

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

Your first name and initial <b>DIMPLE</b>	Last name <b>CHIRUMAMILLA</b>	Your social security number <b>648-38-8866</b>
If a joint return, spouse's first name and initial <b>JANAKIRAM</b>	Last name <b>KORIPALLI</b>	Spouse's social security number <b>222-06-1273</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>635 EAST ELMWOOD AVE</b>		Apt. no. <b>203</b>
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>BURBANK, CA 91501</b>		<b>Presidential Election Campaign</b> 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 checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

**Filing Status**

Check only one box.

1  Single

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

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

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

5  Qualifying widow(er) (see instructions)

**Exemptions**

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

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)	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 ▶
(1) First name	Last name				
				<input type="checkbox"/>	2 0 0 0 2
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	<b>219,941.</b>
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	<b>311.</b>
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	<b>405.</b>
b	Qualified dividends . . . . .	9b	<b>405.</b>
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	<b>3,684.</b>
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. ▶ <input type="checkbox"/>	13	<b>-1,396.</b>
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 <b>total income</b> ▶	22	<b>222,945.</b>

**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	<b>3,921.</b>
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	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35. . . . .	36	<b>3,921.</b>
37	Subtract line 36 from line 22. This is your <b>adjusted gross income</b> ▶	37	<b>219,024.</b>

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	<b>219,024.</b>
<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <b>▶ 39a</b> <b>0</b>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>▶ 39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>55,465.</b>
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	<b>163,559.</b>
<b>42</b>	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	<b>42</b>	<b>8,100.</b>
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	<b>155,459.</b>
<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>30,361.</b>
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>47</b>	Add lines 44, 45, and 46 <b>▶</b>	<b>47</b>	<b>30,361.</b>
<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
<b>53</b>	Residential energy credits. Attach Form 5695	<b>53</b>	
<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	<b>0.</b>
<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- <b>▶</b>	<b>56</b>	<b>30,361.</b>

**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

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b> <b>▶</b>	<b>63</b>	<b>30,361.</b>

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>37,641.</b>
<b>65</b>	2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
<b>66a</b>	<b>Earned income credit (EIC).</b> <b>NO.</b>	<b>66a</b>	
<b>b</b>	Nontaxable combat pay election. <b>66b</b>		
<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	<b>2,100.</b>
<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b> <b>▶</b>	<b>74</b>	<b>39,741.</b>

**Refund**

Direct deposit? See instructions.

<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	<b>9,380.</b>
<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <b>▶</b> <input type="checkbox"/>	<b>76a</b>	<b>9,380.</b>
<b>b</b>	Routing number <b>122000247</b> <b>▶</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <b>5638022433</b>		
<b>77</b>	Amount of line 75 you want <b>applied to your 2018 estimated tax</b> <b>▶</b>	<b>77</b>	

**Amount You Owe**

<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions <b>▶</b>	<b>78</b>	<b>0.</b>
<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	

**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 **▶ ANIL DESAI** Phone no. **▶ 562-556-6296** Personal identification number (PIN) **▶ 21152**

**Sign Here**

Joint return? See instr. 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	Daytime phone number
<b>IT PROFESSIONAL</b>			<b>(575)405-7642</b>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
<b>ANIL DESAI</b>	<b>ANIL DESAI</b>	<b>03/06/2018</b>		<b>P00905056</b>
Firm's name	Firm's EIN		Phone no.	
<b>NIL TAXES</b>	<b>▶ 47-3893371</b>		<b>(562)556-6296</b>	
Firm's address	<b>17510 PIONEER BLVD STE 211 ARTESIA, CA 90701</b>			

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

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

▶ Attach to Form 1040.

**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

**DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI**

Your social security number

**648-38-8866**

		<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
<b>Medical and Dental Expenses</b>	<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>			
	<b>2</b>	Enter amount from Form 1040, line 38 <b>2</b>				
	<b>3</b>	Multiply line 2 by 7.5% (0.075) . . . . .	<b>3</b>			
	<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		<b>4</b>	<b>0.</b>	
<b>Taxes You Paid</b>	<b>5</b>	State and local (check only one box):				
		a <input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	<b>14,036.</b>		
		b <input type="checkbox"/> General sales taxes				
	<b>6</b>	Real estate taxes (see instructions). . . . .	<b>6</b>	<b>4,500.</b>		
	<b>7</b>	Personal property taxes . . . . .	<b>7</b>	<b>518.</b>		
	<b>8</b>	Other taxes. List type and amount ▶ _____	<b>8</b>			
	<b>9</b>	Add lines 5 through 8 . . . . .			<b>9</b>	<b>19,054.</b>
	<b>Interest You Paid</b>	<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	<b>15,241.</b>	
		<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____ _____	<b>11</b>		
<b>12</b>		Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>			
<b>13</b>		Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>			
<b>14</b>		Investment interest. Attach Form 4952 if required. See instructions.	<b>14</b>			
<b>15</b>		Add lines 10 through 14 . . . . .			<b>15</b>	<b>15,241.</b>
<b>Gifts to Charity</b>	<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>16</b>	<b>5,056.</b>		
	<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. . . . .	<b>17</b>	<b>3,168.</b>		
	<b>18</b>	Carryover from prior year . . . . .	<b>18</b>			
	<b>19</b>	Add lines 16 through 18. . . . .			<b>19</b>	<b>8,224.</b>
<b>Casualty and Theft Losses</b>	<b>20</b>	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 . . . . .			<b>20</b>	<b>0.</b>
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b>	Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ _____ <b>See Attached</b>	<b>21</b>	<b>16,102.</b>		
	<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	<b>350.</b>		
	<b>23</b>	Other expenses – investment, safe deposit box, etc. List type and amount ▶ _____ <b>See Attached</b>	<b>23</b>	<b>874.</b>		
	<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	<b>17,326.</b>		
	<b>25</b>	Enter amount from Form 1040, line 38 <b>25</b> <b>219,024.</b>				
	<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	<b>4,380.</b>		
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			<b>27</b>	<b>12,946.</b>	
<b>Other Miscellaneous Deductions</b>	<b>28</b>	Other – from list in instructions. List type and amount ▶ _____			<b>28</b>	<b>0.</b>
<b>Total Itemized Deductions</b>	<b>29</b>	Is Form 1040, line 38, over \$156,900? <input type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } <input checked="" type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			<b>29</b>	<b>55,465.</b>
	<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ▶ <input type="checkbox"/>				



**SCHEDULE B**  
**(Form 1040A or 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.

Name(s) shown on return

Your social security number  
**648-38-8866**

**DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI**

**Part I**  
**Interest**

(See instructions for  
Form 1040A, or  
Form 1040,  
line 8a.)

**Note:** If you  
received a Form  
1099-INT, Form  
1099-OID, or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the total interest  
shown on that  
form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

**PARTNERS FEDERAL CREDIT UNION**  
**BANK OF AMERICA**  
**BANK OF AMERICA**

**Amount**

**306.**  
**1.**  
**4.**

**1**

**2** Add the amounts on line 1 . . . . . **2** **311.**

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . **3**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a . . . . . ▶ **4** **311.**

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**

**Ordinary Dividends**

(See instructions for  
Form 1040A, or  
Form 1040,  
line 9a.)

**Note:** If you  
received a Form  
1099-DIV or  
substitute  
statement from  
a brokerage firm,  
list the firm's  
name as the  
payer and enter  
the ordinary  
dividends shown  
on that form.

