

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. (Do not send to IRS.)  
 ► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2017**

Submission Identification Number (SID)

5471962018064rhn94tc

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, 2017 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	1	156,844
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	2	19,218
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	30,779
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	11,561
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, 2017, 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 2017 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 2017 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 2017 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 2017 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 2017 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 ► 3/5/2018

**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** (2017)

HTA

**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)  
 5471962018064rhdy3do

<b>Your Name</b>	<b>B Your Social Security Number</b>	
RAVINDRA B KOTA	159-84-5515	
<b>Spouse's Name</b>	<b>A Spouse's Social Security Number</b>	
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.	156844.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0.	155104.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)	0.	125367.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)	0.	6951.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)	0.	9107.
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)		2156.

**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, 2017, 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 2017 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 2017 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 2017 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 2017 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 2017 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 2017). 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 031018

**2017 Tax Summary (1040)**

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

**Federal Information**

Adjusted Gross Income .....	\$156,844
Taxable Income .....	\$111,760
Income Tax .....	\$19,418
Total Tax .....	\$19,218
Overpayment .....	\$11,561
Amount Applied .....	\$0
Refund .....	\$11,561
Amount Due .....	\$0
Tax Bracket .....	25.00%
Average Tax Rate .....	17.20%

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

<b>Income:</b>		<b>% of Total</b>
Wages	\$165,854	98.96%
Interest & Dividends	\$0	
Business	\$0	
Capital Gains	\$0	
Rents, partnerships	\$0	
Farm	\$0	
Other	\$1,740	1.04%
<b>Total</b>	<b>\$167,594</b>	

<b>Other:</b>		<b>% of Total</b>
Adjustments	\$10,750	6.41%
Deductions	\$36,984	22.07%
Exemptions	\$8,100	4.83%
Taxable	\$111,760	66.68%
<b>Total Income</b>	<b>\$167,594</b>	

<b>Deductions:</b>		<b>% of Total</b>
Medical Expenses	\$0	
Taxes	\$16,362	44.24%
Interest Expenses	\$20,622	55.76%
Charity	\$0	
Casualty & Theft	\$0	
Misc. Deductions	\$0	
Other Misc. Deductions	\$0	
<b>Total</b>	<b>\$36,984</b>	

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

Adjusted Gross Income .....	\$155,104	Overpayment .....	\$2,156
Taxable Income .....	\$125,367	Amount Applied .....	\$0
Income Tax .....	\$6,951	Refund .....	\$2,156
Total Tax .....	\$6,951	Amount Due .....	\$0

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

Your first name <b>RAVINDRA</b>	M.I. <b>B</b>	Last name <b>KOTA</b>	Suffix	Your social security number <b>159-84-5515</b>
If a joint return, spouse's first name <b>KEERTHI</b>	M.I. <b>K</b>	Last name <b>KONGARA</b>	Suffix	Spouse's social security number <b>696-16-5671</b>

Home address (number and street). If you have a P.O. box, see instructions.  
**20787 DUXBURY TERR** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).  
**ASHBURN VA 20147**

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

**Filing Status**

1 ☐ Single

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

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

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

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

First name	Last name	SSN
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**Exemptions**

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

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 2

No. of children on 6c who:

- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0
- Dependents on 6c not entered above: 0

