,745	15%
	4	Total medical and dental. Subtract line 3 from line 1	4	0	0	0	0%
Taxes Paid	5a	State and local income taxes or general sales taxes	5a	9,107	10,119	1,012	11%
	5b	State and local real estate taxes	5b	6,503	6,884	381	6%
	5c	State and local personal property taxes	5c	752	750	-2	0%
	5d	Add lines 5a through 5c	5d	16,362	17,753	1,391	9%
	5e	Enter the smaller of line 5d and \$10,000 (\$5,000 if MFS)	5e		10,000	10,000	0%
	6	Other taxes	6			0	0%
	7	Add lines 5e and 6	7	16,362	10,000	-6,362	-39%
Interest You Paid	8a	Home mortgage interest and points	8a	20,622	20,311	-311	-2%
	8b	Home mortgage interest not reported to you on Form 1098	8b			0	0%
	8c	Points not reported to you on Form 1098	8c			0	0%
	8d	Mortgage insurance premiums	8d			0	0%
	8e	Add lines 8a through 8c	8e	20,622	20,311	-311	-2%
	9	Investment interest	9			0	0%
	10	Add lines 8e and 9	10	20,622	20,311	-311	-2%
Gifts to Charity	11	Gifts by cash or check	11		2,750	2,750	0%
	12	Other than by cash or check	12			0	0%
	13	Carryover from prior year	13			0	0%
	14	Add lines 11 through 13	14	0	2,750	2,750	0%
Casualty and Theft Losses	15	Casualty or theft loss(es) (Form 4684)	15			0	0%
	A	Unreimbursed employee expenses				0	0%
Job Expenses and Most Other Misc. Deductions	B	Tax preparation fees				0	0%
	C	Other expenses - investment, safe deposit box, etc.				0	0%
	D	Add the amounts on lines A through C				0	0%
	E	Multiply: AGI by 2% (.02)		3,137		-3,137	-100%
	F	Subtract line E from line D. Enter the result				0	0%
Other Itemized Deductions	16	Other miscellaneous deductions	16			0	0%
Total Itemized Deductions	17	Total itemized deductions	17	36,984	33,061	-3,923	-11%

2018 Tax Summary (1040)

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

Federal Information

Adjusted Gross Income	\$180,113
Taxable Income	\$147,052
Income Tax	\$24,230
Total Tax	\$22,230
Overpayment	\$7,765
Amount Applied	\$0
Refund	\$7,765
Amount Due	\$0
Tax Bracket	22.00%
Average Tax Rate	15.12%

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: 3

Income:		% of Total
Wages	\$183,457	98.84%
Interest & Dividends	\$0	
Business	\$0	
Capital Gains	\$0	
Rents, partnerships	\$0	
Farm	\$0	
Other	\$2,156	1.16%
Total	\$185,613	

Other:		% of Total
Adjustments	\$5,500	2.96%
Deductions	\$33,061	17.81%
QBI deduction	\$0	
Taxable	\$147,052	79.23%
Total Income	\$185,613	

Deductions:		% of Total
Medical Expenses	\$0	
Taxes	\$10,000	30.25%
Interest Expenses	\$20,311	61.43%
Charity	\$2,750	8.32%
Casualty & Theft	\$0	
Other Misc. Deductions	\$0	
Total	\$33,061	

State Information

State: VA Form: 760CG

Adjusted Gross Income	\$177,957	Overpayment	\$2,069
Taxable Income	\$144,472	Amount Applied	\$0
Income Tax	\$8,050	Refund	\$2,069
Total Tax	\$8,050	Amount Due	\$0

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

Virginia Submission Identification Number (SID)

5471962019049sxo11am

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.	180113.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0.	177957.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)	0.	144472.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763, Line 19)	0.	8050.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)	0.	10119.
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)		2069.

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, 2018, 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 (Virginia Tax) 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 Virginia Tax. 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 2018 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 2018 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 2018 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 2018 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 2018 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 2018). EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature PRASADA R TRIPURAMALLU Date 040919

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial

RAVINDRA

B

Last name

KOTA

Your social security number

159-84-5515

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial

KEERTHI

Last name

KONGARA

Spouse's social security number

696-16-5671

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954☐ Spouse is blind☐ Spouse itemizes on a separate return or you were dual-status alien☒ Full-year health care coverage or exempt (see inst.)

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

20787 DUXBURY TERR

Apt. no.

