

IRS e-file Signature Authorization

2016

Department of the Treasury
Internal Revenue Service

- Don't send to the IRS. This isn't a tax return.
- Keep this form for your records.
- Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID)

5471962017056qarecfq

Taxpayer's name	Social security number
RAVINDRA B KOTA	159-84-5515
Spouse's name	Spouse's social security number
KEERTHI KONGARA	696-16-5671

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

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

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

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

Taxpayer's PIN: check one box only

- I authorize PRASADA TRIPURAMALLU, CPA
ERO firm name to enter or generate my PIN 57841
as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- I authorize PRASADA TRIPURAMALLU, CPA
ERO firm name to enter or generate my PIN 23451
as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

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

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

54719657283

Don't enter all zeros

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

ERO's signature ► PRASADA R TRIPURAMALLU Date ► _____

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

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

Virginia Submission Identification Number (SID)

5471962017056qarjkz1

Your Name RAVINDRA B KOTA	B Your Social Security Number 159-84-5515
Spouse's Name KEERTHI KONGARA	A Spouse's Social Security Number 696-16-5671
Part I Tax Return Information	
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)	0. 144511.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)	0. 143003.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)	0. 115251.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)	0. 6369.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)	0. 8109.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)	0.
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)	1740.
A Spouse	B Yourself

Part II Declaration of Taxpayer and Signature Authorization

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

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

I authorize the ERO named below to enter my e-File PIN 57841 as my signature on my 2016 e-filed Virginia individual income tax return.

Do not enter all zeros

PRASADA TRIPURAMALLU, CPA

ERO Firm Name

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

Your Signature _____ Date _____

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

I authorize the ERO named below to enter my e-File PIN 23451 as my signature on my 2016 e-filed Virginia individual income tax return.

Do not enter all zeros

PRASADA TRIPURAMALLU, CPA

ERO Firm Name

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

Spouse's Signature _____ Date _____

Part III Certification and Authentication – Practitioner PIN Method Only

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

54719657283

Do not enter all zeros

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

ERO's Signature _____ Date _____

2016 Tax Summary (1040)

RAVINDRA B KOTA and KEERTHI KONGARA

159-84-5515

Federal Information

Adjusted Gross Income	\$144,511	Filer's SSN: 159-84-5515	Date of Birth: 4/1/1980
Taxable Income	\$102,410	Spouse's SSN: 696-16-5671	Date of Birth: 6/9/1986
Income Tax	\$17,145		
Total Tax	\$17,145	Filing status: Married Filing Joint	
Overpayment	\$9,386	No. of exemptions: 2	
Amount Applied	\$0		
Refund	\$9,386		
Amount Due	\$0		
Tax Bracket	25.00%		
Average Tax Rate	16.74%		

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

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

State Information

	State: VA	Form: 760CG	
Adjusted Gross Income	\$143,003	Overpayment	\$1,740
Taxable Income	\$115,251	Amount Applied	\$0
Income Tax	\$6,369	Refund	\$1,740
Total Tax	\$6,369	Amount Due	\$0

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

, ending

Your first name RAVINDRA	M.I. B	Last name KOTA	Suffix	See separate instructions. Your social security number 159-84-5515
If a joint return, spouse's first name KEERTHI	M.I.	Last name KONGARA	Suffix	Spouse's social security number 696-16-5671
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				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code	

Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.		
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)			
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.			
Check only one box.	▶ First name _____ Last name _____	First name _____ Last name _____ SSN _____		
		5 <input type="checkbox"/> Qualifying widow(er) with dependent child		
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____ Dependents on 6c not entered above _____ Add numbers on lines above ► 2		
	b <input checked="" type="checkbox"/> Spouse			
	c Dependents:			
If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name _____ Last name _____		(2) Dependent's social security number _____	(3) Dependent's relationship to you _____
	d Total number of exemptions claimed _____			

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 148,503
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a
	b Tax-exempt interest. Do not include on line 8a	9a
	9a Ordinary dividends. Attach Schedule B if required	10 1,508
	b Qualified dividends	11
	10 Taxable refunds, credits, or offsets of state and local income taxes	12
	11 Alimony received	13
	12 Business income or (loss). Attach Schedule C or C-EZ	14
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	15b
If you did not get a W-2, see instructions.	14 Other gains or (losses). Attach Form 4797	16b
	15a IRA distributions	17
	16a Pensions and annuities	18
	15a 15a 16a 16a b Taxable amount	19
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	20b 0
	18 Farm income or (loss). Attach Schedule F	21
	19 Unemployment compensation	22 150,011
	20a Social security benefits	
	21 Other income. List type and amount	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	