**5** List name of payer ▶ **SCOTTRADE INC**  
**SCOTTRADE INC**

**272.**  
**133.**

**5**

**6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a . . . . . ▶ **6** **405.**

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**  
**Foreign Accounts and Trusts**

(See  
instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**7a** At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . . **X**

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . . **X**

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located▶

**8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . . **X**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SCHEDULE D  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **12**

Name(s) shown on return

**DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI**

Your social security number

**648-38-8866**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .	<b>1,423.</b>	<b>2,050.</b>		<b>-627.</b>
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 . . . . .				<b>7</b> <b>-627.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( <b>769.</b> )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2 . . . . .				<b>15</b> <b>-769.</b>

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

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>● If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>● If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>● If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	<b>-1,396.</b>
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?  <input type="checkbox"/> <b>Yes.</b> Go to line 18.  <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	<b>0.</b>
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	<b>0.</b>
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> complete lines 21 and 22 below.   <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>● The loss on line 16 or</li> <li>● (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	<b>( 1,396. )</b>
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?  <input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).   <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		





# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

**2017**  
Attachment  
Sequence No. **52**

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

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

**DIMPLE CHIRUMAMILLA**

**648-38-8866**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b> Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . .			<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b> HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>		
<b>3</b> If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	<b>6,750.</b>	
<b>4</b> Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	<b>6,750.</b>	
<b>6</b> Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter. . . . .	<b>6</b>	<b>6,750.</b>	
<b>7</b> If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>		
<b>8</b> Add lines 6 and 7. . . . .	<b>8</b>	<b>6,750.</b>	
<b>9</b> Employer contributions made to your HSAs for 2017 . . . . .	<b>9</b>	<b>1,300.</b>	
<b>10</b> Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b> Add lines 9 and 10 . . . . .	<b>11</b>	<b>1,300.</b>	
<b>12</b> Subtract line 11 from line 8. If zero or less, enter -0-. . . . .	<b>12</b>	<b>5,450.</b>	
<b>13 HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>		

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

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

<b>14a</b> Total distributions you received in 2017 from all HSAs (see instructions) . . . . .			<b>690.</b>
<b>b</b> Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>		
<b>c</b> Subtract line 14b from line 14a . . . . .	<b>14c</b>	<b>690.</b>	
<b>15</b> Qualified medical expenses paid using HSA distributions (see instructions). . . . .	<b>15</b>	<b>690.</b>	
<b>16 Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount. . . . .	<b>16</b>		
<b>17a</b> If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . .	<b>17a</b>		<input type="checkbox"/>
<b>b</b> <b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>		

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

Your name <b>DIMPLE CHIRUMAMILLA</b>	Occupation in which you incurred expenses <b>IT PROFESSIONAL</b>	Social security number <b>648-38-8866</b>
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**Part I Employee Business Expenses and Reimbursements**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
<b>Step 1 Enter Your Expenses</b>		
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	1,970.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . .	450.	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . .	1,634.	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .		
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .		640.
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	4,054.	640.

**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**

<b>7</b> Enter reimbursements received from your employer that <b>weren't</b> 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	0.	0.
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**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

<b>8</b> 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	4,054.	640.
<b>Note:</b> If <b>both columns</b> of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.			
<b>9</b> 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	4,054.	320.
<b>10</b> Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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		4,374.

**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 01/01/2011	
12	Total miles the vehicle was driven during 2017 . . . . .	12 17695 miles	0 miles
13	Business miles included on line 12 . . . . .	13 3682 miles	0 miles
14	Percent of business use. Divide line 13 by line 12 . . . . .	14 20.81 %	%
15	Average daily roundtrip commuting distance . . . . .	15 30 miles	0 miles
16	Commuting miles included on line 12 . . . . .	16 7140 miles	0 miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12. . . . .	17 6873 miles	0 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 checked="" type="checkbox"/> Yes <input 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¢ (0.535). Enter the result here and on line 1. . . . .	22	1,970.
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**Section C – Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc. . . . .	23	
24a	Vehicle rentals . . . . .	24a	
b	Inclusion amount (see instructions) . . . . .	24b	
c	Subtract line 24b from line 24a . . . . .	24c	0.
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	0.
27	Multiply line 26 by the percentage on line 14 . . . . .	27	0.
28	Depreciation (see instructions) . . . . .	28	
29	Add lines 27 and 28. Enter total here and on line 1 . . . . .	29	0.

**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 0.	0.
33	Enter depreciation method and percentage (see instructions) . . . . .	33 %	%
34	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	34 0.	0.
35	Add lines 31 and 34 . . . . .	35 0.	0.
36	Enter the applicable limit explained in the line 36 instructions . . . . .	36	
37	Multiply line 36 by the percentage on line 14 . . . . .	37 0.	0.
38	Enter the <b>smaller</b> 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 0.	0.

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to [www.irs.gov/Form2106](http://www.irs.gov/Form2106) for instructions and the latest information.

**2017**

Attachment  
Sequence No. **129**

Your name <b>JANAKIRAM KORIPALLI</b>	Occupation in which you incurred expenses <b>IT PROFESSIONAL</b>	Social security number <b>222-06-1273</b>
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**Part I Employee Business Expenses and Reimbursements**

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	1,834.	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . .	428.	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . .	1,940.	
4 Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .		
5 Meals and entertainment expenses (see instructions) . . . . .		425.
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	4,202.	425.

**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 <b>weren't</b> 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) . . . . .	0.	0.
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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) . . . . .	4,202.	425.
<b>Note:</b> If <b>both columns</b> 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.) . . . . .	4,202.	213.
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7).</b> (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	4,415.

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

**Part II Vehicle Expenses**

<b>Section A – General Information</b> (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 01/01/2016	
12	Total miles the vehicle was driven during 2017 . . . . .	12 15896 miles	0 miles
13	Business miles included on line 12 . . . . .	13 3428 miles	0 miles
14	Percent of business use. Divide line 13 by line 12 . . . . .	14 21.57 %	%
15	Average daily roundtrip commuting distance . . . . .	15 25 miles	0 miles
16	Commuting miles included on line 12 . . . . .	16 5950 miles	0 miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12. . . . .	17 6518 miles	0 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section B – Standard Mileage Rate</b> (See the instructions for Part II to find out whether to complete this section or Section C.)		
22	Multiply line 13 by 53.5¢ (0.535). Enter the result here and on line 1. . . . .	22 1,834.

<b>Section C – Actual Expenses</b>		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc. . . . .	23	
24a	Vehicle rentals . . . . .	24a	
b	Inclusion amount (see instructions) . . . . .	24b	
c	Subtract line 24b from line 24a . . . . .	24c 0.	0.
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 0.	0.
27	Multiply line 26 by the percentage on line 14 . . . . .	27 0.	0.
28	Depreciation (see instructions) . . . . .	28	
29	Add lines 27 and 28. Enter total here and on line 1 . . . . .	29 0.	0.

<b>Section D – Depreciation of Vehicles</b> (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 0.	0.
33	Enter depreciation method and percentage (see instructions) . . . . .	33 %	%
34	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .	34 0.	0.
35	Add lines 31 and 34 . . . . .	35 0.	0.
36	Enter the applicable limit explained in the line 36 instructions . . . . .	36	
37	Multiply line 36 by the percentage on line 14 . . . . .	37 0.	0.
38	Enter the <b>smaller</b> 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 0.	0.

# Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

▶ Information about Form 8283 and its separate instructions is at [www.irs.gov/form8283](http://www.irs.gov/form8283).

Name(s) shown on your income tax return

**DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI**

Identifying number  
**648-38-8866**

**Note.** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** - List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property** - If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	<b>HELPING HANDS FOR BLIND</b> 20734 DEVONSHIRE ST CHATSWORTH CA 91311	<input type="checkbox"/>	CLOTHES . ELECTRONICS , HOUSEHOLD , FURNITURE & MISC
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

**Note.** If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	<b>12/28/2017</b>	<b>Various</b>	<b>PURCHASE</b>	<b>8,741.</b>	<b>3,168.</b>	<b>THRIFT STORE VALUE</b>
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ \_\_\_\_\_  
If Part II applies to more than one property, attach a separate statement.

**b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ \_\_\_\_\_  
**(2)** For any prior tax years ▶ \_\_\_\_\_

**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

**d** For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

**e** Name of any person, other than the donee organization, having actual possession of the property ▶ \_\_\_\_\_

**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? . . . . .

Yes	No

**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? . . . . .

**c** Is there a restriction limiting the donated property for a particular use? . . . . .

Name(s) shown on your income tax return

Identifying number

DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI

648-38-8866

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities) - Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property - To be completed by the taxpayer and/or appraiser.

4 Check the box that describes the type of property donated:

- a Art\* (contribution of \$20,000 or more)
b Qualified Conservation Contribution
c Equipment
d Art\* (contribution of less than \$20,000)
e Other Real Estate
f Securities
g Collectibles\*\*
h Intellectual Property
i Vehicles
j Other

\*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

\*\*Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

Table with 3 main columns: (a) Description of donated property, (b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift, (c) Appraised fair market value. Includes sub-tables for acquisition details.