Add numbers on lines above: 2

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 165,854

8a Taxable interest. Attach Schedule B if required 8a

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

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10 1,740

11 Alimony received 11

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

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

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

15a IRA distributions 15a b Taxable amount 15b

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

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

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

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount 20b 0

21 Other income. List type and amount 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 167,594

**Adjusted Gross Income**

23 Educator expenses 23

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

25 Health savings account deduction. Attach Form 8889 25 5,250

26 Moving expenses. Attach Form 3903 26

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

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

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction 32 5,500

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36 10,750

37 Subtract line 36 from line 22. This is your adjusted gross income 37 156,844

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income).	<b>38</b>	156,844
	<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> Total boxes checked <b>39a</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <b>39b</b>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	36,984
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	119,860
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	<b>42</b>	8,100
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	111,760
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	19,418
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>Standard Deduction for—</b>  • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.  • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	19,418
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	200
	<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	200
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	19,218
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	19,218	
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	30,779
	<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>Refund</b>	<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	30,779
	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	11,561
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here.	<b>76a</b>	11,561
	<b>b</b>	Routing number 051000017 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 435022490535		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	0
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
	<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>		
Designee's name <b>PRASADA TRIPURAMALLU</b> Phone no. <b>(703) 665-2082</b> Personal identification number (PIN) <b>57283</b>				
<b>Sign Here</b>	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 <b>SOFTWARE ENGINEER</b> Daytime phone number <b>(571) 223-6775</b>			
<b>Joint return? See instructions. Keep a copy for your records.</b>	Spouse's signature. If a joint return, <b>both</b> must sign. _____ Date _____ Spouse's occupation <b>SOFTWARE ENGINEER</b> If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PRASADA R TRIPURAMALLU</b> Preparer's signature <b>PRASADA R TRIPURAMALLU</b> Date <b>3/10/2018</b> Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00757994</b>			
	Firm's name <b>PRASADA TRIPURAMALLU, CPA</b> Firm's EIN <b>26-1112218</b>			
	Firm's address <b>14018D SULLYFIELD CIR, CHANTILLY, VA 20151</b> Phone no. <b>(703) 665-2082</b>			

**SCHEDULE A**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **07**

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

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	156,844	
3	Multiply line 2 by 7.5% (0.075)	3	11,763	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0

**Taxes You  
Paid**

5	State and local (check only one box):	5	9,107	
a	<input checked="" type="checkbox"/> Income taxes, or			
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6	6,503	
7	Personal property taxes	7	752	
8	Other taxes. List type and amount	8		
9	Add lines 5 through 8	9		16,362

**Interest  
You Paid**

10	Home mortgage interest and points reported to you on Form 1098	10	20,622	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11		
	Name			
	Address			
12	Points not reported to you on Form 1098. See instructions for special rules	12		
13	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. See instructions.	14		
15	Add lines 10 through 14	15		20,622

**Gifts to  
Charity**

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

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

**Casualty and  
Theft Losses**

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

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions	21		
22	Tax preparation fees	22		
23	Other expenses—investment, safe deposit box, etc. List type and amount	23		
24	Add lines 21 through 23	24	0	
25	Enter amount from Form 1040, line 38	25	156,844	
26	Multiply line 25 by 2% (0.02)	26	3,137	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		0

**Other  
Miscellaneous  
Deductions**

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

**Total  
Itemized  
Deductions**

29	Is Form 1040, line 38, over \$156,900?	29		
	<input checked="" type="checkbox"/> <b>No.</b> 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.			36,984
	<input type="checkbox"/> <b>Yes.</b> 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

**2017**Department of the Treasury  
Internal Revenue Service (99)▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.

▶ 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	119,860
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	16,362
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 \$156,900 or less, enter -0-. Otherwise, see instructions	6	( 0 )
7	Tax refund from Form 1040, line 10 or line 21	7	( 1,740 )
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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450, see instructions.)	28	134,482

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

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
<b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b>			
Single or head of household . . . . . \$120,700 . . . . . \$54,300		}	
Married filing jointly or qualifying widow(er) . . . . . 160,900 . . . . . 84,500			
Married filing separately . . . . . 80,450 . . . . . 42,250			
If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.			
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	49,982
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>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.</li> <li><b>All others:</b> If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.</li> </ul>	}	
32	Alternative minimum tax foreign tax credit (see instructions)		
33	Tentative minimum tax. Subtract line 32 from line 31		
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	19,418
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	0

**Health Savings Accounts (HSAs)**▶ **Attach to Form 1040 or Form 1040NR.**▶ **Go to [www.irs.gov/Form8889](http://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 2017 (see instructions) . . . . .	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family	
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2	6,000
3	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3	6,750
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	4	750
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	6,000
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 2017, see the instructions for the amount to enter . . . . .	6	6,000
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	7	
8	Add lines 6 and 7 . . . . .	8	6,000
9	Employer contributions made to your HSAs for 2017 . . . . .	9	750
10	Qualified HSA funding distributions . . . . .	10	
11	Add lines 9 and 10 . . . . .	11	750
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12	5,250
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	13	5,250

**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 2017 from all HSAs (see instructions) . . . . .	14a	3,183
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	3,183
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15	3,183
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on 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 <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (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 Form 1040, line 62, or Form 1040NR, line 60. Check box c on 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.**



**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.

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

Form **8889** (2017)

**Residential Energy Credit**

- Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.  
 ► Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

RAVINDRA B KOTA and KEERTHI KONGARA

Your social security number

159-84-5515

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2016**.