Adjusted Gross Income	23 Educator expenses	23
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses. Attach Form 3903	26
	27 Deductible part of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction	32 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 5,500
	37 Subtract line 36 from line 22. This is your adjusted gross income	37 144,511

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	144,511		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked ► 39a if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.				
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. ► 39b <input type="checkbox"/>				
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	34,001		
	41 Subtract line 40 from line 38	41	110,510		
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100		
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	102,410		
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	17,145		
	45 Alternative minimum tax (see instructions). Attach Form 6251	45			
	46 Excess advance premium tax credit repayment. Attach Form 8962	46			
	47 Add lines 44, 45, and 46	47	17,145		
	48 Foreign tax credit. Attach Form 1116 if required	48			
	49 Credit for child and dependent care expenses. Attach Form 2441	49			
	50 Education credits from Form 8863, line 19	50			
	51 Retirement savings contributions credit. Attach Form 8880	51			
	52 Child tax credit. Attach Schedule 8812, if required	52			
53 Residential energy credits. Attach Form 5695	53				
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54				
55 Add lines 48 through 54. These are your total credits	55				
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	17,145			
Other Taxes	57 Self-employment tax. Attach Schedule SE	57			
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58				
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59				
60a Household employment taxes from Schedule H	60a				
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b				
61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61				
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62				
63 Add lines 56 through 62. This is your total tax	63	17,145			
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	26,531		
65 2016 estimated tax payments and amount applied from 2015 return	65				
66a Earned income credit (EIC)	66a				
b Nontaxable combat pay election	66b				
67 Additional child tax credit. Attach Schedule 8812	67				
68 American opportunity credit from Form 8863, line 8	68				
69 Net premium tax credit. Attach Form 8962	69				
70 Amount paid with request for extension to file	70				
71 Excess social security and tier 1 RRTA tax withheld	71				
72 Credit for federal tax on fuels. Attach Form 4136	72				
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73				
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	26,531			
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,386		
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. ► <input type="checkbox"/>	76a	9,386			
► b Routing number 051000017 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings					
► d Account number 435022490535					
77 Amount of line 75 you want applied to your 2017 estimated tax	77				
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0		
79 Estimated tax penalty (see instructions)	79				
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No				
Designee's name ► PRASADA TRIPURAMALLU	Phone no. ► (703) 665-2082	Personal identification number (PIN) ► 57283			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation SOFTWARE ENGINEER		
	Spouse's signature. If a joint return, both must sign.	Date	Daytime phone number (571) 223-6775		
			If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)		
Paid Preparer Use Only	Print/Type preparer's name PRASADA R TRIPURAMALLU	Preparer's signature PRASADA R TRIPURAMALLU	Date 2/25/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00757994
	Firm's name ► PRASADA TRIPURAMALLU, CPA		Firm's EIN ► 26-1112218		
	Firm's address ► 43676 TRADE CENTER PL STE 140, STERLING, VA 20166		Phone no. (703) 665-2082		

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

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

Name(s) shown on Form 1040

RAVINDRA B KOTA and KEERTHI KONGARA

Your social security number

159-84-5515

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 38	2	144,511		
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	14,451		
Taxes You Paid	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
	5 State and local (check only one box):	5	8,109		
	a <input checked="" type="checkbox"/> Income taxes, or {	6	6,459		
	b <input type="checkbox"/> General sales taxes	7	867		
Interest You Paid	6 Real estate taxes (see instructions)	8			
	7 Personal property taxes	9			
	8 Other taxes. List type and amount ►				
	9 Add lines 5 through 8	9			15,435
Note. Your mortgage interest deduction may be limited (see instructions).	10 Home mortgage interest and points reported to you on Form 1098	10	18,566		
	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 _____	12			
	Address _____	13			
TIN	12 Points not reported to you on Form 1098. See instructions for special rules	14			
	13 Mortgage insurance premiums (see instructions)	15			18,566
	14 Investment interest. Attach Form 4952 if required. (See instructions.)				
	15 Add lines 10 through 14	19			0
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			0
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
	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			
Job Expenses and Certain Miscellaneous Deductions	24 Add lines 21 through 23	24	0		
	25 Enter amount from Form 1040, line 38	25	144,511		
	26 Multiply line 25 by 2% (0.02)	26	2,890		
	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			
	29 Is Form 1040, line 38, over \$155,650?	29			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. }				
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. ► <input type="checkbox"/>				
Total Itemized Deductions	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