Part II Taxpayer (Donor) Statement - List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions.

Signature of taxpayer (donor)

Date

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here

Signature

Title

Date

Business address (including room or suite no.)

Identifying number

City or town, state, and ZIP code

Part IV Donee Acknowledgment - To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? Yes No

Table with 3 columns: Name of charitable organization (donee), Address (number, street, and room or suite no.), Authorized signature, Employer identification number, City or town, state, and ZIP code, Title, Date

## Moving Expenses

▶ Go to [www.irs.gov/Form3903](http://www.irs.gov/Form3903) for the latest information.  
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

**JANAKIRAM KORIPALLI**

Your social security number

**222-06-1273**

**Before you begin:** ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.

✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions) . . . . .	1	<b>2,684.</b>
2	Travel (including lodging) from your old home to your new home (see instructions). <b>Do not</b> include the cost of meals . . . . .	2	<b>1,237.</b>
3	Add lines 1 and 2 . . . . .	3	<b>3,921.</b>
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is <b>not</b> included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code <b>P</b> . . . . .	4	
5	Is line 3 <b>more than</b> line 4?  <input type="checkbox"/> <b>No.</b> You <b>cannot</b> deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your <b>moving expense deduction</b> . . . . .	5	<b>3,921.</b>

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



Details for Schedule A, Line 7

DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI

648-38-8866 - 222-06-1273

Date	Description	Amount
		100.00
		150.00
		268.00
	<b>Total</b>	<b>518.00</b>

ATTACH FEDERAL RETURN

648-38-8866 CHIR 222-06-1273
DIMPLE CHIRUMAMILLA
JANAKIRAM KORIPALLI

17

A
R
RP

635 EAST ELMWOOD AVE APT 203
BURBANK CA 91501

07-29-1984 06-04-1983

- 1 Single
2 Married/RDP filing jointly
3 Married/RDP filing separately
4 Head of household
5 Qualifying widow(er) with dependent child

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here.

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

- 7 Personal: enter 1 in the box. If you checked box 2 or 5, enter 2.
8 Blind: enter 1; if both are visually impaired, enter 2.
9 Senior: enter 1; if both are 65 or older, enter 2.

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions. 10 0 X \$353 = \$

11 Exemption amount: Add line 7 through line 10. 11 \$ 228.

Total Taxable Income

- 12 Total California wages from your Form(s) W-2, box 16. 12 143,058.
13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10. 13 219,024.
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 3,684.
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 215,340.
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. 16 1,300.
17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 216,640.
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions. 18 41,429.
19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-. 19 175,211.

Your name: CHIRUMAMILLA

Your SSN or ITIN: 648-38-8866

<b>CA Taxable Income</b>	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule	<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	● 31	<u>11,008.</u>
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	● 32	<u>138,458.</u>	
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	● 35	<u>111,981.</u>	
	36	CA Tax Rate. Divide line 31 by line 19	● 36	<u>0.0628</u>	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	● 37	<u>7,032.</u>	
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	● 38	<u>0.6391</u>	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$187,203, see instructions	● 39	<u>146.</u>	
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	● 40	<u>6,886.</u>	
	41	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 41		
	42	Add line 40 and line 41	● 42	<u>6,886.</u>	
<b>Special Credits</b>	50	Nonrefundable Child and Dependent Care Expenses Credit. See Instructions. Attach form FTB 3506	● 50		
	51	Credit for joint custody head of household	● 51		
	52	Credit for dependent parent. See instructions	● 52		
	53	Credit for senior head of household. See instructions	● 53		
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	● 54	<u>0.639100</u>	
	55	Credit amount. See instructions	● 55		
	58	Enter credit name _____ code ● _____ and amount	● 58		
	59	Enter credit name _____ code ● _____ and amount	● 59		
	60	To claim more than two credits. See instructions	● 60		
	61	Nonrefundable renter's credit. See instructions	● 61		
62	Add line 50 and line 55 through 61. These are your total credits	● 62			
63	Subtract line 62 from line 42. If less than zero, enter -0-	● 63	<u>6,886.</u>		
<b>Other Taxes</b>	71	Alternative minimum tax. Attach Schedule P (540NR)	● 71		
	72	Mental Health Services Tax. See instructions	● 72		
	73	Other taxes and credit recapture. See instructions	● 73		
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	● 74	<u>6,886.</u>	
<b>Payments</b>	81	California income tax withheld. See instructions	● 81	<u>8,955.</u>	
	82	2017 CA estimated tax and other payments. See instructions	● 82		
	83	Withholding (Form 592-B and/or 593). See instructions	● 83		
	84	Excess SDI (or VPD) withheld. See instructions	● 84	<u>450.</u>	
	85	Earned Income Tax Credit (EITC)	● 85		
86	Add lines 81 through 85. These are your total payments. See instructions	● 86	<u>9,405.</u>		
<b>Overpaid Tax/Tax Due</b>	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	● 101	<u>2,519.</u>	
	102	Amount of line 101 you want applied to your 2018 estimated tax	● 102		
	103	Overpaid tax available this year. Subtract line 102 from line 101	● 103	<u>2,519.</u>	
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	● 104		

Your name: CHIRUMAMILLA

Your SSN or ITIN: 648-38-8866

**Contributions**

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions . . . . .	● 400	_____
Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	_____
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	_____
California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	_____
California Firefighters' Memorial Fund. . . . .	● 406	_____
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	_____
California Peace Officer Memorial Foundation Fund . . . . .	● 408	_____
California Sea Otter Fund . . . . .	● 410	_____
California Cancer Research Voluntary Tax Contribution Fund. . . . .	● 413	_____
School Supplies for Homeless Children Fund . . . . .	● 422	_____
State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	_____
Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	_____
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	_____
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	_____
Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	_____
Revive the Salton Sea Fund . . . . .	● 432	_____
California Domestic Violence Victims Fund . . . . .	● 433	_____
Special Olympics Fund . . . . .	● 434	_____
Type 1 Diabetes Research Fund . . . . .	● 435	_____
California YMCA Youth and Government Voluntary Tax Contribution Fund. . . . .	● 436	_____
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	_____
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	_____
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	_____
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	_____
<b>120</b> Add code 400 through code 440. This is your total contribution . . . . .	● 120	_____



**2017**

**Wage and Tax Statement**

**W-2**

**Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

DIMPLE CHIRUMAMILLA AND JANAKIRAM KORIPALLI

648-38-8866

**Caution:** If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

**All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\* Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

	W-2 Information	1st W-2	2nd W-2
a. Employee's social security number *	<input checked="" type="radio"/> 648-38-8866	<input checked="" type="radio"/> 648-38-8866	<input checked="" type="radio"/> 648-38-8866
b. Employer identification number (EIN)	<input checked="" type="radio"/> 04-3655668	<input checked="" type="radio"/> 04-3655668	<input checked="" type="radio"/> 04-3655668
c. Employer's name	<input checked="" type="radio"/> KEYSTONE PAYING AGENT, INC	<input checked="" type="radio"/> KEYSTONE PAYING AGENT, INC	<input checked="" type="radio"/> KEYSTONE PAYING AGENT, INC
Address	<input checked="" type="radio"/> P O BOX 10125	<input checked="" type="radio"/> P O BOX 10125	<input checked="" type="radio"/> P O BOX 10125
City	<input checked="" type="radio"/> LAKE BUENA VISTA	<input checked="" type="radio"/> LAKE BUENA VISTA	<input checked="" type="radio"/> LAKE BUENA VISTA
State	<input checked="" type="radio"/> FL	<input checked="" type="radio"/> FL	<input checked="" type="radio"/> FL
Zip code	<input checked="" type="radio"/> 32830	<input checked="" type="radio"/> 32830	<input checked="" type="radio"/> 32830
e. Employee's first name*	<input checked="" type="radio"/> DIMPLE	<input checked="" type="radio"/> DIMPLE	<input checked="" type="radio"/> DIMPLE
Middle initial*	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last name*	<input checked="" type="radio"/> CHIRUMAMILLA	<input checked="" type="radio"/> CHIRUMAMILLA	<input checked="" type="radio"/> CHIRUMAMILLA
Suffix*	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f. Employee address*	<input checked="" type="radio"/> 635 EAST ELMWOOD AVE APT. 20	<input checked="" type="radio"/> 635 EAST ELMWOOD AVE APT. 20	<input checked="" type="radio"/> 635 EAST ELMWOOD AVE APT. 20
City*	<input checked="" type="radio"/> BURBANK	<input checked="" type="radio"/> BURBANK	<input checked="" type="radio"/> BURBANK
State*	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> CA
Zip code*	<input checked="" type="radio"/> 91501	<input checked="" type="radio"/> 91501	<input checked="" type="radio"/> 91501
1. Wages, tips, other compensation	<input checked="" type="radio"/>	63,688.	79,370.
2. Federal income tax withheld	<input checked="" type="radio"/>	13,213.	11,852.
3. Social security wages	<input checked="" type="radio"/>	64,761.	96,298.
4. Social security tax withheld	<input checked="" type="radio"/>	4,015.	5,970.
6. Medicare tax withheld	<input checked="" type="radio"/>	939.	1,396.