1	Qualified solar electric property costs . . . . .	1		
2	Qualified solar water heating property costs . . . . .	2		
3	Qualified small wind energy property costs . . . . .	3		
4	Qualified geothermal heat pump property costs . . . . .	4		
5	Add lines 1 through 4 . . . . .	5		0
6	Multiply line 5 by 30% (0.30) . . . . .	6		0
7 a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) . . . . .	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.				
b	Print the complete address of the main home where you installed the fuel cell property.			
	20787 DUXBURY TERR			
	Number and street	Unit No.		
	ASHBURN	VA	20147	
	City, State, and ZIP code			
8	Qualified fuel cell property costs . . . . .	8		
9	Multiply line 8 by 30% (0.30) . . . . .	9		0
10	Kilowatt capacity of property on line 8 above ► x \$1,000	10		0
11	Enter the smaller of line 9 or line 10 . . . . .	11		0
12	Credit carryforward from 2016. Enter the amount, if any, from your 2016 Form 5695, line 16 . . . . .	12		
13	Add lines 6, 11, and 12 . . . . .	13		0
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) . . . . .	14		19,218
15	<b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53; or Form 1040NR, line 50 . . . . .	15		0
16	Credit carryforward to 2018. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	16		0

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

HTA

**Part II Nonbusiness Energy Property Credit**

- 17 a** Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ▶

**17a** ☒ Yes ☐ No

**Caution:** If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.

- b** Print the complete address of the main home where you made the qualifying improvements.

**Caution:** You can only have one main home at a time.

20787 DUXBURY TERR

Number and street

Unit No.

ASHBURN

VA

20147

City, State, and ZIP code

- c** Were any of these improvements related to the construction of this main home? . . . . . ▶

**17c** ☐ Yes ☒ No

**Caution:** If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.

- 18** Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .

**18**

- 19** Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).

**19**

- a** Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .

**19a**

- b** Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . . . .

**19b**

- c** Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .

**19c**

- d** Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . . . .

**19d** 7,800

- e** Maximum amount of cost on which the credit can be figured . . . . .

**19e** \$2,000

- f** If you claimed window expenses on your Form 5695 prior to 2017, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .

**19f** 0

- g** Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .

**19g** 2,000

- h** Enter the smaller of line 19d or line 19g . . . . .

**19h** 2,000

- 20** Add lines 19a, 19b, 19c, and 19h . . . . .

**20** 2,000

- 21** Multiply line 20 by 10% (0.10) . . . . .

**21** 200

- 22** Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).

**22**

- a** Energy-efficient building property. Do not enter more than \$300 . . . . .

**22a**

- b** Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . . .

**22b**

- c** Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .

**22c**

- 23** Add lines 22a through 22c . . . . .

**23** 0

- 24** Add lines 21 and 23 . . . . .

**24** 200

- 25** Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .

**25** \$500

- 26** Enter the amount, if any, from line 18 . . . . .

**26**

- 27** Subtract line 26 from line 25. If zero or less, **stop**; you cannot take the nonbusiness energy property credit . . . . .

**27** 500

- 28** Enter the smaller of line 24 or line 27 . . . . .

**28** 200

- 29** Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .

**29** 19,418

- 30** **Nonbusiness energy property credit.** Enter the smaller of line 28 or line 29. Also include this this amount on Form 1040, line 53; or Form 1040NR, line 50 . . . . .

**30** 200

**Line 7 (1040) - Wages, Salaries, Tips, etc.****W-2 Wages, Salaries, Tips, etc.**

		Filer	Spouse
1	Wages (W-2) . . . . .	165,854	0
2	Statutory wages (Sch C, 1040) . . . . .	0	0
3	Subtract line 2 from line 1 . . . . .	165,854	0
	Total W-2 Wages, Salaries, Tips, etc. . . . .		165,854

**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. . . . .	165,854	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 . . . . .		165,854

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

Payer Name	State or Local Tax Refund	Year	State or Locality	Taxable Amount
DEPARTMENT OF	1,740	2016	VA	1,740
				0
				0
				0
				0
				0
				0
				0
				0
Total taxable amount (enter on 1040, line 10)				1,740

**Worksheet for refunds of amounts deducted in 2016**

- 1 a Enter the income tax refund from Form(s) 1099-G (or similar statement) . . . . . **a** 1,740  
b Enter the state and local taxes from the 2016 Sch A, line 5 . . . . . **b** 8,109  
c Enter the General sales tax that could have been deducted on Sch A line 5 . . . . . **c** 821
- But do not enter more than the amount on your 2016 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** 1,740
- 2 Enter your total allowable itemized deductions from your 2016 Schedule A (Form 1040),  
line 29, if sales taxes were deducted in 2016, enter zero . . . . . **2** 34,001
- Note. If the filing status on your 2016 Form 1040 was married filing separately and your spouse itemized  
deductions in 2016, 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 2016 Form 1040. ☐ 2  
Enter the number from line 39a of your 2016 Form 1040. ☐
- 3 Enter the amount shown below for the filing status claimed on your 2016 Form 1040.  
\* Single-\$6,300  
\* Married filing jointly or qualifying widow(er)-\$12,600  
\* Married filing separately-\$6,300  
\* Head of household-\$9,300 **3** 12,600
- 4 Did you fill in line 39a on your 2016 Form 1040?  
☒ No. Enter -0-  
☐ Yes. Multiply the number in the box on line 39a of your  
2016 Form 1040 by: \$1,250 if your 2016 filing  
status was married filing jointly or separately  
or qualifying widow(er); \$1,550 if your 2016  
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** 21,401
- 7 Tentative taxable part of your refund. Enter the smaller of line 1 or line 6 here . . . . . **7** 1,740
- 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** 1,740