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

1	110,510
2	0
3	15,435
4	
5	
6	(0)
7	(1,508)
8	
9	
10	
11	()
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	()
26	
27	
28	124,437

Part II Alternative Minimum Tax (AMT)

- 29 Exemption. (If you were under age 24 at the end of 2016, see instructions.)
- IF your filing status is ... AND line 28 is not over ... THEN enter on line 29

Single or head of household	\$119,700	\$53,900
Married filing jointly or qualifying widow(er)	159,700	83,800
Married filing separately	79,850	41,900
- If line 28 is **over** the amount shown above for your filing status, see instructions.
- 30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34
- 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.
 • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here.
 • **All others:** If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.
- 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)
- 35 **AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45

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

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

Worksheet for refunds of amounts deducted in 2015

- 1 a Enter the income tax refund from Form(s) 1099-G (or similar statement) a 1,508
 b Enter the state and local taxes from the 2015 Sch A, line 5 b 10,323
 c Enter the General sales tax that could have been deducted on Sch A line 5 c 829
 But do not enter more than the amount on your 2015 Schedule A (Form 1040), line 5
 Also, do not enter more than the excess of the tax you chose to deduct over the tax
 you did not choose to deduct (see Pub 525) 1 1,508
- 2 Enter your total allowable itemized deductions from your 2015 Schedule A (Form 1040), line 29, if sales taxes were deducted in 2015, enter zero 2 39,273
- Note. If the filing status on your 2015 Form 1040 was married filing separately and your spouse itemized
 deductions in 2015, skip lines 3 through 5, and check here enter the amount from line 2 on line 6, go to line 7.
 2
- Enter the filing status claimed on your 2015 Form 1040.
- Enter the number from line 39a of your 2015 Form 1040.
- 3 Enter the amount shown below for the filing status claimed on your 2015 Form 1040.
 * Single-\$6,300
 * Married filing jointly or qualifying widow(er)-\$12,600
 * Married filing separately-\$6,300
 * Head of household-\$9,250
 3 12,600
- 4 Did you fill in line 39a on your 2015 Form 1040?
 X No. Enter -0-.
 Yes. Multiply the number in the box on line 39a of your
 2015 Form 1040 by: \$1,250 if your 2015 filing
 status was married filing jointly or separately
 or qualifying widow(er); \$1,550 if your 2015
 filing status was single or head of household 4 0 5 12,600
- 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.
 X Yes. Subtract line 5 from line 2 6 26,673
- 7 Tentative taxable part of your refund. Enter the smaller of line 1 or line 6 here 7 1,508
 8 If tax benefit is limited due to prior year AMT or unused tax credits, enter that limit (see Pub 525) 8
 9 Taxable part of your refund. If line 8 is blank, enter line 7, enter otherwise the smaller of
 line 7 and line 8 9 1,508

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

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

State:								
Payment Amount:								
Extension Amount:								

2 0

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

State:								
Payment Amount:								

3 0

- 4 2016 state estimated tax payments for first, second and third quarter
 5 2016 state estimated tax payments for fourth quarter made in 2016
 6 Other 2016 state estimated tax payments made in 2016
 7 Amounts of state and local income taxes withheld from Form W-2 for 2016 7 8,109
 8 Amounts of state and local income taxes withheld from Form W-2G for 2016
 9 Amounts of state and local income taxes withheld from Form 1099-R for 2016
 10 Amounts of state and local income taxes withheld from Form 1099-Misc for 2016 10 0
 11 Amounts of state and local income taxes withheld from Form 1099-G for 2016 11 0
 12 Amount of state income taxes withheld from Form 1099-INT for 2016 12 0
 13 Amount of state income taxes withheld from Form 1099-DIV for 2016 13 0

14 Deductible state or local tax from Form W-2

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

State Use Only:

State:								
State's part of Ln 14k:								