Presidential Election Campaign

(see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

ASHBURN

VA

20147

If more than four dependents, see inst. and ☒ here ▶ ☐

Dependents (see instructions):

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for (see inst.):

(1) First name

Last name

Child tax credit

Credit for other dependents

AARADHYA

KOTA

861-08-5463

Daughter

☒☐☐☐☐☐☐☐

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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

SOFTWARE ENGINEER

HOME MAKER

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name

PRASADA R TRIPURAMALLU

Preparer's signature

PRASADA R TRIPURAMALLU

PTIN

P00757994

Firm's EIN

26-1112218

Check if:

☐ 3rd Party Designee☒ Self-employed

Firm's name ▶ PRASADA TRIPURAMALLU, CPA

Phone no. (703) 665-2082

Firm's address ▶ 14018D SULLYFIELD CIR, CHANTILLY, VA 20151

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2018)

HTA

1		Wages, salaries, tips, etc. Attach Form(s) W-2	1	183,457
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRAs, pensions, and annuities	4a	
	5a	Social security benefits	5a	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	2,156
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	185,613
8		Standard deduction or itemized deductions (from Schedule A)	8	180,113
9		Qualified business income deduction (see instructions)	9	33,061
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	147,052
11		a Tax (see inst.) <u>24,230</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	24,230
12		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	2,000
13		a Child tax credit/credit for other dependents <u>2,000</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	22,230
14		Subtract line 12 from line 11. If zero or less, enter -0-	14	22,230
15		Other taxes. Attach Schedule 4	15	22,230
16		Total tax. Add lines 13 and 14	16	29,995
17		Federal income tax withheld from Forms W-2 and 1099	17	29,995
18		Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	18	0
19		Add any amount from Schedule 5	19	29,995
20a		Add lines 16 and 17. These are your total payments	20a	7,765
21		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	7,765
22		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	7,765
23		Amount of line 19 you want applied to your 2019 estimated tax	23	
24		Routing number <u>051000017</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	24	
25		Account number <u>435022490535</u>	25	
26		Amount of line 19 you want applied to your 2019 estimated tax	26	
27		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	27	0
28		Estimated tax penalty (see instructions)	28	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

RAVINDRA B KOTA and KEERTHI KONGARA

Your social security number

159-84-5515

**Additional
Income**

- 1-9b** Reserved
- 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** Reserved
- 16a** Reserved
- 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** Reserved
- 21** Other income. List type and amount ►
- 22** Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23

1-9b		
10	2,156	
11		
12		
13		
14		
15b		
16b		
17		
18		
19		
20b		
21		
22	2,156	

**Adjustments
to Income**

- 23** Educator expenses
- 24** Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106
- 25** Health savings account deduction. Attach Form 8889
- 26** Moving expenses for members of the Armed Forces. 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 **b** Recipient's SSN ►
- 32** IRA deduction
- 33** Student loan interest deduction
- 34** Reserved
- 35** Reserved
- 36** Add lines 23 through 35

23		
24		
25		
26		
27		
28		
29		
30		
31a		
32	5,500	
33		
34		
35		
36	5,500	

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

Schedule 1 (Form 1040) 2018

HTA

SCHEDULE 6
(Form 1040)

Department of the Treasury
Internal Revenue Service

Foreign Address and Third Party Designee

▶ **Attach to Form 1040.**

▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

RAVINDRA B KOTA and KEERTHI KONGARA

Your social security number

159-84-5515

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**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

Phone

Personal identification number

name ▶ PRASADA TRIPURAMALLU

no. ▶ (703) 665-2082

(PIN) ▶ 57283

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

Schedule 6 (Form 1040) 2018

HTA

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
► Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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 7	2	180,113	
3	Multiply line 2 by 7.5% (0.075)	3	13,508	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0

Taxes You Paid

5	State and local			
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	10,119	
b	State and local real estate taxes (see instructions)	5b	6,884	
c	State and local personal property taxes	5c	750	
d	Add lines 5a through 5c	5d	17,753	
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000	
6	Other taxes. List type and amount	6		
7	Add lines 5e and 6	7		10,000

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
a	Home mortgage interest and points reported to you on Form 1098	8a	20,311	
b	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	8b		
	Name _____			
	Address _____			
	TIN _____	8c		
c	Points not reported to you on Form 1098. See instructions for special rules	8d		
d	Reserved	8e	20,311	
e	Add lines 8a through 8c	9		
10	Add lines 8e and 9	10		20,311

Gifts to Charity

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

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	2,750	
12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12		
13	Carryover from prior year	13		
14	Add lines 11 through 13	14		2,750

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
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Other Itemized Deductions

16	Other—from list in instructions. List type and amount	16		
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Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17		33,061
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18	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			
-----------	--	--	--	--

Health Savings Accounts (HSAs)▶ **Attach to Form 1040 or Form 1040NR.**▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

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

RAVINDRA B KOTA

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

159-84-5515

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	▶ <input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family	
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	6,900
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,900
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	6,900
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,900
9	Employer contributions made to your HSAs for 2018	9	4,000
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	4,000
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,900
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14 a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	0
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17 a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

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

HTA

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18		
19	Qualified HSA funding distribution	19		
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20		0
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21		0

Form **8889** (2018)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

- To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

RAVINDRA B KOTA and KEERTHI KONGARA

Taxpayer identification number

159-84-5515

Enter preparer's name and PTIN

PRASADA R TRIPURAMALLU

P00757994

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC	CTC/ ACTC/ODC	AOTC	HOH
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 1** Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

- 2** If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

☒ Yes ☐ No ☐ N/A

- 3** Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.

- Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
- Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.

☒ Yes ☐ No

- 4** Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

☐ Yes ☒ No

- a** Did you make reasonable inquiries to determine the correct, complete, and consistent information?

☐ Yes ☐ No

- b** Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☐ Yes ☐ No

- 5** Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)

☒ Yes ☐ No

List those documents, if any, that you relied on.

TAXPAYER HISTORY WITH TAXPREPARER

- 6** Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?

☒ Yes ☐ No

- 7** Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

☐ Yes ☒ No ☐ N/A

- a** Did you complete the required recertification Form 8862?

☐ Yes ☐ No ☐ N/A

- 8** If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?

☒ Yes ☐ No ☐ N/A

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9 a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of Form 8867;
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Line 1 (1040) - Wages, Salaries, Tips, etc.**W-2 Wages, Salaries, Tips, etc.**

		Filer	Spouse
1	Wages (W-2)	183,457	0
2	Statutory wages (Sch C, 1040)	0	0
3	Subtract line 2 from line 1	183,457	0
	Total W-2 Wages, Salaries, Tips, etc.		183,457

Non W-2 Wages, Salaries, Tips, etc.

4	Scholarship and fellowship grants not reported on W-2	0	0
5	Foreign employer compensation not reported on W-2	0	0
6	Wages received as a household employee. An employer is not required to provide a W-2		
7	Miscellaneous income (1099-MISC)	0	0
8	Disability or deferrals (1099-R)	0	0
9	Excess reimbursement (2106)	0	0
10	Taxable dependent care benefits (2441)	0	0
11	Excess reimbursement (3903)	0	0
12	Taxable tips (4137)	0	0
13	Total wages (8919)	0	0
14	Taxable benefits (8839)	0	0
15	Excess salary deferrals (Different limits may apply. See instructions)		
16	Clergy excess allowance	0	0
17			
18			
19	Subtotal for filer and spouse	0	0
	Total Non W-2 Wages, Salaries, Tips, etc.		0

Total Wages, Salaries, Tips, etc.

20	Total wages, salaries, tips, etc.	183,457	0
	Less exclusion of prior year adoption benefits (8839)	0	0
	Less retired on disability public service officers (PSO) excluded insurance premiums	0	0
	Total		183,457

Line 12a (1040) - Child tax credit and credit for other dependents**Part 1**

1	Number of qualifying children under 17 with the required social security number:	<u>1</u>	X \$2,000	1	<u>2,000</u>
2	Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number:	<u>0</u>	X \$500	2	<u>0</u>
CAUTION: Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.					
3	Add lines 1 and 2			3	<u>2,000</u>
4	Enter the adjusted gross income from Form 1040	4	<u>180,113</u>		
5	Enter the total of any -				
a	Exclusion of income from Puerto Rico	5a	<u>0</u>		
b	Foreign earned income exclusion, housing exclusion or housing deduction from Form 2555 or Form 2555-EZ	5b	<u>0</u>		
c	Income exclusion of bona fide residents of American Samoa from Form 4563	5c	<u>0</u>		
	Add lines 5a, 5b and 5c. Enter the total	5	<u>0</u>		
6	Add lines 4 and 5. Enter the total	6	<u>180,113</u>		
7	Enter the amount shown below for your filing status:				
	* Married filing jointly - \$400,000				
	* All other filing statuses - \$200,000	7	<u>400,000</u>		
8	Is the amount on line 6 more than the amount on line 7?				
	<input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9.				
	<input type="checkbox"/> Yes. Subtract line 7 from line 6. 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.).	8	<u>0</u>		
9	Multiply the amount on line 8 by 5% (0.05). Enter the result.	9	<u>0</u>		
10	Is the amount on line 3 more than the amount on line 9?				
	<input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040. You also cannot take the additional child tax credit on Form 1040. Complete the rest of your Form 1040.				
	<input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. Go to Part 2	10	<u>2,000</u>		