**Line 5 (Sch A (1040)) - State and Local Taxes****State and local income taxes**

- 1 2016 state tax overpayment applied to your 2017 state estimated tax . . . . . **1** 0
- 2 2016 state tax payment paid with extension/return:

State:							
Payment Amount:							
Extension Amount:							

**2** 0

- 3 2016 state fourth quarter and other state estimates (paid in 2017):

State:							
Payment Amount:							

**3** 0

- 4 2017 state estimated tax payments for first, second and third quarter . . . . . **4** 0
- 5 2017 state estimated tax payments for fourth quarter made in 2017 . . . . . **5** 0
- 6 Other 2017 state estimated tax payments made in 2017 . . . . . **6** 0
- 7 Amounts of state and local income taxes withheld from Form W-2 for 2017 . . . . . **7** 9,107
- 8 Amounts of state and local income taxes withheld from Form W-2G for 2017 . . . . . **8** 0
- 9 Amounts of state and local income taxes withheld from Form 1099-R for 2017 . . . . . **9** 0
- 10 Amounts of state and local income taxes withheld from Form 1099-Misc for 2017 . . . . . **10** 0
- 11 Amounts of state and local income taxes withheld from Form 1099-G for 2017 . . . . . **11** 0
- 12 Amounts of state income taxes withheld from Form 1099-K for 2017 . . . . . **12** 0
- 13 Amount of state income taxes withheld from Form 1099-INT for 2017 . . . . . **13** 0
- 14 Amount of state income taxes withheld from Form 1099-DIV for 2017 . . . . . **14** 0

**15 Deductible state or local tax from Form W-2**

- a AK Employee paid AK State Unemployment . . . . . **15a** 0
- b CA State Disability Insurance/ Paid Family Leave . . . . . **15b** 0
- c KY Rural Economic Development Act . . . . . **15c** 0
- d NJ State Disability Insurance . . . . . **15d** 0
- e NJ Unemployment Insurance/Health Care/Workforce Development . . . . . **15e** 0
- f NJ Family Leave Insurance program . . . . . **15f** 0
- g NY Nonoccupational Disability Fund . . . . . **15g** 0
- h RI Temporary Disability Insurance . . . . . **15h** 0
- i WA Supplemental Workers Compensation Fund . . . . . **15i** 0
- j PA Unemployment Insurance . . . . . **15j** 0
- k Other deductible state or local tax . . . . . **15k** 0

**State Use Only:**

State:							
State's part of Ln 14k:							

- l Total deductible state or local tax from Form W-2 . . . . . **15l** 0
- Other state and local taxes paid in 2017:

- 16 State **16** 0
- 17 State **17** 0
- 18 Total state and local income taxes . . . . . **18** 9,107

**State and local general sales taxes****Optional state sales tax**

- a Enter the amount from line form 1040, line 38 . . . . . **a** 156,844

**Enter the amount of the following nontaxable items:**

- b Tax-exempt interest from form 1040, line 8b . . . . . **b** 0
- c Veterans' benefits . . . . . **c** 0
- d Nontaxable combat pay . . . . . **d** 0
- e Workers' Compensation . . . . . **e** 0
- 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** 0
- i 0 **i** 0

- 19 Add lines a through i, use this income with the tables in instructions . . . . . **19** 156,844

20 State . . . . .	VA			
21 Days in state . . . . .	365			
22 Number of exemptions, while in state . . . . .	2	0	0	0
23 Income . . . . .	156,844	0	0	0
24 Enter amount from state sales tax tables . . . . .	846	0	0	0

**25** Multiply line 24 by line 21 divided by 365 . . . . . 846 0 0 0

Next. If, for all of 2017, 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 2017? . . . . .

<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) . . . . . 219 0 0 0

**29** Multiply line 28 by line 21 divided by 365 . . . . . 219 0 0 0

**30** Did your locality impose a local general sales tax in 2017? Residents of California and Nevada see instructions . . . . .

