

Application for IRS Individual Taxpayer Identification Number

▶ **For use by individuals who are not U.S. citizens or permanent residents.**
▶ **See separate instructions.**

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Don't submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f,** or **g,** you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a** Nonresident alien required to get an ITIN to claim tax treaty benefit
- b** Nonresident alien filing a U.S. federal tax return
- c** U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d** Dependent of U.S. citizen/resident alien] Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)
- e** Spouse of U.S. citizen/resident alien] ▶ venu GOPAL ACHHAKALA, 775-78-2014
- f** Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g** Dependent/spouse of a nonresident alien holding a U.S. visa
- h** Other (see instructions) ▶ _____
- Additional information for **a** and **f**: Enter treaty country ▶ _____ and treaty article number ▶ _____

Name (see instructions)	1 a First name <u>VENKATA</u>	Middle name <u>YASHASH</u>	Last name <u>ACHHAKALA</u>
	1 b First name <u>N/A</u>	Middle name <u>N/A</u>	Last name <u>N/A</u>
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. <u>24723 HEARTHSIDE ST #112</u>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <u>FARMINGTON HILLS MI 48335</u>		
Foreign (non U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. <u>N/A</u>		
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. <u>N/A</u>		
Birth information	4 Date of birth (month/day/year) <u>6/05/2012</u>	Country of birth <u>INDIA</u>	City and state or province (optional) 5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	6 a Country(ies) of citizenship <u>INDIA</u>		
Other information	6 b Foreign tax I.D. number (if any) <u>N/A</u>		6 c Type of U.S. visa (if any), number, and expiration date <u>H4 M1929837 4/04/22</u>
	6 d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Issued by: <u>STMT 1No.: SEE STMT</u> Exp date: <u>SEE STMT</u> Date of entry into the U.S. (MM/DD/YYYY) <u>SEE STMT</u>		
	6 e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? <input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).		
	6 f Enter ITIN and/or IRSN ▶ ITIN _____ IRSN _____ and name under which it was issued ▶ _____ First name Middle name Last name		
	6 g Name of college/university or company (see instructions) <u>N/A</u> _____ City and state <u>N/A</u> _____ Length of stay <u>N/A</u> _____		

Sign Here
Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Sign Here	Signature of applicant (if delegate, see instructions)	Date (month/day/year)	Phone number
	▶ Name of delegate, if applicable (type or print) <u>venu GOPAL ACHHAKALA</u>	Delegate's relationship to applicant ▶ <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney	
Acceptance Agent's Use ONLY	▶ Signature	Date (month/day/year)	Phone Fax
	▶ Name and title (type or print)	Name of company	EIN Office Code
			PTIN

VENU GOPAL ACHHAKALA AND HEMA PONAM

775-78-2014

STATEMENT 1
FORM W-7, PAGE 1, LINE 6D
IDENTIFICATION DOCUMENTATION

<u>DOCUMENT TYPE</u>	<u>ISSUED BY</u>	<u>NUMBER</u>	<u>EXPIRATION</u>	<u>ENTRY DATE</u>
PASSPORT	INDIA	P8311913	5/03/2022	5/24/2017

Form **1040**

Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return 2017

OMB No. 1545-0074

IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2017, or other tax year beginning , 2017, ending , 20

See separate instructions.

Your first name and initial **VENU GOPAL** Last name **ACHHAKALA** Your social security number **775-78-2014**

If a joint return, spouse's first name and initial **HEMA** Last name **PONAM** Spouse's social security number **503-99-2121**

Home address (number and street). If you have a P.O. box, see instructions. **24723 HEARTHSIDE ST #112** Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FARMINGTON HILLS, MI 48335**

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

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above & 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)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. **Boxes checked on 6a and 6b 2** **No. of children on 6c who:** **(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ✓ if child under age 17 qualifying for child tax credit (see instructions)** **• lived with you 1** **• did not live with you due to divorce or separation (see instructions)** **Dependents on 6c not entered above** **Add numbers on lines above 3**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 76,543.** 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** 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** 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 76,543.**