W-2 Information

1st W-2

2nd W-2

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

	Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/> C	<input checked="" type="radio"/> 45.	<input checked="" type="radio"/> C	<input checked="" type="radio"/> 149.
12b.	<input checked="" type="radio"/> D	<input checked="" type="radio"/> 1,072.	<input checked="" type="radio"/> D	<input checked="" type="radio"/> 16,928.
12c.	<input checked="" type="radio"/> DD	<input checked="" type="radio"/> 14,657.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12d.	<input checked="" type="radio"/> W	<input checked="" type="radio"/> 1,300.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

<input checked="" type="radio"/> <input type="checkbox"/> Statutory employee	<input checked="" type="radio"/> <input type="checkbox"/> Statutory employee
<input checked="" type="radio"/> <input checked="" type="checkbox"/> Retirement plan	<input checked="" type="radio"/> <input checked="" type="checkbox"/> Retirement plan
<input checked="" type="radio"/> <input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/> <input type="checkbox"/> Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type	Amount	Type	Amount
<input checked="" type="radio"/> CA SDI	<input checked="" type="radio"/> 582.	<input checked="" type="radio"/> CA SDI	<input checked="" type="radio"/> 865.

15. State and employer's State ID number

State	Employer's state ID number	State	Employer's state ID number
<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 813-6110-7	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 814-5803-6

16. State wages, tips, etc.   63,688.   79,370.

17. State income tax   5,081.   3,874.



# California Adjustments - 2017 Nonresidents or Part-Year Residents

## CA (540NR)

**Important:** Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

DIMPLE CHIRUMAMILLA AND JANAKIRAM KORIPALLI

648-38-8866

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2017.**

**During 2017:**

1 My California (CA) Residency (Check one)

a Myself:  Nonresident  Part-Year Resident  Resident    b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> CA
b I was in the military and stationed in (enter two letter code) . . . . .	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/>	<input checked="" type="radio"/> CO 11/05/2017
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . . . .	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence) . . . . .	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/> 0	<input type="radio"/> 0
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> Y	<input type="radio"/> N
8 <b>Before 2017:</b> I was a CA resident for the period of . . . . .	<input type="radio"/>	<input type="radio"/>

**Part II Income Adjustment Schedule**

	A	B	C	D	E
Section A - Income	Federal Amounts (taxable amounts from your federal tax return)	Subtractions (See instructions difference between CA & federal law)	Additions (See instructions difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C . . . . . 7	<input checked="" type="radio"/> 219,941.	<input type="radio"/>	<input checked="" type="radio"/> 1,300.	<input checked="" type="radio"/> 221,241.	<input checked="" type="radio"/> 143,059.
8 Taxable interest. (b) _____ 8(a)	<input checked="" type="radio"/> 311.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 311.	<input checked="" type="radio"/> 311.
9 Ordinary dividends. See instructions (b) <input checked="" type="radio"/> 405. . . . . 9(a)	<input checked="" type="radio"/> 405.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 405.	<input checked="" type="radio"/> 405.
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10	<input checked="" type="radio"/> 3,684.	<input checked="" type="radio"/> 3,684.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alimony received. See instructions . . . . . 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . . . 13	<input checked="" type="radio"/> -1,396.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -1,396.	<input checked="" type="radio"/> -1,396.
14 Other gains or (losses). . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input type="radio"/> _____ . . . . . 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input type="radio"/> _____ 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) . . . . . 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation . . . . . 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits. (a) <input type="radio"/> _____ 20(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe): _____	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 . . . . . 22a	<input checked="" type="radio"/> 222,945.	<input checked="" type="radio"/> 3,684.	<input checked="" type="radio"/> 1,300.	<input checked="" type="radio"/> 220,561.	<input checked="" type="radio"/> 142,379.



Income Adjustment Schedule		A	B	C	D	E
Section B - Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E . . . . . 22b	222,945.	3,684.	1,300.	220,561.	142,379.
23	Educator expenses . . . . . 23					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . 24					
25	Health savings account deduction . . . . . 25					
26	Moving expenses . . . . . 26	3,921.			3,921.	3,921.
27	Deductible part of self-employment tax . . . . . 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 Enter recipient's: SSN <input type="radio"/> _____ Last name <input type="radio"/> _____ 31a					
32	IRA deduction . . . . . 32					
33	Student loan interest deduction . . . . . 33					
34	Reserved . . . . . 34					
35	Domestic production activities deduction . . . . . 35					
36	Add line 23 through line 35 in each column, A through E . . . . . 36	3,921.			3,921.	3,921.
37	<b>Total.</b> Subtract line 36 from line 22b in each column, A through E. See instructions. 37	219,024.	3,684.	1,300.	216,640.	138,458.

**Part III Adjustments to Federal Itemized Deductions**

38	<b>Federal Itemized Deductions.</b> Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) . . . . . 38	55,465.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes <b>only</b> ) (or Schedule A (Form 1040NR), line 1). See instructions . . . . . 39	14,036.
40	Subtract line 39 from line 38 . . . . . 40	41,429.
41	Other adjustments including California lottery losses. See instructions. Specify _____ . . . . . 41	
42	Combine line 40 and line 41 . . . . . 42	41,429.
43	<b>Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status?</b> Single or married/RDP filing separately . . . . . \$187,203 Head of household . . . . . \$280,808 Married/RDP filing jointly or qualifying widow(er) . . . . . \$374,411 <b>No.</b> Transfer the amount on line 42 to line 43. <b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 . . . . . 43	41,429.
44	<b>Enter the larger of the amount on line 43 or your standard deduction. See instructions . . . . . 44</b>	41,429.

**Part IV California Taxable Income**

45	<b>California AGI.</b> Enter your California AGI from line 37, column E . . . . . 45	138,458.
46	Enter your deductions from line 44 . . . . . 46	41,429.
47	<b>Deduction Percentage.</b> Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . . . 47	0.639100
48	<b>California Itemized/Standard Deductions.</b> Multiply line 46 by the percentage on line 47 . . . . . 48	26,477.
49	<b>California Taxable Income.</b> Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- . . . . . 49	111,981.