<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 5.5% use 5.5) . . . . .

<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
----------	----------	----------	----------

**35** General sales taxes paid on specified items . . . . .

**36** State and local general sales taxes . . . . . 846 0 0 0

**37** Enter the total of line 36 (all columns) . . . . . **37** 846

**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** 846

☐ 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 (to Schedule A, line 5) . . . . . **40** 9,107

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

		Home Office																																	
		1	2	3	4																														
1a	Principal residence . . . . .					1a	6,503																												
1b	Principal residence . . . . .					1b																													
	Total principal residence . . . . .					1	6,503																												
2	Real estate taxes from Schedule E properties . . . . .					2	0																												
<div style="display: flex; justify-content: space-between;"> <div> <b>3 Other real estate (not held for investment):</b>            a _____            b _____            c _____            d _____            e _____         </div> <div> <table border="0"> <thead> <tr> <th colspan="4">Home Office</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table> </div> <div>           3a _____            3b _____            3c _____            3d _____            3e _____         </div> </div>								Home Office				1	2	3	4																				
Home Office																																			
1	2	3	4																																
	Total other real estate (not held for investment) . . . . .					3	0																												
4	a Real estate taxes on all properties not held for investment . . . . .					4a	6,503																												
	b Real estate taxes allocated on Home Office Expense Worksheet . . . . .					4b	0																												
	Subtract line 4b from line 4a . . . . .					4	6,503																												
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	6,503																												

**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	454
3	2011 ACURA	3	298
4		4	
5		5	
6		6	
7	Total . . . . .	7	752



**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 _____							1a _____	1a _____
b STEARS							1b 14,782	1b _____
c FAIRFAX COUNTY FCU							1c 5,840	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 20,622

**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 20,622
a Deductible home mortgage interest for line 10 . . . . .	a 20,622
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 20,622

**Line 3 (8889) - HSA Limitation**☒ Check if you were under age 55 at the end of 2017☒ Check if you were married at the end of 2017

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) . . . . .

6,750

0

If you did not have the same coverage on the first day of every month during 2017, complete the following information.

Date specified:	HSA 1			Limitation amount	HSA 2			Limitation amount
	Indicate HDHP coverage type below:				Indicate HDHP coverage type below:			
	Ineligible	Self	Family		Ineligible	Self	Family	
1 January				1				1
2 February				2				2
3 March				3				3
4 April				4				4
5 May				5				5
6 June				6				6
7 July				7				7
8 August				8				8
9 September				9				9
10 October				10				10
11 November				11				11
12 December				12				12
13 Total . . . . .				13				13
14 LIMITATION. Divide line 13 by 12 . . . . .				14				14

Note: If Married Filing Separately see instructions.

**Line 14 (5695) - Residential Energy Efficient Property Credit Limit Worksheet**

1 Tax amount before credits from Form 1040 or 1040NR . . . . .	1	19,418
2 Total of credits for foreign tax, child and dependent care expenses, education, retirement savings and contributions from Form 1040 or 1040NR, and credit for the elderly or the disabled from Schedule R . . . . .	2	0
3 Nonbusiness energy property credit (if applicable) . . . . .	3	200
4 If filing Form 2555 or 2555-EZ, enter the amount, if any, from line 13 of the Child Tax Credit Worksheet in Pub. 972. Otherwise, enter the amount, if any, from line 12 of the Line 11 Worksheet in Pub. 972 . . . . .	4	0
5 Current year mortgage interest credit from Form 8396 . . . . .	5	0
6 Adoption credit from Form 8839 . . . . .	6	0
7 Current year first-time homebuyer credit from Form 8859 . . . . .	7	0
8 Alternative motor vehicle credit for personal use from Form 8910 . . . . .	8	0
9 Qualified plug-in electric drive motor vehicle credit for personal use part of vehicle from Form 8936 . . . . .	9	0
10 Add lines 2 through 9 . . . . .	10	200
11 Subtract line 10 from line 1. If zero or less, enter zero on lines 14 and 15 of Form 5695 . . . . .	11	19,218

# 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 . . . . .	1,740	1,740	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	1,740	0	0	0	0	0	0	VA	0
Total . . . . .			0	0	0	0	1,740	0	0	0	0	0	0		0

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**1099-SA Summary Totals (1099SA (Worksheet))**

<b>HSA</b>	<b>Total</b>	<b>Filer</b>	<b>Spouse</b>
<b>1</b> Gross distribution (less: box 4 FMV if code 6 distribution) . . . . .	<u>3,183</u>	<u>3,183</u>	<u>0</u>
Code 1: Normal distributions . . . . .	<u>3,183</u>	<u>3,183</u>	<u>0</u>