Part 2

11	Enter the tax from Form 1040	11	<u>24,230</u>
12	Add the following amounts from Form 1040:		
	Schedule 3, foreign tax credit	<u>0</u>	
	Schedule 3, credit for child and dependent care expenses	<u>0</u>	
	Schedule 3, education credits	<u>0</u>	
	Schedule 3, retirement savings contributions credit	<u>0</u>	
	Form 5695, nonbusiness energy property credit if applicable	<u>0</u>	
	Form 8910, personal use part of credit	<u>0</u>	
	Form 8936, personal use part of credit	<u>0</u>	
	Schedule R, credit for the elderly or the disabled	<u>0</u>	
	Enter the total	12	<u>0</u>
13	Subtract line 12 from line 11	13	<u>24,230</u>
14	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 checked="" type="checkbox"/> No. Enter -0-.		
	<input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter -0-.		
	Otherwise, complete the Line 14 Worksheet to figure the amount to enter here	14	<u>0</u>
15	Subtract line 14 from line 13. Enter the result	15	<u>24,230</u>
16	Is the amount on line 10 of this worksheet more than the amount on line 15?		
	<input checked="" type="checkbox"/> No. Enter the amount from line 10.		
	<input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below.	16	<u>2,000</u>

Enter this amount on Form 1040, line 12a

Tip: You may be able to take the additional child tax credit on Form 1040 only if you answered "Yes" on line 16 and line 1 is more than zero.

- * First, complete your Form 1040 through earned income credit line (also complete excess social security and tier 1 RRTA tax withheld line).
- * Then, use Schedule 8812 to figure any additional child tax credit.

Line 14 Worksheet

1	Enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet	1	<u>0</u>
2	Number of qualifying children under 17 with the required social security number:	<u>0</u>	X \$1,400
2		2	<u>0</u>

TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.

- 3** Enter your earned income from the Earned Income Worksheet **3** _____ 0
- 4** Is the amount on line 3 more than \$2,500?
☐ No. Leave line 4 blank, enter -0- on line 5, and go to line 6.
☐ Yes. Subtract \$2,500 from the amount on line 3. Enter the result **4** _____ 0
- 5** Multiply the amount on line 4 by 15% (0.15) and enter the result. **5** _____ 0
- 6** On line 2 of this worksheet, is the amount \$4,200 or more?
☐ No.
 * If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet.
 Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit and Credit for Other Dependents Worksheet and do the following. Enter -0- on line 14, and complete lines 15 and 16.
 * If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12.
☐ Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12. Otherwise, go to line 7.
 If married filing jointly, include your spouse's amounts with yours when completing lines 7 and 8.
- 7** If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total of the following amounts from Form(s) W-2:
 * Social security tax withheld from box 4, and
 * Medicare tax withheld from box 6 **7** _____ 0
- 8** Enter the total of any -
a Deductible part of self-employment tax and unreported social security and Medicare tax from Schedule 1 and Schedule 4. . **8a** _____ 0
b Any taxes that you identified using code "UT" and entered on the dotted line next to Schedule 4 line 62 . . **8b** _____ 0
 Add lines 8a and 8b. Enter the total **8** _____ 0
- 9** Add lines 7 and 8. Enter the total **9** _____ 0
- 10** Enter the earned income credit and excess social security and tier 1 RRTA tax withheld from Form 1040 and Schedule 5. **10** _____ 0
- 11** Subtract line 10 from line 9. If the result is zero or less, enter -0- **11** _____ 0
- 12** Enter the larger of line 5 or line 11. **12** _____ 0
- 13** Enter the smaller of line 2 or line 12 **13** _____ 0
- 14** Is the amount on line 13 of this worksheet more than the amount on line 1?
☒ No. Subtract line 13 from line 1. Enter the result.
☐ Yes. Enter -0-. **14** _____ 0
 Next, figure the amount of any of the following credits that you are claiming.
 * 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.
 Then, go to line 15.
- 15** Enter the total of the amounts from -
a Mortgage interest credit, Form 8396 **15a** _____ 0
b Adoption credit, Form 8839 **15b** _____ 0
c Residential energy efficient property credit, Form 5695 **15c** _____ 0
d District of Columbia first-time homebuyer current year credit, Form 8859 **15d** _____ 0
15 _____ 0

Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.

Line 10, Sch 1 (1040) - State and Local Income Tax Refund

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
DEPARTMENT OF	2,156	2017	VA	2,156
				0
				0
				0
				0
				0
				0
				0
				0
Total taxable amount				2,156