170104 11064

DR 0104 (06/30/17)

COLORADO DEPARTMENT OF REVENUE

Colorado.gov/Tax

(0013)



# 2017 Colorado Individual Income Tax Return

Full-Year

Part-Year or Nonresident (or resident, part-year, non-resident combination)

Mark if Abroad on due date – see instructions

\*Must attach DR 0104PN

Your Last Name		Your First Name		Middle Initial
CHIRUMAMILLA		DIMPLE		
Deceased <input type="checkbox"/>		Date of Birth (MM/DD/YYYY)	SSN	
If checked and claiming a refund, you must submit the DR 0102 with your return.		07/29/1984	648-38-8866	
Enter the following information from your current driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		CA	4760	**/**/**
If Joint, Spouse's Last Name		Spouse's First Name		Middle Initial
KORIPALLI		JANAKIRAM		
Deceased <input type="checkbox"/>		Spouse's Date of Birth (MM/DD/YYYY)	Spouse's SSN	
If checked and claiming a refund, you must submit the DR 0102 with your return.		06/04/1983	222-06-1273	
Enter the following information from your current spouse's driver license or state identification card.		State of Issue	Last 4 characters of ID number	Date of Issuance
		MA	8692	**/**/**
Mailing Address			Phone Number	
635 EAST ELMWOOD AVE Apt 203			(575) 405-7642	
City	State	Zip Code	Foreign Country (if applicable)	
BURBANK	CA	91501		
<b>Round To The Next Dollar</b>				
1. Enter Federal Taxable Income from your federal income tax form: 1040EZ line 6; 1040A line 27; 1040 line 43		• 1	155,459.00	
Staple W-2s and 1099s with CO withholding here. ◀				
<b>Additions to Federal Taxable Income</b>				
2. State Addback, enter the state income tax deduction from your federal form 1040 schedule A, line 5 (see instructions)		• 2	12,588.00	
3. Other Additions, explain (see instructions)		• 3	.00	

Explain:



170104 21064

Name	SSN
<b>CHIRUMAMILLA</b>	<b>648-38-8866</b>
4. Subtotal, sum of lines 1 through 3	4 168,047.00
5. Subtractions from the DR 0104AD Schedule, line 18, you must submit the DR 0104AD schedule with your return.	•5 3,684.00
6. Colorado Taxable Income, subtract line 5 from line 4	•6 164,363.00
<b>Tax, Prepayments and Credits: full-year residents use DR 0104CR and part-year and nonresidents use DR 0104PN</b>	
7. Colorado Tax from tax table or the DR 0104PN line 36, you must submit the DR 0104PN with your return if applicable.	•7 585.00
8. Alternative Minimum Tax from the DR 0104AMT, you must submit the DR 0104AMT with your return.	•8 0.00
9. Recapture of prior year credits	•9 0.00
10. Subtotal, sum of lines 7 through 9	10 585.00
11. Nonrefundable Credits from the DR 0104CR line 39, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 0104CR with your return.	•11 0.00
12. Total Nonrefundable Enterprise Zone credits used - as calculated, or from the DR 1366 line 87, the sum of lines 11 and 12 cannot exceed line 10, you must submit the DR 1366 with your return.	•12 0.00
13. Net Income Tax, sum of lines 11 and 12. Subtract that sum from line 10.	13 585.00
14. Use Tax reported on the DR 0104US schedule line 7, you must submit the DR 0104US with your return.	•14 0.00
15. Net Colorado Tax, sum of lines 13 and 14	15 585.00
16. CO Income Tax Withheld from W-2s and 1099s, you must submit the W-2s and/or 1099s claiming Colorado withholding with your return.	•16 729.00
17. Prior-year Estimated Tax Carryforward	•17 0.00
18. Estimated Tax Payments, enter the sum of the quarterly payments remitted for this tax year	•18 0.00
19. Extension Payment remitted with the DR 0158-I	•19 0.00
20. Other Prepayments: <input type="checkbox"/> • DR 0104BEP <input type="checkbox"/> • DR 0108 <input type="checkbox"/> • DR 1079 • 20	0.00
21. Gross Conservation Easement Credit from the DR 1305G line 33, you must submit the DR 1305G with your return.	•21 0.00
22. Innovative Motor Vehicle Credit from the DR 0617, you must submit each DR 0617 with your return.	•22 0.00
23. Refundable Credits from the DR 0104CR line 8, you must submit the DR 0104CR with your return.	•23 0.00
24. Subtotal, sum of lines 16 through 23	24 729.00
25. Federal Adjusted Gross Income from your federal income tax form: 1040EZ line 4; 1040A line 21; 1040 line 37	•25 219,024.00
26. Overpayment, if line 24 is greater than line 15 then subtract line 15 from line 24	26 144.00
27. Estimated Tax Credit Carryforward to 2018 first quarter, if any	•27 0.00



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DR 0104 (06/30/17)  
COLORADO DEPARTMENT OF REVENUE  
Colorado.gov/Tax

Name	SSN
<b>CHIRUMAMILLA</b>	<b>648-38-8866</b>

28. Voluntary Contributions elected on the DR 0104CH schedule line 21, you must submit the DR 0104CH with your return.	• 28	00
29. Subtotal, add lines 27 and 28	29	00
30. Refund, subtract line 29 from line 26 (see instructions)	• 30	144 00

**Direct Deposit**

Routing Number **1 2 2 0 0 0 2 4 7** Type:  Checking  Savings  College Invest 529

Account Number **5 6 3 8 0 2 2 4 3 3**

For questions regarding CollegenInvest direct deposit or to open an account, visit [CollegenInvest.org](http://CollegenInvest.org) or call 800-448-2424.

31. Net Tax Due, subtract line 24 from line 15, then add line 28	31	00
32. Delinquent Payment Penalty (see instructions)	• 32	00
33. Delinquent Payment Interest (see instructions)	• 33	00
34. Estimated Tax Penalty, you must submit the DR 0204 with your return. (see instructions)	• 34	00
35. Amount You Owe, sum of lines 31 through 34	• 35	

The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.

**Third Party Designee**

Do you want to allow another person to discuss this return and another other information related to this return with the Colorado Department of Revenue? •  No •  Yes. Complete the following:

Designee's Name	Phone Number
• <b>ANIL DESAI</b>	• <b>(562)556-6296</b>

**Sign Below** Under penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature	Date (MM/DD/YYYY)
Spouse's Signature. If joint return, BOTH must sign.	Date (MM/DD/YYYY)
Paid Preparer's Name	Paid Preparer's Phone

<b>NIL TAXES</b>		<b>562-556-6296</b>	
Paid Preparer's Address	City	State	Zip
<b>17510 PIONEER BLVD STE 211</b>	<b>ARTESIA</b>	<b>CA</b>	<b>90701</b>

<p>If you are filing this return <b>with</b> a check or payment, please mail the return to:          COLORADO DEPARTMENT OF REVENUE          Denver, CO 80261-0006</p>	<p>If you are filing this return <b>without</b> a check or payment, please mail the return to:          COLORADO DEPARTMENT OF REVENUE          Denver, CO 80261-0005</p>
<p>These addresses and zip codes are exclusive to the Colorado Department of Revenue, so a street address is not required.</p>	



DR 0104AD (06/30/17)  
**COLORADO DEPARTMENT OF REVENUE**  
*Colorado.gov/Tax*

## Subtractions from Income Schedule

**If claiming a subtraction, you must submit this schedule with your return.**

Use this schedule to report any subtractions from your Federal Taxable Income. These subtractions will change your Colorado Taxable Income from the amount of Federal Taxable Income. See instructions in the income tax booklet for additional guidance on completing this schedule. Do not enter negative amounts. You must submit this form along with the DR 0104 if claiming any subtractions.

Name		SSN	
<b>DIMPLE CHIRUMAMILLA</b>		<b>648-38-8866</b>	
<b>Subtractions from Federal Taxable Income</b>			
1. State Income Tax Refund from federal income tax form 1040, line 10; enter \$0 if filing 1040A or 1040EZ		● 1	3,684.00
2. U.S. Government Interest		● 2	00
3. Primary Taxpayer Pension/Annuity Income		● 3	00
4. Spouse Pension/Annuity Income		● 4	00
5. Colorado Source Capital Gain; 5-year assets acquired on or after 5/9/1994		● 5	00
6. Tuition Program Contribution: (see instructions)		● 6	00
● Total Contribution		● Owner's Name	
7. Qualifying Charitable Contribution		● 7	00
8. Qualified Reservation Income		● 8	00
9. PERA/DPSRS Subtractions, for PERA contributions made in 1984-1986 or DPSRS contributions made in 1986		● 9	00
10. Railroad Benefit Subtraction, tier I or II only		● 10	00
11. Wildfire Mitigation Measures Subtraction		● 11	00
12. Colorado Marijuana Business Deduction		● 12	00
13. Non-Resident Disaster Relief Worker Subtraction		● 13	00