14l 0

- I Total deductible state or local tax from Form W-2

Other state and local taxes paid in 2016:

- 15 State 15
 16 State 16
 17 Total state and local income taxes 17 8,109

State and local general sales taxes

Optional state sales tax

- a Enter the amount from line form 1040, line 38 a 144,511

Enter the amount of the following nontaxable items:

- | | |
|---|-----|
| b Tax-exempt interest from form 1040, line 8b | b 0 |
| c Veterans' benefits | c 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 | i 0 |

- 18 Add lines a through i, use this income with the tables in instructions 18 144,511

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

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

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

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

No

No

No

No

Yes

Yes

Yes

Yes

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

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

B

208

0

0

0

208

0

0

0

27 Local general sales tax from tables (see instructions)

28 Multiply line 27 by line 20 divided by 366

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

No

No

No

No

Yes

Yes

Yes

Yes

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

30 Enter local general sales tax rate

0.00000%

0.00000%

0.00000%

0.00000%

0.0000

0.0000

0.0000

0.0000

31 Enter state general sales tax rate

32 Divide line 30 by line 31

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

0

0

0

0

34 General sales taxes paid on specified items

35 State and local general sales taxes

821

0

0

0

36 Enter the total of line 35 (all columns)

36 821

37 Actual state and local general sales tax

37

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

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

38 821

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

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

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

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

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

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

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

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

- 1 Lender's Name
- a PRIMELANDING
 - b STEARS
 - c TCF NATIONAL BANK
 - d M&T BANK
 - e
 - f
 - g
 - h
 - i Mortgage interest from Schedule E
 - j Interest difference not reported above.
- Explain: _____

NOT used to
buy, build, or
improve a
qualified residence

USED for
investment
assets

Home Office

1	2	3	4

Total Mortgage Interest	Fully Deductible Points
1a 9,401	1a _____
1b 5,114	1b _____
1c 1,850	1c _____
1d 2,201	1d _____
1e	1e _____
1f	1f _____
1g	1g _____
1h	1h _____
1i 0	1i _____
1j	1j _____

Total of line 1 1 18,566

Qualified Loan Limit - Part I

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

Deductible Home Mortgage Interest - Part II

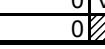
- 10 Enter the total of the average balances of all mortgages on all qualified homes. 10 _____
If line 9 is less than line 10, Go on to line 11.
If line 9 is equal to or more than line 10, go to line 13. All of your interest on all the mortgages included on line 10 is deductible as home mortgage interest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

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

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

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

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

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Traditional IRA Worksheet (IRA/Roth Worksheets)

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

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

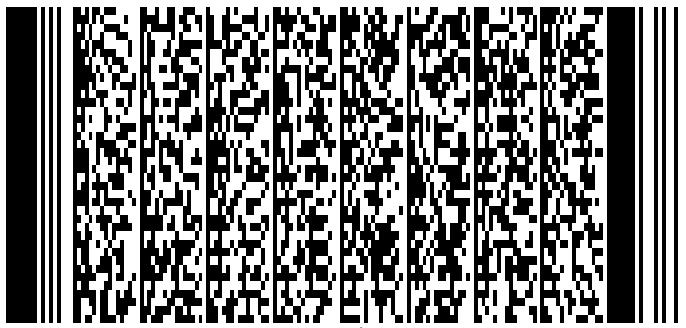
-
- 1 Enter the total income shown on line 15, Form 1040A, or line 22, Form 1040. The AGI used to calculate total income is figured without taking into account the IRA deduction amount from Form 1040, line 32, or Form 1040A, line 17. (If Form 8606 is present in the return, an adjustment may be required)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

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

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

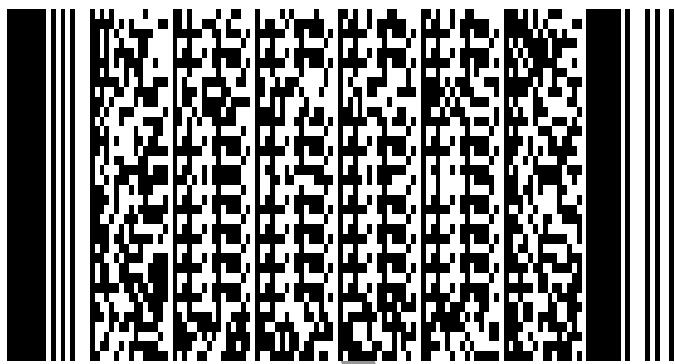
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RAVINDRA B KOTA
KEERTHI KONGARA
20787 DUXBURY TERR