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** 33 Student loan interest deduction. **33** 34 Reserved for future use **34** 35 Domestic production activities deduction. Attach Form 8903. **35** 36 Add lines 23 through 35. **36 0.** 37 Subtract line 36 from line 22. This is your adjusted gross income **37 76,543.**

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	76,543.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1953, <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	19,882.
41	Subtract line 40 from line 38	41	56,661.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	44,511.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	5,746.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	5,746.
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	1,000.
53	Residential energy credit. Attach Form 5695	53	
54	Other crs 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	1,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	4,746.

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 type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	4,746.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	14,306.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
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	14,306.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,560.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	9,560.
b	Routing number <input type="text" value="211391825"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="40295297"/>		
77	Amount of line 75 you want applied to your 2018 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	
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)? Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **SOFTWARE ENGINEER** Daytime phone number **(248) 973-5119**

Spouse's signature. If a joint return, both must sign. _____ Date _____ Spouse's occupation **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Print/Type preparer's name NAGENDRABABU PARIMI	Preparer's signature NAGENDRABABU PARIMI	Date _____	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01882725
Firm's name _____	Firm's EIN _____		Phone no. _____	
Firm's address _____				

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

venu GOPAL ACHHAKALA AND HEMA PONAM

775-78-2014

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	6,000.	
	2	Enter amount from Form 1040, line 38. <u>2</u> 76,543.			
	3	Multiply line 2 by 7.5% (0.075)	3	5,741.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		259.
Taxes You Paid	5 State and local (check only one box):		5	3,253.	
	a	<input checked="" type="checkbox"/> Income taxes, or			
	b	<input type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6		
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8	9		3,253.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
	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 ► <u>CENARA CANFIN BANK,</u> <u>KUKATPALLY</u> <u>HYDERABAD, TELANGANA 500072 INDIA</u>	11	1,143.	
	12	Points not reported to you on Form 1098. See instructions for special rules.	12		
	13	Reserved for future use.	13		
	14	Investment interest. Attach Form 4952 if required. See instructions.	14		
	15	Add lines 10 through 14	15		1,143.
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) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions.	20		0.
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. ► <u>FORM 2106 (TAXPAYER)</u> 16,758.	21	16,758.	
	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	16,758.	
	25	Enter amount from Form 1040, line 38. <u>25</u> 76,543.			
	26	Multiply line 25 by 2% (0.02)	26	1,531.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		15,227.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28		0.
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <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.	29		19,882.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>			

SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Child Tax Credit

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

venu GOPAL ACHHAKALA AND HEMA PONAM

Your social security number

775-78-2014

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)

CAUTION! Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes No

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here.

Part II Additional Child Tax Credit Filers

<p>1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit. If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p> <p>1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).</p> <p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).</p> <p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).</p>		1	1,000.
<p>2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.</p>		2	1,000.
<p>3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit.</p>		3	
<p>4a Earned income (see separate instructions)</p>		4a	
<p>b Nontaxable combat pay (see separate instrs.)</p>		4b	
<p>5 Is the amount on line 4a more than \$3,000?</p> <p><input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6.</p> <p><input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result</p>		5	
<p>6 Multiply the amount on line 5 by 15% (0.15) and enter the result.</p> <p>Next. Do you have three or more qualifying children?</p> <p><input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.</p> <p><input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</p>		6	

Part III Certain Filers Who Have Three or More Qualifying Children

<p>7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions</p>	7		
<p>8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code 'UT' and entered on line 62.</p> <p>1040A filers: Enter -0-.</p> <p>1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code 'UT' and entered on line 60.</p>	8		
<p>9 Add lines 7 and 8.</p>	9		
<p>10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.</p> <p>1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).</p> <p>1040NR filers: Enter the amount from Form 1040NR, line 67.</p>	10		
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-.</p>			11
<p>12 Enter the larger of line 6 or line 11.</p> <p>Next, enter the smaller of line 3 or line 12 on line 13.</p>			12

Part IV Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	13
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Enter this amount on
 Form 1040, line 67,
 Form 1040A, line 43, or
 Form 1040NR, line 64.