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Name		SSN	
<b>DIMPLE CHIRUMAMILLA</b>		<b>648-38-8866</b>	
<b>14.</b> Active Duty Military Colorado HOME Subtraction	● 14		00
<b>15.</b> Agricultural Asset Lease Deduction. Enter CADA certificate number and submit a copy of your certificate with your return	● CADA Certificate Number	● 15	00
<b>16.</b> First Time Home Buyer Savings Account Deduction, you must submit the DR 0350 with your return	● 16		00
<b>17.</b> Other Subtractions, explain below	● 17		00
Explain			
<b>18.</b> Subtotal, add lines 1 through 17, transfer the amount to line 5 on the DR 0104	● 18	<b>3,684</b>	<b>00</b>





DR 0104PN (06/30/17)  
 COLORADO DEPARTMENT OF REVENUE  
 Colorado.gov/Tax

## Form 104PN

### Part-Year Resident/Nonresident Tax Calculation Schedule 2017

Taxpayer's Name	SSN
<b>DIMPLE CHIRUMAMILLA and JANAKIRAM KORIPALLI</b>	
<b>648-38-8866</b>	
Use this form if you and/or your spouse were a resident of another state for all or part of 2017. This form apportions your gross income so that Colorado tax is calculated for only your Colorado income. Complete this form after you have filled out lines 1 through 6 of the DR 0104. If you filed federal form 1040NR, see the instructions.	
1. • Taxpayer is (mark one): <input checked="" type="checkbox"/> Full-Year Nonresident <input type="checkbox"/> Part-Year Resident from	Beginning (MM/YY) Ending (MM/YY)
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military	
2. • Spouse is (mark one): <input checked="" type="checkbox"/> Full-Year Nonresident <input type="checkbox"/> Part-Year Resident from	Beginning (MM/YY) Ending (MM/YY)
<input type="checkbox"/> Full-Year Resident <input type="checkbox"/> Nonresident 305-day rule Military	
3. • Mark the federal form you filed: <input checked="" type="checkbox"/> 1040 <input type="checkbox"/> 1040 A <input type="checkbox"/> 1040 EZ <input type="checkbox"/> 1040 NR <input type="checkbox"/> Other	
	<b>Federal Information</b>
4. Enter all income from form 1040 line 7; 1040A line 7; or form 1040EZ line 1. <span style="float: right;">• 4</span>	219,941 <sup>00</sup>
5. Enter income from line 4 that was earned while working in Colorado and/or earned while you were a Colorado resident. Part-year residents should include moving expense reimbursements only if paid for moving into Colorado. <span style="float: right;">• 5</span>	17,940 <sup>00</sup>
6. Enter all interest/dividend income from form 1040 lines 8a and 9a; form 1040A lines 8a and 9a; or form 1040EZ line 2. <span style="float: right;">• 6</span>	716 <sup>00</sup>
7. Enter income from line 6 that was earned while you were a resident of Colorado or derived from the ownership of real or tangible personal property located in Colorado. <span style="float: right;">• 7</span>	00
8. Enter all income from form 1040 line 19; form 1040A line 13; or form 1040EZ line 3 <span style="float: right;">• 8</span>	00
9. Enter income from line 8 that is from State of Colorado unemployment benefits; and/or is from another state's benefits that were received while you were a Colorado resident. <span style="float: right;">• 9</span>	00
<b>If you filed federal form 1040EZ, go to line 24. All others continue with line 10.</b>	
10. Enter all income from form 1040 lines 13 and 14; or form 1040A line 10. <span style="float: right;">• 10</span>	-1,396 <sup>00</sup>



170104PN21064

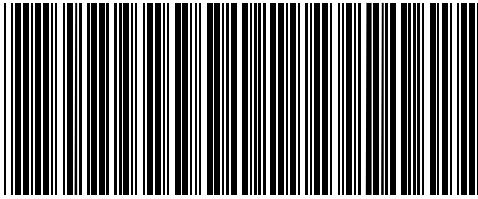
Name		SSN	
<b>CHIRUMAMILLA</b>		648-38-8866	
		<b>Federal Information</b>	<b>Colorado Information</b>
11. Enter income from line 10 that was earned during that part of the year you were a Colorado resident and/or was earned on property located in Colorado.	• 11		-1,396 <sup>00</sup>
12. Enter all income from form 1040 lines 15b, 16b, and 20b; or form 1040A lines 11b, 12b, and 14b	• 12	00	
13. Enter income from line 12 that was received during that part of the year you were a Colorado resident.	• 13		00
<b>If you filed federal form 1040A, go to line 20. If you filed form 1040, continue with line 14.</b>			
14. Enter all business and farm income from form 1040 lines 12 and 18.	• 14	00	
15. Enter income from line 14 that was earned during that part of the year you were a Colorado resident and/or was earned from Colorado sources.	• 15		00
16. Enter all Schedule E income from form 1040 line 17.	• 16	00	
17. Enter income from line 16 that was earned from Colorado sources; and/or rent and royalty income received or credited to your account during the part of the year you were a Colorado resident; and/or partnership/S corporation/fiduciary income that is taxable to Colorado during the tax year.	• 17		00
18. Enter all other income from form 1040 lines 10, 11 and 21.	• 18	3,684 <sup>00</sup>	
List Type			
<b>REFUND</b>			
19. Enter income from line 18 that was earned during that part of the year you were a Colorado resident and/or was derived from Colorado sources.	• 19		00
List Type			
20. Total Income. Enter amount from form 1040 line 22; or form 1040A line 15.	20	222,945 <sup>00</sup>	
21. Total Colorado Income. Enter the total from the Colorado column, lines 5, 7, 9, 11, 13, 15, 17 and 19.	21		16,544 <sup>00</sup>
22. Enter all federal adjustments from form 1040 line 36, or form 1040A line 20.	• 22	3,921 <sup>00</sup>	
List Type			
<b>3903</b>			
23. Enter adjustments from line 22 as follows	• 23		00
List Type			
<ul style="list-style-type: none"> <li>• Educator expenses, IRA deduction, business expenses of reservists, performing artists and fee-basis government officials, health savings account deduction, self-employment tax, self-employed health insurance deduction, SEP and SIMPLE deductions are allowed in the ratio of Colorado wages and/or self-employment income to total wages and/or self-employment income.</li> <li>• Student loan interest deduction, alimony, and tuition and fees deduction are allowed in the Colorado to federal total income ratio (line 21 / line 20).</li> <li>• Domestic production activities deduction is allowed in the Colorado to Federal QPAI ratio.</li> <li>• Penalty paid on early withdrawals made while a Colorado resident.</li> <li>• Moving expenses if you are moving into Colorado, not if you are moving out.</li> </ul>			
<b>For treatment of other adjustments reported on federal form 1040 line 36, see FYI Income 6.</b>			





170104PN31064

Name		SSN
CHIRUMAMILLA		648-38-8866
		Federal Information
		Colorado Information
24. Adjusted Gross Income. Enter amount from form 1040 line 37; or form 1040A line 21; or form 1040EZ line 4. <b>24</b>	219,024	00
25. Colorado Adjusted Gross Income. If you filed form 1040 or 1040A, subtract the amount on line 23 of Form 104PN from the amount on line 21 of Form 104PN. If you filed form 1040EZ, enter the total of lines 5, 7 and 9 of Form 104PN. <b>25</b>	16,544	00
26. Additions to Adjusted Gross Income. Enter the amount from line 3 of Colorado Form 104 excluding any charitable contribution adjustments. • <b>26</b>		00
27. Additions to Colorado Adjusted Gross Income. Enter any amount from line 26 that is from non-Colorado state or local bond interest earned while a Colorado resident, and/or any lump-sum distribution from a pension or profit-sharing plan received while a Colorado resident. (See FYI Income 6 for treatment of other additions) • <b>27</b>		00
28. Total of lines 24 and 26 <b>28</b>	219,024	00
29. Total of lines 25 and 27 <b>29</b>	16,544	00
30. Subtractions from Adjusted Gross Income. Enter the amount from line 5 of Colorado Form 104 excluding any qualifying charitable contributions. • <b>30</b>	3,684	00
31. Subtractions from Colorado Adjusted Gross Income. Enter any amount from line 30 as follows: • <b>31</b>		00
<ul style="list-style-type: none"> <li>• The state income tax refund subtraction to the extent included on line 19 above,</li> <li>• The federal interest subtraction to the extent included on line 7 above,</li> <li>• The pension/annuity subtraction and the PERA or DPS retirement subtraction to the extent included on line 13 above,</li> <li>• The Colorado capital gain subtraction to the extent included on line above,</li> </ul> <b>For treatment of other subtractions, see FYI Income 6.</b>		
32. Modified Adjusted Gross Income. Subtract line 30 from line 28. <b>32</b>	215,340	00
33. Modified Colorado Adjusted Gross Income. Subtract line 31 from line 29. <b>33</b>	16,544	00
34. Divide line 33 by line 32. Round four significant digits, e.g. xxx.xxxx <b>34</b>	7.6827	%
35. Tax from the tax table based on income reported on the DR 0104 line 6 <b>35</b>	7,610	00
36. Apportioned tax. Multiply line 35 by the percentage on line 34. Enter here and on DR 0104 line 7. <b>36</b>	585	00