ASHBURN VA 20147

SSN - You	KOTA	159845515	Vendor ID	1833	
SSN - Spouse	KONG	696165671			
Fed Adj Gross Income (FAGI)	1.	144511 .	Withholding (VA) - You	20A.	8109 .
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	144511 .	Estimated Payments	21.	
Age Deduction - You	4A.		2015 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.	1508 .	Credit - Schedule OSC	25.	
Subtractions	7.		Credit - Political Contributions	26.	
Subtotal Subtractions	8.	1508 .	Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	143003 .	Total Payments/Credits	28.	8109 .
Fed Itemized Deductions	10.	34001 .	Tax You Owe	29.	
State/Local Income Tax	11.	8109 .	Tax Overpayment	30.	1740 .
Standard/Itemized Deductions	12.	25892 .	Overpayment Credited to Next Year	31.	
Exemptions	13.	1860 .	VAC - College Savings Plan	32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	27752 .	Addition to Tax, Penalty & Interest	34.	
VA Taxable Income	16.	115251 .	Sales and Use Tax	35.	00 .
Amount of Tax	17.	6369 .	Amount You Owe		
Spouse Tax Adjustment (STA)	18.		Will Pay by Credit/Debit Card		
VAGI - Spouse	18A.	-5500 .	Your Refund		1740 .
Net Amount of Tax	19.	6369 .	Bank Routing #	C	051000017
			Bank Account #		435022490535



L

Filing Status, Age & License 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	

Exemptions (A)

1

Exemptions (B)

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 <u>PRASADA R TRIPURAMA</u>	Date 022517	Phone - Preparer _____	7036652082
---	-------------	------------------------	------------

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

X	Preparer Information PRASADA R TRIPURAMALLU PRASADA TRIPURAMALLU, CPA 43676 TRADE CENTER PL STE 140 STERLING VA 20166	P00757994
---	---	-----------

File by May 1, 2017

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

**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 10.

You SSN 11.

Spouse VAGI 12.

Dependent 13.

Dependent 14.

Total Family VAGI 15.

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 19.

Form 760F Addition 20.

Penalty 21.

Late Filing Penalty 22.

Extension Penalty 23.

Interest 24.

Total Adjustments 25.

2016 Schedule INC/CG

159845515

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



RAVINDRA

B KOTA

KEERTHI

KONGARA

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

Total VA Withholding**SSN****VA Withholding**

You

159845515

8109.

Spouse

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

1

Line 18 (VA 760CG) - Spouse Tax Adjustment Worksheet

STEP 1 - Determine Separate Federal Adjusted Gross Income

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

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

STEP 2 - Determine Separate Virginia Adjusted Gross Income

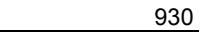
19 Total additions to FAGI (Form 760, line 2)	19	0
20 Sub-total - add lines 18 and 19	20	150,011
21 Age Deduction (Form 760, line 4)	21	0
22 Social Security Act and Tier 1 Railroad Retirement Act Benefits (Form 760, line 5)	22	0
23 State income tax refund or overpayment credit reported as income on your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

(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

65 or over Blind Total

27 You:	<input type="text" value="0"/>	+	<input type="text" value="0"/>	=	<input type="text" value="0"/>	X \$800 = <input type="text" value="0"/>	+ \$930 = . . .	27a	930	
Spouse:	<input type="text" value="0"/>	+	<input type="text" value="0"/>	=	<input type="text" value="0"/>	X \$800 = <input type="text" value="0"/>	+ \$930 = . . .	27b		930

28 Subtract line 27 from line 26. If either amount is 0 or less, stop here. You do not qualify for this adjustment	28	147,573	0
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STEP 4 - Determine Your Spouse Tax Adjustment

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

Lines 10 and 11 (VA 760CG) - Itemized Deductions

Fixed Date Conformity (FDC) Worksheet for Itemized Deductions

Computation of Fixed Date Conformity Federal Adjusted Gross Income

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

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

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

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

Limited Itemized Deduction Worksheet

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

Part A - Total federal itemized deductions.

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

Part B - State and local income tax modification

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