Worksheet for refunds of amounts deducted in 2017

- 1 a Enter the income tax refund from Form(s) 1099-G (or similar statement) **a** 2,156
b Enter the state and local taxes from the 2017 Sch A, line 5 **b** 9,107
c Enter the General sales tax that could have been deducted on Sch A line 5 **c** 846
- But do not enter more than the amount on your 2017 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** 2,156
- 2 Enter your total allowable itemized deductions from your 2017 Schedule A (Form 1040),
line 29, if sales taxes were deducted in 2017, enter zero **2** 36,984
- Note. If the filing status on your 2017 Form 1040 was married filing separately and your spouse itemized
deductions in 2017, 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 2017 Form 1040. ☐ 2
Enter the number from line 39a of your 2017 Form 1040. ☐
- 3 Enter the amount shown below for the filing status claimed on your 2017 Form 1040.
* Single-\$6,350
* Married filing jointly or qualifying widow(er)-\$12,700
* Married filing separately-\$6,350
* Head of household-\$9,350 **3** 12,700
- 4 Did you fill in line 39a on your 2017 Form 1040?
☒ No. Enter -0-.
☐ Yes. Multiply the number in the box on line 39a of your
2017 Form 1040 by: \$1,250 if your 2017 filing
status was married filing jointly or separately
or qualifying widow(er); \$1,550 if your 2017
filing status was single or head of household **4** 0
- 5 Add lines 3 and 4 **5** 12,700
- 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** 24,284
- 7 Tentative taxable part of your refund. Enter the smaller of line 1 or line 6 here **7** 2,156
- 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** 2,156

Line 5a (Sch A (1040)) - State and Local Taxes**State and local income taxes**1 2017 state tax overpayment applied to your 2018 state estimated tax **1** 0

2 2017 state tax payment paid with extension/return:

State:							
Payment Amount:							
Extension Amount:							

2 0

3 2017 state fourth quarter and other state estimates (paid in 2018):

State:							
Payment Amount:							

3 04 State quarterly estimated tax payments made in 2018 **4** 05 Other 2018 state estimated tax payments made in 2018 **5** 06 Amount of state and local income taxes withheld from Form W-2 for 2018 **6** 10,1197 Amount of state and local income taxes withheld from Form W-2G for 2018 **7** 08 Amount of state and local income taxes withheld from Form 1099-R for 2018 **8** 09 Amount of state and local income taxes withheld from Form 1099-Misc for 2018 **9** 010 Amount of state and local income taxes withheld from Form 1099-G for 2018 **10** 011 Amount of state income taxes withheld from Form 1099-K for 2018 **11** 012 Amount of state income taxes withheld from Form 1099-INT for 2018 **12** 013 Amount of state income taxes withheld from Form 1099-DIV for 2018 **13** 0

14 Deductible state or local tax from Form W-2

a AK Employee paid AK State Unemployment **14a** 0b CA State Disability Insurance/ Paid Family Leave **14b** 0c KY Rural Economic Development Act **14c** 0d NJ State Disability Insurance **14d** 0e NJ Unemployment Insurance/Health Care/Workforce Development **14e** 0f NJ Family Leave Insurance program **14f** 0g NY Nonoccupational Disability Fund **14g** 0h RI Temporary Disability Insurance **14h** 0i WA Supplemental Workers Compensation Fund **14i** 0j PA Unemployment Insurance **14j** 0k Other deductible state or local tax **14k** 0**State Use Only:**

State:							
State's part of Ln 14k:							

l Total deductible state or local tax from Form W-2 **14l** 0

Other state and local taxes paid in 2018:

15 State **15**16 State **16**17 Income tax paid to U.S. possessions **17** 018 Total state and local income taxes **18** 10,119**State and local general sales taxes**

Optional state sales tax

a Enter the amount from line form 1040, line 7 **a** 180,113

Enter the amount of the following nontaxable items:

b Tax-exempt interest from form 1040, line 2a **b** 0c Veterans' benefits **c**d Nontaxable combat pay **d** 0e Workers' Compensation **e**f Nontaxable part of social security/railroad retirement **f** 0g Nontaxable part of IRA, pension, or annuity distributions **g** 0h Public assistance payments **h**i **i**19 Add lines a through i, use this income with the tables in instructions **19** 180,113

20 State VA

21 Days in state 365

22 Family size, while in state 3 0 0 0

23 Income 180,113 0 0 0

24 Enter amount from state sales tax tables 976 0 0 0

25 Multiply line 24 by line 21 divided by 365 976 0 0 0

Next. If, for all of 2018, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island skip lines 26 through 33, enter -0- on line 34, and go to line 35. Otherwise, go to line 26.

26 Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah or Virginia in 2018?

☐ No ☐ No ☐ No ☐ No

☒ Yes ☐ Yes ☐ Yes ☐ Yes

If line 26 is No, skip lines 27 through 29 and go to 30.

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

28 Local general sales tax from tables (see instructions) 266 0 0 0

29 Multiply line 28 by line 21 divided by 365 266 0 0 0

30 Did your locality impose a local general sales tax in 2018? Residents of California and Nevada see instructions

☐ No ☐ No ☐ No ☐ No

☐ Yes ☐ Yes ☐ Yes ☐ Yes

If line 30 is No, skip lines 31 through 33, enter -0- on 34, and go to 35.

31 Enter local general sales tax rate

If line 26 is Yes, skip lines 32 and 33 and go to line 34.