**2017 Form 1-NR/PY**

MA17006011064

**Massachusetts Nonresident/Part-Year Resident  
Income Tax Return**

For the year January 1-December 31, 2017 or other taxable

Year beginning Ending

DIMPLE CHIRUMAMILLA 648-38-8866  
JANAKIRAM KORIPALLI 222-06-1273  
635 EAST ELMWOOD AVE BURBANK CA 91501

Fill in if:  Original return  Amended return  Amended return due to federal change

Apt. no. 203

**State Election Campaign Fund:**

\$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name/address changed since 2016

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income 222945

b. Federal adjusted gross income 219024

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents: Enter dates as Massachusetts resident: From To

3. Total days as Massachusetts resident 0 ÷ 365 = 3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

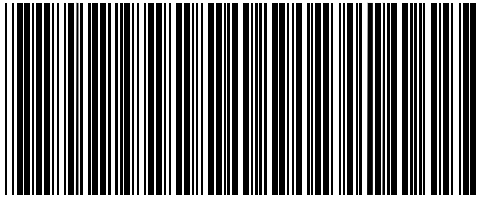
Your signature

Date

Spouse's signature

Date

**PRIVACY ACT NOTICE AVAILABLE UPON REQUEST**



2017 Form 1-NR/PY, pg. 2

MA17006021064

Massachusetts Nonresident/
Part-Year Resident Income Tax Return
648-38-8866

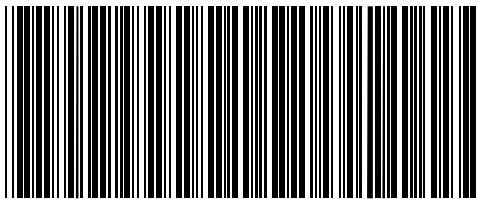
4. Exemptions:

Table with 4 columns: Description, Value, Calculation, and Total. Rows include Personal exemptions (8800), Number of dependents (0), Age 65 or over before 2018 (0), Blindness (0), Medical/dental, Adoption, Total exemptions (8800), Wages, salaries, tips (58942), Taxable pensions and annuities (6), Mass. bank interest (311 - 200 = 111), Business/profession income/loss (+b. Farming income/loss = 8), Rental, royalty and REMIC, partnership, S corp., trust income/loss (9), Unemployment (10a), Mass. lottery winnings (10b), Other income (11), and TOTAL 5.1% INCOME (12, 59053).

13. NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass.

Table for Nonresident Apportionment Worksheet with 4 columns: Description, Basis, Value, and Total. Rows include Working days (or other basis) outside Massachusetts (13a, 0), Working days (or other basis) inside Massachusetts (13b, 0), Total working days (13c, 0), Nonworking days (13d, 0), Massachusetts ratio (13e), Total income being apportioned (13f), and Massachusetts income (13g).

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2017 Form 1-NR/PY, pg. 3**

MA17006031064

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

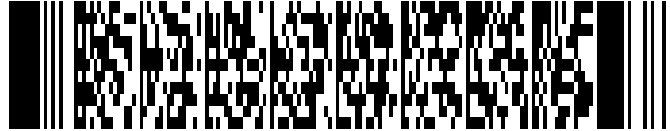
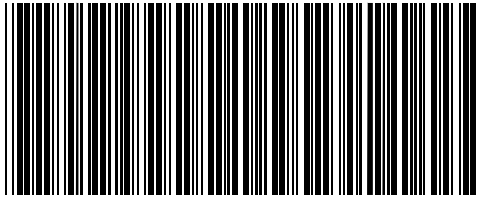
DIMPLE

CHIRUMAMILLA

648-38-8866

<b>14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO</b>		
a. Total 5.1% income	<b>14a</b>	59053
b. Interest income	<b>14b</b>	200
c. Total capital gain income	<b>14c</b>	418
d. Total income this return	<b>14d</b>	59671
e. Non-Massachusetts source income. <b>Not less than "0"</b>	<b>14e</b>	160999
f. Total income	<b>14f</b>	220670
g. Deduction and exemption ratio	<b>14g</b>	.2704
<b>15a.</b> Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	<b>15a</b>	
<b>15b.</b> Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	<b>15b</b>	
<b>16.</b> Child under age 13, or disabled dependent/spouse care expenses	<b>16</b>	
<b>17.</b> Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/17, or disabled dependent(s) <b>Not more than two.</b> a. 0 x \$3,600 = b. Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	<b>17</b>	
<b>18.</b> Rental deduction. a. $\div 2 =$ <b>18</b> Nonresidents, during 2017, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? Yes No. If "Yes," you do <b>not</b> qualify for this deduction.	<b>18</b>	
<b>19.</b> Other deductions from Schedule Y, line 19	<b>19</b>	
<b>20. Total deductions.</b> Add lines 15 through 19	<b>20</b>	
<b>21. 5.1% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	<b>21</b>	59053
<b>22.</b> Exemption amount. a. 8800	<b>22</b>	2380
<b>23. 5.1% INCOME AFTER EXEMPTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	<b>23</b>	56673
<b>24. INTEREST AND DIVIDEND INCOME</b>	<b>24</b>	
<b>25. TOTAL TAXABLE 5.1% INCOME.</b> Add lines 23 and 24	<b>25</b>	56673
<b>26. TAX ON 5.1% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	<b>26</b>	2890

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2017 Form 1-NR/PY, pg. 4**

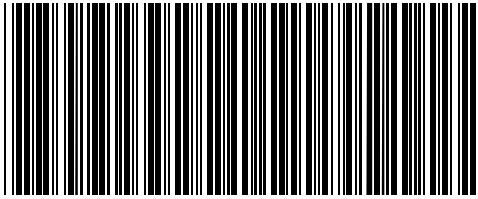
MA17006041064

Massachusetts Nonresident

Part-Year Resident Income Tax Return

648-38-8866

<b>27. 12% INCOME.</b> Not less than "0." a.	x .12 = 27	
<b>28. TAX ON LONG-TERM CAPITAL GAINS.</b> Not less than "0." Fill in if filing Schedule D-IS	<b>28</b>	
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28		
<b>29.</b> Credit recapture amount (from Credit Recapture Schedule)	<b>29</b>	
<b>30.</b> Additional tax on installment sale	<b>30</b>	
<b>31.</b> If you qualify for No Tax Status, fill in and enter "0" on line 32		
<b>32. TOTAL INCOME TAX.</b> Add lines 26 through 30	<b>32</b>	2890
<b>33.</b> Limited Income Credit	<b>33</b>	
<b>34.</b> Income tax paid to another state or jurisdiction	<b>34</b>	
<b>35.</b> Other credits (from Credit Manager Schedule)	<b>35</b>	
<b>36. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 33 through 35 from line 32. Not less than "0"	<b>36</b>	2890
<b>37. Voluntary Contributions</b>		
a. Endangered Wildlife Conservation	<b>37a</b>	
b. Organ Transplant Fund	<b>37b</b>	
c. Massachusetts AIDS Fund	<b>37c</b>	
d. Massachusetts U.S. Olympic Fund	<b>37d</b>	
e. Massachusetts Military Family Relief Fund	<b>37e</b>	
f. Homeless Animal Prevention and Care	<b>37f</b>	
Total. Add lines 37a through 37f	<b>37</b>	
<b>38.</b> Use tax due on Internet, mail order and other out-of-state purchases	<b>38</b>	
<b>39.</b> Health care penalty a. You                      +b. Spouse                      - c. Fed. health care penalty	<b>39</b>	
<b>40. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 36 through 39	<b>40</b>	2890