**Traditional IRA Worksheet (IRA/Roth Worksheets)**

	<b>Filer</b>	<b>Spouse</b>
<b>1</b> Were you or your spouse covered by a retirement plan? . . . . .	<b>1a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>1b</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 2017) on line 5a (and 5b if applicable), and go to line 6. Otherwise, go to line 2.		
<b>2</b> 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 2017, enter \$72,000		
<input type="checkbox"/> Check if married filing separately and lived apart from spouse for all of 2017.		
* Qualifying widow(er), enter \$119,000		
* Married filing jointly, enter \$119,000 in both columns. But if 'No' is checked on either line 1a or 1b, enter \$196,000 for the person who was not covered by a plan		
* Married filing separately and lived with spouse at any time in 2017, enter \$10,000 . . . . .		
	<b>2a</b> <u>119,000</u>	<b>2b</b> <u>196,000</u>
<b>3</b> Enter the MAGI (for both spouses if MFJ) . . . . .	<b>3</b> <u>162,344</u>	
<b>4</b> 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 2017) on line 5 for that column and go to line 6 . . . . .		
	<b>4a</b> <u>0</u>	<b>4b</b> <u>33,656</u>
<b>5</b> Multiply lines 4a and 4b by 55% (or by 65% if age 50 or older at the end of 2017). 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 2017).		
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 . . . . .		
	<b>5a</b> <u>0</u>	<b>5b</b> <u>5,500</u>
<b>6</b> 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 . . . . .	<b>6a</b> <u>165,854</u>	<b>6b</b> <u>165,854</u>
<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 2017; \$13,000 if both spouses are 50 or older at the end of 2017), mark this checkbox and use this special worksheet to figure your IRA deduction.		
	<b>Filer's IRA</b>	<b>Spouse's IRA</b>
<b>7 a</b> Wages and other earned income. . . . .	<b>7a</b> <u>0</u>	<u>0</u>
<b>b</b> Combined earned income of both spouses. . . . .	<b>7b</b> <u>0</u>	<u>0</u>
<b>c</b> IRA contributions made by other spouse (limited to earned income) . . . . .	<b>7c</b> <u>0</u>	<u>0</u>
<b>d</b> 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 2017; \$13,000 if both spouses are 50 or older at the end of 2017) . . . . .	<b>7d</b> <u>0</u>	<u>0</u>
<b>8</b> If line 7 is completed then enter the amounts from 7d, otherwise enter the amounts from 6a and 6b . . . . .	<b>8a</b> <u>165,854</u>	<b>8b</b> <u>165,854</u>
<b>9</b> Traditional IRA contributions made, or that will be made by April 17, 2018, for 2017 to filer's IRA on line 9a and to spouse's IRA on line 9b . . . . .	<b>9a</b> <u>0</u>	<b>9b</b> <u>5,500</u>
<b>10</b> 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) . . . . .	<b>10a</b> <u>0</u>	<b>10b</b> <u>5,500</u>

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

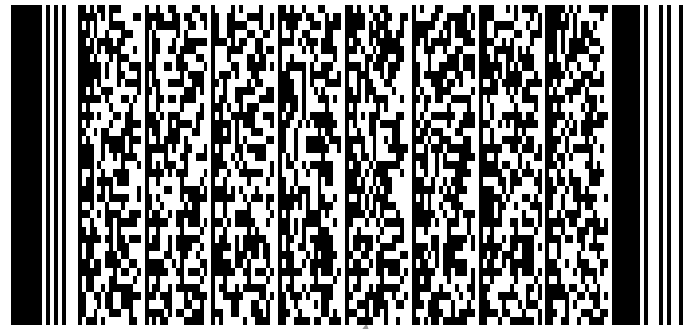
<b>1</b>	Enter the total income shown on line 15, Form 1040A, or line 22, Form 1040. The AGI used to calculate total income is figured without taking into account the IRA deduction amount from Form 1040, line 32, or Form 1040A, line 17. (If Form 8606 is present in the return, an adjustment may be required) . . . . .	<b>1</b>	<u>167,594</u>
<b>2</b>	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 . . . . .	<b>2</b>	<u>5,250</u>
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	<u>162,344</u>
<b>4</b>	Enter any foreign earned income exclusion and/or housing exclusion from line 18, Form 2555-EZ, or line 45, Form 2555 . . . . .	<b>4</b>	<u>0</u>
<b>5</b>	Enter any foreign housing deduction from line 50, Form 2555 . . . . .	<b>5</b>	<u>0</u>
<b>6</b>	Enter any excluded qualified savings bond interest shown on line 3, Schedule B, Form 1040 (from line 14, Form 8815) . . . . .	<b>6</b>	<u>0</u>
<b>7</b>	Enter any excluded employer-provided adoption benefits from Form 8839, line 28 . . . . .	<b>7</b>	<u>0</u>
<b>8</b>	Add lines 3 through 7. This is the Modified AGI for traditional IRA purposes . . . . .	<b>8</b>	<u>162,344</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	165,854	30,779	127,200	7,886	176,505	2,559	0	0
Total					165,854	30,779	127,200	7,886	176,505	2,559	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	165,854	9,107	0	0		0	0	0	0
	0	0		165,854	9,107	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	0