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

33 Divide line 31 by line 32 0.0000 0.0000 0.0000 0.0000

34 If line 28 is zero, multiply line 25 by line 33, otherwise multiply line 29 by line 31 (If using line 31, omit percentage. Ex. if line 31 is 6% use 6.0)

0 0 0 0

35 General sales taxes paid on specified items

36 State and local general sales taxes 976 0 0 0

37 Enter the total of line 36 (all columns) **37** 976

38 Actual state and local general sales tax **38**

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

39 Total state and local general sales tax deduction. Enter the larger of line 37 or line 38 (if married filing separately, see instructions) **39** 976

☐ 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.

40 State and local income tax/general sales tax deduction **40** 10,119

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

		Home Office					
		1	2	3	4		
1a	Principal residence					1a	6,884
1b	Principal residence					1b	
	Total principal residence					1	6,884
2	Real estate taxes from Schedule E properties					2	0
3 Other real estate (not held for investment):							
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	6,884
b	Real estate taxes allocated on Home Office Expense Worksheet					4b	0
	Subtract line 4b from line 4a					4	6,884
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 state and local real estate taxes (add line 4 and line 5)					6	6,884

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

1	Non-business portion of vehicle personal property taxes from Vehicle Worksheets	1	0
2	2014 HONDA CR-V	2	
3	2011 ACURA	3	750
4	_____	4	_____
5	_____	5	_____
6	_____	6	_____
7	Total	7	750

Line 8a (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 OTHER LOAN 8105							1a 9,633	1a
b STEARS							1b 4,865	1b
c FAIRFAX COUNTY FCU							1c 5,813	1c
d							1d	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 20,311

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

☐ Check the box if the loan was taken out after December 15, 2017.

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. This is your qualified loan limit 7 0

* See Pub 936 for more details and exceptions.

Deductible Home Mortgage Interest - Part II

8 Enter the total of the average balances of all mortgages on all qualified homes. 8

If line 7 is less than line 8, Go on to line 9.

If line 7 is equal to or more than line 8, go to line 11. All of your interest on all the mortgages included on line 8 is deductible as home mortgage interest on Schedule A (Form 1040)

9 Enter the total amount of interest that you paid. 9 0

10 Divide the amount on line 7 by the amount on line 8. Enter as a decimal (rounded to 3 places) 10 0.000

11 Multiply the amount on line 9 by the decimal amount on line 10. If you skipped lines 9 & 10, enter amount from line 1. This is your DEDUCTIBLE HOME MORTGAGE INTEREST 11 20,311

a Deductible home mortgage interest for line 8a a 20,311

b Deductible home mortgage interest for line 8b b 0

12 Reductions in amounts deductible on Schedule A

a Subtract the amount on line 11a from the amount on line 9. 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 12b - 12d 12 0

13 Subtract line 12 from line 11a 13 20,311

Line 11 (Sch A (1040)) - Gifts By Cash or Check

Total: 2,750	
Type of Charity	
Miscellaneous gifts by cash or check:	Total: 2,750
1 VARIOUS CHARITIES	50% 1 2,750

Line 3 (8889) - HSA Limitation☒ Check if you were under age 55 at the end of 2018☒ Check if you were married at the end of 2018

Check if you were an eligible individual with the same annual deductible and coverage each month

HSA 1**HSA 2**☒☐

Indicate HDHP coverage type:

☐ Self☒ Family☐ Self☐ Family

Standard HSA Limitation (enter result on line 3)

6,900

0

If you did not have the same coverage on the first day of every month during 2018, complete the following information.

HSA 1**HSA 2****Date specified:****Indicate HDHP
coverage type below:****Limitation
amount****Indicate HDHP
coverage type below:****Limitation
amount**

Ineligible Self Family

Ineligible Self Family

1	January	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	0
2	February	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0
3	March	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0
4	April	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	0
5	May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	0
6	June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	0
7	July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0
8	August	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	0
9	September	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	0
10	October	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0
11	November	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	0
12	December	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	0
13	Total				13				13	0
14	LIMITATION. Divide line 13 by 12				14				14	0

Note: If Married Filing Separately see instructions.

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	2,156	2,156	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	DEPARTMENT OF TAXATION	F	0	0	0	0	2,156	0	0	0	0	0	0	VA	0
Total			0	0	0	0	2,156	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 2018) 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 2018, enter \$73,000		
	<input type="checkbox"/> Check if married filing separately and lived apart from spouse for all of 2018.		
	* Qualifying widow(er), enter \$121,000		
	* Married filing jointly, enter \$121,000 in both columns. But if 'No' is checked on either line 1a or 1b, enter \$199,000 for the person who was not covered by a plan		
	* Married filing separately and lived with spouse at any time in 2018, enter \$10,000	2a 121,000	2b 199,000
3	Enter the MAGI (for both spouses if MFJ)	3 185,613	
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 2018) on line 5 for that column and go to line 6	4a 0	4b 13,387
5	Multiply lines 4a and 4b by 55% (or by 65% if age 50 or older at the end of 2018). 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 2018).		
	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 183,457	6b 183,457
	<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 2018; \$13,000 if both spouses are 50 or older at the end of 2018), 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 2018; \$13,000 if both spouses are 50 or older at the end of 2018)	7d 0	0
8	If line 7 is completed then enter the amounts from 7d, otherwise enter the amounts from 6a and 6b	8a 183,457	8b 183,457
9	Traditional IRA contributions made, or that will be made by April 15, 2019, for 2018 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, Schedule 1, 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)

