

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

Your first name and initial: **vykunta prasad** Last name: **gadadasu bhanu krishna** Your social security number: **731-46-1434**

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

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **3927 Biddeford place** Apt. no. **11** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Henrico, VA 23233** If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's name ▶	Phone no.			
	Firm's address ▶				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	56,213.
	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	
	3a	Qualified dividends	3a	
	3b	Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities	4a	
	4b	Taxable amount	4b	
	5a	Social security benefits	5a	
	5b	Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	56,213.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, Subtract Schedule 1, line 36, from line 6	7	56,213.
	8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	44,213.
	11	a Tax (see inst.) 5,669. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	5,669.
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	0.
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	5,669.
	14	Other taxes. Attach Schedule 4	14	0.
	15	Total tax. Add lines 13 and 14	15	5,669.
	16	Federal income tax withheld from Forms W-2 and 1099	16	7,597.
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	0.
		Add any amount from Schedule 5 NO	17	
	18	Add lines 16 and 17. These are your total payments	18	7,597.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,928.
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	1,928.
Direct deposit? See instructions.	b	Routing number 051000017	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number 435044081896		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount you owe	22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	0.
	23	Estimated tax penalty (see instructions)	23	

Standard Deduction for -

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

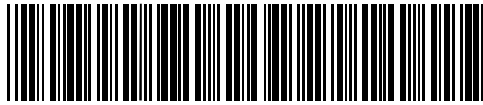
Refund



VYKUNTA PRAS GADADASU BHANU

3927 BIDDEFORD PLACE
11
HENRICO VA 23233

SSN - You	┌	GADA	731461434	Vendor ID	1064	XXXXXX	└
SSN - Spouse							
Fed Adj Gross Income (FAGI)	1.		56213 .	Withholding (VA) - You	20A.	2889 .	
Additions	2.			Withholding (VA) - Spouse	20B.		
Subtotal	3.		56213 .	Estimated Payments	21.		
Age Deduction - You	4A.			2017 Overpayment	22.		
Age Deduction - Spouse	4B.			Extension Payments	23.		
Soc Sec & Tier 1 Railroad	5.			Credit - Low Income or EIC	24.		
State Income Tax Overpayment	6.			Credit - Schedule OSC	25.		
Subtractions	7.			Reserved for Future Use	26.		
Subtotal Subtractions	8.			Credits - Schedule CR	27.		
Total VA Adj Gross Income (VAGI)	9.		56213 .	Total Payments / Credits	28.	2889 .	
Fed Itemized Deductions	10.			Tax You Owe	29.		
State / Local Income Tax	11.			Tax Overpayment	30.	140 .	
Standard / Itemized Deductions	12.		3000 .	Overpayment Credited to Next Year	31.		
Exemptions	13.		930 .	VAC - Virginia 529 / ABLEnow	32.		
Deductions	14.			VAC - Other Contributions	33.		
Subtotal (Deductions & Exemptions)	15.		3930 .	Addition to Tax, Penalty & Interest	34.		
VA Taxable Income	16.		52283 .	Sales and Use Tax	35.	0	
Amount of Tax	17.		2749 .	Amount You Owe			
Spouse Tax Adjustment (STA)	18.			Will Pay by Credit/Debit Card	N		
VAGI - Spouse	18A.			Your Refund	└	140 .	
Net Amount of Tax	┌		2749 .	Bank Routing #	C	051000017	
				Bank Account #		435044081896	



Filing Status, Age & License Information

Additional Filing Information



Filing Status **1**

Federal Head of Household

DOB - You **08221980**

VA Driver's License ID - You **B63630332**

VA Driver's License - Iss. Date - You **12012018**

Spouse Name (Filing Status 3 Only)

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

Locality **087**

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal & EIC Amount

Deceased Indicator

No Sales & Use Tax Due Indicator **X**

Refund - Direct Bank Deposit **X**

Refund - Check

Obtain Electronic 1099G

ID Theft PIN

Exemptions (A)

Exemptions (B)

You **1** 65 & Over - You

Spouse 65 & Over - Spouse

Dependents Blind - You

Total (A) **1** 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 **021619** Phone - You **8043195835**

Signature - Spouse _____ Date Phone - Spouse

Signature - Preparer _____ Date Phone - Preparer

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

Preparer Information **0**



File by May 1, 2019
Include Page 1, Page 2 and all supporting 760CG documents.



2018 Schedule INC/CG 731461434

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



VYKUNTA PRAS GADADASU BHANU

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
731461434	W	2889.	222575929	30-222575929F-0	56213.

Total VA Withholding	SSN	VA Withholding
You	731461434	2889.
Spouse		

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

To avoid delays - be sure to enter all information, including the Employer's FEIN.