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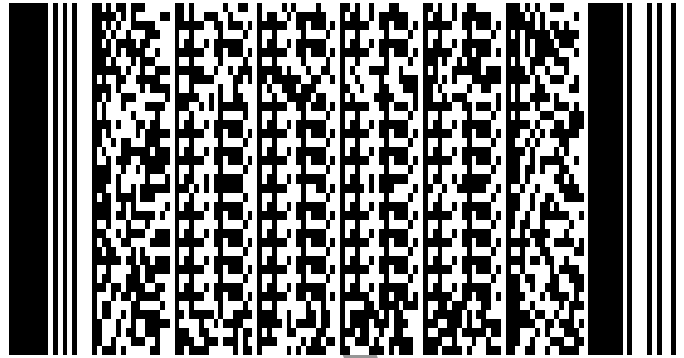
RAVINDRA B KOTA  
KEERTHI KONGARA  
20787 DUXBURY TERR

ASHBURN VA 20147

SSN - You ☐ KOTA 159845515  
SSN - Spouse KONG 696165671  
Fed Adj Gross Income (FAGI) 1. 156844.  
Additions 2.  
Subtotal 3. 156844.  
Age Deduction - You 4A.  
Age Deduction - Spouse 4B.  
Soc Sec & Tier 1 Railroad 5.  
State Income Tax Overpayment 6. 1740.  
Subtractions 7.  
Subtotal Subtractions 8. 1740.  
Total VA Adj Gross Income (VAGI) 9. 155104.  
Fed Itemized Deductions 10. 36984.  
State / Local Income Tax 11. 9107.  
Standard / Itemized Deductions 12. 27877.  
Exemptions 13. 1860.  
Deductions 14.  
Subtotal (Deductions & Exemptions) 15. 29737.  
VA Taxable Income 16. 125367.  
Amount of Tax 17. 6951.  
Spouse Tax Adjustment (STA) 18.  
VAGI - Spouse 18A. -5500.  
Net Amount of Tax ☐ 19. 6951.

Vendor ID 1833 XXXXX  
Withholding (VA) - You 20A. 9107.  
Withholding (VA) - Spouse 20B.  
Estimated Payments 21.  
2016 Overpayment 22.  
Extension Payments 23.  
Credit - Low-Income or EIC 24.  
Credit - Schedule OSC 25.  
Reserved for Future Use 26.  
Credits - Schedule CR 27.  
Total Payments / Credits 28. 9107.  
Tax You Owe 29.  
Tax Overpayment 30. 2156.  
Overpayment Credited to Next Year 31.  
VAC - College Savings / ABLEnow 32.  
VAC - Other Contributions 33.  
Addition to Tax, Penalty & Interest 34.  
Sales and Use Tax 35.  
**Amount You Owe**  
Will Pay by Credit/Debit Card  
**Your Refund** ☐ 2156.  
Bank Routing # C 051000017  
Bank Account # 435022490535





## Filing Status, Age &amp; 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

Office Use Only

## Exemptions (A)

## Exemptions (B)

You 1 65 & Over - You

Spouse 1 65 & Over - Spouse

Dependents Blind - You

Total (A) 02 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 031018 Phone - Preparer 7036652082

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

## Preparer Information

P00757994

**File by May 1, 2018**  
Include Page 1, Page 2 and all  
supporting 760CG documents.

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

**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.

**2017 Schedule INC/CG**

159845515

Report all W-2s, 1099s &amp; 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	9107.	520904874	30520904874F001	165854.