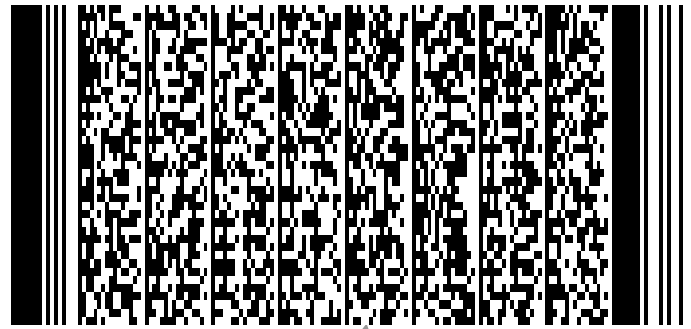
1	Enter the total income shown on Form 1040, Page 2, line 6. The AGI used to calculate total income is figured without taking into account the IRA deduction amount from Form 1040, Schedule 1, line 32. (If Form 8606 is present in the return, an adjustment may be required)	1	<u>185,613</u>
2	Enter deductions from line Form 1040, Schedule 1, lines 23 through 31a, and any write in adjustment entered on the dotted line next to Form 1040, Schedule 1, line 36	2	<u>0</u>
3	Subtract line 2 from line 1	3	<u>185,613</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>185,613</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	10 Dep Care	11 Dist Plan
1 FREDDIE MAC	F	183,457	29,995	128,400	7,961	195,556	2,836	0	0	0	0
Total this page		183,457	29,995	128,400	7,961	195,556	2,836	0	0	0	0
Payers	F/S	St 1	16a St Wage	17a State Tax	18a Local Wage	19a Local Tax	St 2	16b St Wage	17b State Tax	18b Local Wage	19b Local Tax
1 FREDDIE MAC	F	VA	183,457	10,119	0	0		0	0	0	0
Total this page			183,457	10,119	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

Vendor ID 1833

SSN - Spouse KONG 696165671

Fed Adj Gross Income (FAGI) 1. 180113.

Withholding (VA) - You 20A. 10119.

Additions 2.

Withholding (VA) - Spouse 20B.

Subtotal 3. 180113.

Estimated Payments 21.

Age Deduction - You 4A.

2017 Overpayment 22.

Age Deduction - Spouse 4B.

Extension Payments 23.

Soc Sec & Tier 1 Railroad 5.

Credit - Low-Income or EIC 24.

State Income Tax Overpayment 6. 2156.

Credit - Schedule OSC 25.

Subtractions 7.

Reserved for Future Use 26.

Subtotal Subtractions 8. 2156.

Credits - Schedule CR 27.

Total VA Adj Gross Income (VAGI) 9. 177957.

Total Payments / Credits 28. 10119.

Itemized Deductions - VA Sch. A 10. 33061.

Tax You Owe 29.

State / Local Income Tax - VA Sch. A 11. 2366.

Tax Overpayment 30. 2069.

Standard / Itemized Deductions 12. 30695.

Overpayment Credited to Next Year 31.

Exemptions 13. 2790.

VAC - Virginia 529 / ABLEnow 32.

Deductions 14.

VAC - Other Contributions 33.

Subtotal (Deductions & Exemptions) 15. 33485.

Addition to Tax, Penalty & Interest 34.

VA Taxable Income 16. 144472.

Sales and Use Tax 35.

Amount of Tax 17. 8050.

Amount You Owe

Will Pay by Credit/Debit Card

Spouse Tax Adjustment (STA) 18.

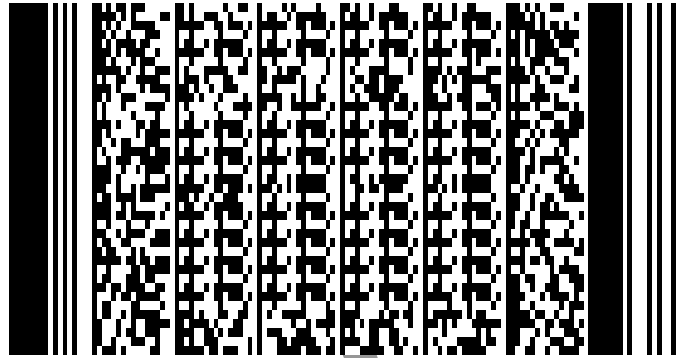
Your Refund 2069.