**2017 Form 1-NR/PY, pg. 5**

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Massachusetts Nonresident/  
Part-Year Resident Income Tax Return  
648-38-8866

41. Massachusetts income tax withheld	41	2904
42. 2016 overpayment applied to your 2017 estimated tax	42	
43. 2017 Massachusetts estimated tax payments	43	
44. Payments made with extension	44	
45. Payments made with original return	45	
46. Earned Income Credit. a. Number of qualifying children 0 b. Amount from U.S. return x .23 = c. Part-year residents, multiply line 46c by line 3	46	
<b>Note:</b> You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
47. Senior Circuit Breaker Credit	47	
48. Other Refundable Credits	48	
49. <b>TOTAL.</b> Add lines 41 through 48	49	2904
50. <b>Overpayment.</b> Subtract line 40 from line 49	50	14
51. Amount of overpayment you want <b>applied to your 2018 estimated tax</b>	51	
52. <b>Refund.</b> Subtract line 51 from line 50. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204	52	14

**Direct deposit of refund.** Type of account  checking  
savings

RTN # 122000247 account # 5638022433

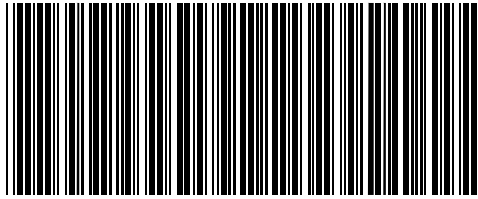
53. <b>Tax due. Pay online at <a href="http://www.mass.gov/dor/payonline">www.mass.gov/dor/payonline</a>.</b> Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204	53	
Interest	Penalty	M-2210 amt.
		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?  Yes  
 I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name Date Check if self-employed Paid preparer's SSN  
 NIL TAXES X P00905056

Paid preparer's signature Paid preparer's phone Paid Preparer's EIN  
 562-556-6296 47-3893371

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2017 Schedule B**

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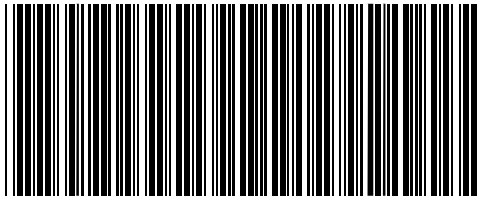
648-38-8866

**Part 1.** Interest and Dividend Income

1. Total interest income	1	311
2. Total ordinary dividends	2	405
3. Other interest and dividends not included above	3	
4. Total interest and dividends	4	716
5. Total interest from Massachusetts banks	5	311
6. Other interest and dividends to be excluded	6	
7. Subtotal	7	405
8. Allowable deductions from your trade or business	8	
9. Subtotal	9	405

**Part 2.** Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Short-term capital gains	10	13
11. Long-term capital gains on collectibles and pre-1996 installment sales	11	
12. Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13. Add lines 10 through 12	13	13
14. Allowable deductions from your trade or business	14	
15. Subtotal	15	13
16. Short-term capital losses	16	-640
17. Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18. Prior short-term unused losses for years beginning after 1981	18	-2248
19. Combine lines 15 through 18	19	-2875
20. Short-term losses applied against interest and dividends	20	405



**2017 Schedule B, pg. 2**

648-38-8866 MA17010021064

21. Available short-term losses	21	-2470
22. Short-term losses applied against long-term gains	22	
23. Short-term losses available for carryover in 2018	23	-2470
24. Short-term gains and long-term gains on collectibles	24	
25. Long-term losses applied against short-term gain	25	
26. Subtotal	26	
27. Long-term gains deduction	27	
28. Short-term gains after long-term gains deduction	28	

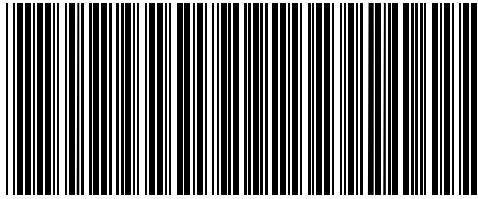
**Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles**

29. Enter the amount from line 9	29	405
30. Short-term losses applied against interest and dividends	30	405
31. Subtotal interest and dividends	31	
32. Long-term losses applied against interest and dividends	32	
33. Adjusted interest and dividends	33	
34. Enter the amount from line 28	34	

**Part 4. Taxable Interest, Dividends and Certain Capital Gains**

35. Adjusted gross interest, dividends and certain capital gains	35	
36. Excess exemptions	36	
37. Subtract line 36 from line 35	37	
38. Interest and dividends taxable at 5.1%	38	
39. Taxable 12% capital gains	39	
40. Available short-term losses for carryover in 2018	40	-2470





# 2017 Schedule D

MA17012011064

Long-Term Capital Gains and Losses

Excluding Collectibles

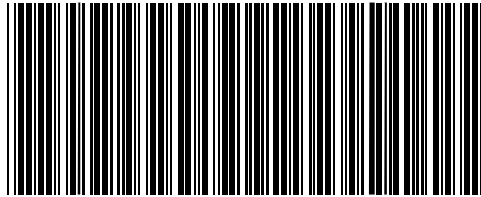
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648-38-8866

## Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1. Enter amounts included in U.S. Schedule D, lines 8a and 8b, col. h	1	
2. Enter amounts included in U.S. Schedule D, line 9, col. h	2	
3. Enter amounts included in U.S. Schedule D, line 10, col. h	3	
4. Enter amounts included in U.S. Schedule D, line 11, col. h	4	
5. Enter amounts included in U.S. Schedule D, line 12, col. h	5	
6. Enter amounts included in U.S. Schedule D, line 13, col. h	6	
7. Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	7	
8. Carryover losses from prior years	8	-1127
9. Combine lines 1 through 8	9	-1127
10. Differences, if any	10	
11. Adjusted capital gains and losses	11	-1127
12. Long-term gains on collectibles and pre-1996 installment sales	12	
13. Subtotal	13	-1127
14. Capital losses applied against capital gains	14	
15. Subtotal	15	-1127
16. Long-term capital losses applied against interest and dividends	16	
17. Subtotal	17	-1127
18. Allowable deductions from your trade or business	18	
19. Subtotal	19	
20. Excess exemptions	20	
21. Taxable long-term capital gains	21	
22. Tax on long-term capital gains	22	
23. Available losses for carryover	23	-1127



# 2017 Schedule NTS-L-NR/PY

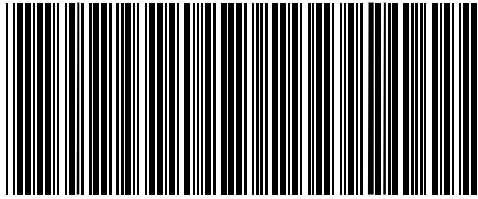
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No Tax Status and Limited Income Credit

648-38-8866

## Schedule NTS-L-NR/PY. No Tax Status and Limited Income Credit

1.	Total 5.1% income	1	59053
2.	Adjustments to income	2	
3.	Adjusted 5.1% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	59053
4.	Interest exemption used	4	200
5.	Adjusted gross interest, dividends and certain capital gains	5	
6.	Long-term capital gain	6	
7.	Additional income/loss while a nonresident/part-year resident	7	160999
8.	Total income. Combine lines 3 through 7	8	220252
9.	Additional adjustments to income while a nonresident/part-year resident	9	
10.	Massachusetts Adjusted Gross Income (AGI)	10	220252
	If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11.	If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	16400
12.	If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	28700
13.	No Tax Status threshold	13	
14.	Income for Limited Income Credit	14	
15.	Tax before adjustments	15	
16.	Tax for Limited Income Credit	16	
17.	Limited Income Credit	17	



**2017 Schedule INC**

MA17INC011064

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648-38-8866

**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-3655668			4015		W2
35-2065199	2904	58942		4767	W2
04-3655668			5970		W2

TOTALS	2904	58942	9986	4767	
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