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

*Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),
and Additional Child Tax Credit (ACTC)*

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

OMB No. 1545-1629

2017

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return VENU GOPAL ACHHAKALA AND HEMA PONAM	Taxpayer identification number 775-78-2014
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Enter preparer's name and PTIN
THIRUPATHI NAIDU BANDARU P01664957

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply).	EIC <input type="checkbox"/>	CTC/ACTC <input checked="" type="checkbox"/>	AOTC <input type="checkbox"/>
1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
List those documents, if any, that you relied on.			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2017)

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

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

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

10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c Have you determined that the taxpayer has not released the claim to another person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Part V Credit Eligibility Certification

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.
▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

venu GOPAL ACHHAKALA AND HEMA PONAM

Your social security number

775-78-2014

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I **Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II **Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

Part III **Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	HEMA PONAM	503-99-2121	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	VENKATA YASHASH ACH	APPLIED FOR	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106 for instructions and the latest information.**

2017
Attachment
Sequence No. **129**

Your name venu GOPAL ACHHAKALA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 775-78-2014
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	1,798.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	9,900.		
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4			
5 Meals and entertainment expenses (see instructions)	5			10,120.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	11,698.		10,120.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code 'L' in box 12 of your Form W-2 (see instructions)	7			
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	11,698.		10,120.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	11,698.		5,060.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			16,758.

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

Part II Vehicle Expenses

Section A – General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service.....	11 1/01/16	
12	Total miles the vehicle was driven during 2017.....	12 12,000 miles	miles
13	Business miles included on line 12.....	13 3,360 miles	miles
14	Percent of business use. Divide line 13 by line 12.....	14 28.00 %	%
15	Average daily roundtrip commuting distance.....	15 miles	miles
16	Commuting miles included on line 12.....	16 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12.....	17 8,640 miles	miles
18	Was your vehicle available for personal use during off-duty hours?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If 'Yes,' is the evidence written?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section B – Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)		
22	Multiply line 13 by 53.5 º (0.535). Enter the result here and on line 1.....	22 1,798.

Section C – Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.....	23	
24 a	Vehicle rentals.....	24 a	
24 b	Inclusion amount (see instructions)....	24 b	
24 c	Subtract line 24b from line 24a.....	24 c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions).....	25	
26	Add lines 23, 24c, and 25.....	26	
27	Multiply line 26 by the percentage on line 14.....	27	
28	Depreciation (see instructions).....	28	
29	Add lines 27 and 28. Enter total here and on line 1.....	29	

Section D – Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions).....	30	
31	Enter section 179 deduction and special allowance (see instructions)....	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)....	32	
33	Enter depreciation method and percentage (see instructions).....	33	
34	Multiply line 32 by the percentage on line 33 (see instructions).....	34	
35	Add lines 31 and 34.....	35	
36	Enter the applicable limit explained in the line 36 instructions.....	36	
37	Multiply line 36 by the percentage on line 14.....	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above....	38	

VENU GOPAL ACHHAKALA AND HEMA PONAM

775-78-2014

**VEHICLE/EMPLOYEE BUSINESS EXPENSE (2106)
TRAVEL EXPENSES WHILE AWAY FROM HOME OVERNIGHT**

STAY EXPENSES (10 MONTHS*\$990 PER MONTH).....	\$	9,900.
TOTAL	\$	<u>9,900.</u>

**VEHICLE/EMPLOYEE BUSINESS EXPENSE (2106)
MEAL AND ENTERTAINMENT EXPENSES IN FULL**

MEALS (220 DAYS*\$46 PER DAY) AS PER FEDERAL M&IE RATES.....	\$	10,120.
TOTAL	\$	<u>10,120.</u>