Total VA Withholding	SSN	VA Withholding
You	159845515	9107.
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. . . . .	1 165,854	165,854	0
2 Taxable interest income . . . . .	2 0	0	0
3 Dividend income . . . . .	3 0	0	0
4 State and local income tax refunds . . . . .	4 1,740	1,740	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) . . . . .	16 167,594	167,594	0
17 Less: Federal adjustments to income . . . . .	17 10,750	5,250	5,500
18 FAGI-subtract line 17 from line 16 . . . . .	18 156,844	162,344	-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	0
20 Sub-total - add lines 18 and 19 . . . . .	20 162,344	-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 1,740	0
24 Other Subtractions (Form 760, line 7) . . . . .	24 0	0
25 Total Subtractions from FAGI - add lines 21, 22, 23, and 24 . . . . .	25 1,740	0
26 Subtract line 25 from line 20. These are your separate VAGI amounts . . . . .	26 160,604	-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 . . . . .	28 159,674	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

<b>1</b>	Federal Adjusted Gross Income (FAGI) from federal return . . . . .	<b>1</b>	156,844
<b>2</b>	Fixed date conformity additions to FAGI . . . . .	<b>2</b>	0
<b>3</b>	Subtotal. Add line 1 and line 2 . . . . .	<b>3</b>	156,844
<b>4</b>	Fixed date conformity subtractions from FAGI . . . . .	<b>4</b>	0
<b>5</b>	Fixed date conformity FAGI. Subtract line 4 from line 3 . . . . .	<b>5</b>	156,844

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).

<b>6</b>	Medical and dental expenses claimed on federal Schedule A, line 1 . . . . .	<b>6</b>	0
<b>7</b>	Enter amount from line 5 above . . . . .	<b>7</b>	156,844
<b>8</b>	Multiply line 7 above by 10% (.10). If either you or your spouse was born before January 2, 1953, multiply line 7 by 7.5% (.075) instead . . . . .	<b>8</b>	15,684
<b>9</b>	Subtract line 8 from line 6. If line 8 is more than line 6, enter -0- . . . . .	<b>9</b>	0
<b>10</b>	Enter the amount from federal Schedule A, line 9 . . . . .	<b>10</b>	16,362
<b>11</b>	Enter the amount from federal Schedule A, line 15 . . . . .	<b>11</b>	20,622
<b>12</b>	Enter the amount from federal Schedule A, line 19 . . . . .	<b>12</b>	0
<b>13</b>	Enter the amount from federal Schedule A, line 20 . . . . .	<b>13</b>	0
<b>14</b>	Unreimbursed employee expenses from federal Schedule A, line 21 . . . . .	<b>14</b>	0
<b>15</b>	Tax preparation fees from federal Schedule A, line 22 . . . . .	<b>15</b>	0
<b>16</b>	Other expenses claimed on federal Schedule A, line 23 . . . . .	<b>16</b>	0
<b>17</b>	Add lines 14 through 16 . . . . .	<b>17</b>	0
<b>18</b>	Enter amount from line 5 above . . . . .	<b>18</b>	156,844
<b>19</b>	Multiply line 18 above by 2% (.02) . . . . .	<b>19</b>	3,137
<b>20</b>	Subtract line 19 from line 17. If line 19 is more than line 17, enter -0- . . . . .	<b>20</b>	0
<b>21</b>	Enter the amount from federal Schedule A, line 28 . . . . .	<b>21</b>	0
<b>22</b>	Add lines 9, 10, 11, 12, 13, 20 and 21. . . . .	<b>22</b>	36,984

If line 5 is over \$313,800 if filing jointly or qualifying widow, \$156,900 if married filing separately, \$287,650 if head of household, or \$261,500 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.**

<b>1</b>	Amount from Line 22 of the FDC Worksheet above . . . . .	<b>1</b>	0
<b>2</b>	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 . . . . .	<b>2</b>	0
<b>3</b>	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.) . . . . .	<b>3</b>	0
<b>4</b>	Multiply line 3 above by 80% (0.80) . . . . .	<b>4</b>	0
<b>5</b>	Enter the total from Line 5 of the FDC Worksheet above . . . . .	<b>5</b>	0
<b>6</b>	Enter \$313,800 if filing jointly or qualifying widow(er), \$287,650 if head of household, \$261,500 if single, or \$156,900 if married filing a separate return . . . . .	<b>6</b>	0
<b>7</b>	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.) . . . . .	<b>7</b>	0
<b>8</b>	Multiply line 7 above by 3% (0.03) . . . . .	<b>8</b>	0
<b>9</b>	Enter the smaller of line 4 or line 8 . . . . .	<b>9</b>	0
<b>10</b>	Total itemized deductions. Subtract line 9 from line 1. Enter the total as federal itemized deductions on Form 760 and continue the worksheet . . . . .	<b>10</b>	0

**Part B - State and local income tax modification**

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

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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