VAGI - Spouse 18A. -5500.

Bank Routing # C 051000017

Net Amount of Tax 19. 8050.

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

No Sales & Use Tax Due Indicator

X

Refund - Direct Bank Deposit

X

Refund - Check

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

You 1

Spouse 1

Dependents 01

Total (A) 03

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 040919

Phone - Preparer

7036652082

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

X

Preparer Information

P00757994

File by May 1, 2019

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

PRASADA R TRIPURAMALLU
PRASADA TRIPURAMALLU, CPA
14018D SULLYFIELD CIR
CHANTILLY VA 20151

2018 VA Schedule A/CG
Itemized Deductions - Enclose Schedule A with
your return, when claiming itemized deductions.

159845515



RAVINDRA B KOTA

Medical & Dental Expenses	1.	0.
Federal Adjusted Gross Income (FAGI)	2.	180113.
7.5% of Line 2	3.	13508.
Total of Line 1 minus Line 3 or \$0	4.	0.
State & Local - Income Taxes OR General Sales Taxes Claiming General Sales Tax	5a.	10119.
State & Local - Real Estate Taxes	5b.	6884.
State & Local - Personal Property Taxes	5c.	750.
Total State & Local Taxes	5d.	17753.
Smaller amount of Line 5D or \$10,000 (or \$5,000 for filing status 3)	5e.	10000.
Other Deductible Taxes - type & amount SEE ATTACHED	6.	0.
Total Taxes Paid	7.	10000.
Did not use all of home mortgage loan(s) to buy, build, or improve home		
Federal Form 1098 - home mortgage interest & points reported to you	8a.	20311.
Federal Form 1098 - home mortgage interest not reported to you	8b.	0.
Person that was paid the home mortgage interest		
Federal Form 1098 - points not reported to you	8c.	0.
Total Home Mortgage Interest & Points	8e.	20311.
Investment Interest	9.	0.
Total Interest Paid	10.	20311.
Gifts to Charity - by cash or check	11.	2750.
Gifts to Charity - other than by cash or check	12.	0.
Gifts to Charity - carryover from prior year	13.	0.
Total Gifts to Charity	14.	2750.
Casualty & Theft Loss(es)	15.	0.
Other Itemized Deductions - type & amount SEE ATTACHED	16.	0.
Total VA Schedule A Itemized Deductions	17.	33061.

2018 Schedule ADJ/CG

159845515



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. Code

6C. Code

6D. Code

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.

2018 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	10119.	520904874	30520904874F001	183457.

Total VA Withholding	SSN	VA Withholding
You	159845515	10119.
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.	1 183,457	183,457	0
2 Taxable interest income	2 0	0	0
3 Dividend income	3 0	0	0
4 State and local income tax refunds	4 2,156	2,156	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)	16 185,613	185,613	0
17 Less: Federal adjustments to income	17 5,500	0	5,500
18 FAGI-subtract line 17 from line 16	18 180,113	185,613	-5,500

(The total of both columns should equal your joint FAGI reported on your 1040)

STEP 2 - Determine Separate Virginia Adjusted Gross Income

19 Total additions to FAGI (Form 760, line 2)	19 0	0
20 Sub-total - add lines 18 and 19	20 185,613	-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 2,156	0
24 Other Subtractions (Form 760, line 7)	24 0	0
25 Total Subtractions from FAGI - add lines 21, 22, 23, and 24	25 2,156	0
26 Subtract line 25 from line 20. These are your separate VAGI amounts	26 183,457	-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	28 182,527	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

Line 35 (VA 760CG) - Sales and Use Tax**Merchandise**

1	Total cost of merchandise purchased by mail and no sales tax was charged	1	_____
2	Total cost of items purchased by television, internet, telephone and paid no sales tax	2	_____
3	Total cost of merchandise purchased outside of VA and paid no sales tax	3	_____
4	Total of lines 1 - 3	4	_____ 0

☐ Check if the purchases on line 4 were delivered or used in
Northern Virginia and/or Hampton Roads regions

☐ Check if the purchases on line 4 were delivered or used in
Historic Triangle region

5	Use Tax on merchandise	5	_____ 0
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Food Purchased for Home Consumption

6	Cost of food purchased by mail and no sales tax charged.	6	_____
7	Total cost of items purchased by television, internet, telephone and paid no sales tax	7	_____
8	Total cost of food purchased outside of VA and paid no sales tax	8	_____
9	Total of lines 6 - 8	9	_____ 0
10	Multiply the amount on line 9 by 2.5% (.025)	10	_____ 0
11	Add lines 5 and 10. Sales and Use Tax (enter on line 35)	11	_____ 0

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