



PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

330755632

VARRAE

KUMARA MURTHY

Occupation SOFTWARE E

Occupation

APT 408

2361 ROLLING FORK CIR

HERNDON

VA 20171

99999

N Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010117 to 033117
S Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (7392), 1b (0), 1c (7392), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (7392), 10 (0), 11 (7392).



EC OFFICIAL USE ONLY FC
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

PA-40 - 2017

Social Security Number

330755632

Name(s) KUMARA MURTHY VARRAF

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2016 PA Income Tax return.

15 2017 Estimated Installment Payments. REV-459B included.

16 2017 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2018 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		227
13		227
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		227
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
APPANA RUPA VENKATA SATYA SAI MANI 6789659729	061218

E-File Opt Out

N

Firm FEIN

301017196

Preparer's PTIN

P02090332



**PA SCHEDULE W-2S**  
Wage Statement Summary

1701910026

PA-40 W-2S 03-17 (I)  
PA Department of Revenue

**2017**

OFFICIAL USE ONLY

**Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation**

Name shown first on the PA-40 (if filing jointly) <b>KUMARA MURTHY VARRAE</b>	Social Security Number (shown first) <b>330-75-5632</b>
--	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

**Part A Instructions:** List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

**Part B Instructions:** List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

**IMPORTANT:** You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2						SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2	
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17		
T	81-4083144	27,192		7,392	227		
<b>Total Part A- Add the Pennsylvania columns</b>				<b>7,392</b>	<b>227</b>		

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
<b>Total Part B - Add the Pennsylvania columns</b>							

<b>TOTAL - Add the totals from Parts A and B</b>	<b>7,392</b>	<b>227</b>
--	--------------	------------

Enter the TOTALS on your PA tax return on: **Line 1a** **Line 13**

- Payment type:** A. Executor fee      B. Jury duty pay      C. Director's fee      D. Expert witness fee  
 E. Honorarium      F. Covenant not to compete      G. Damages or settlement for lost wages, other than personal injury  
 H. Other nonemployee compensation. Describe: \_\_\_\_\_  
 I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan  
 J. Distribution from IRA (Traditional or Roth)      K. Distribution from Life Insurance, Annuity or Endowment Contracts  
 L. Distribution from Charitable Gift Annuities      M. Distribution from Employee Stock Ownership Plan  
 Describe: \_\_\_\_\_



Pennsylvania Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name . . . . . KUMARA MURTHY
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . VARRAE
Social Security No. 330-75-5632
Occupation . . . . . SOFTWARE E
Date of Birth . . . . . 11/10/88
Date of Death . . . . .
Daytime phone . . . . . \*
Home phone . . . . . \*

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Occupation . . . . .
Date of Birth . . . . .
Date of Death . . . . .
Daytime phone . . . . . \*

\* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc. . . . . APT 408
Address . . . . . 2361 ROLLING FORK CIR
City . . . . . Herndon State . . VA ZIP Code . . . 20171
Foreign country . . . . .

Prior Year Filing:

- The tax booklet label is not correct
Taxpayer did not file a 2016 Pennsylvania return.
Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:
School district Not in PA School code . . . . . 99999
County . . . . . County code . . . . .

Underpayment Penalty:

- Allow the Pennsylvania Treasury to figure the interest and penalty
Farmers Only:
At least 2/3 of gross income was from farming
This tax return will be filed and all tax paid by March 1, 2018
This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No
Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's,
2017 Federal tax return?
Taxpayer
Spouse
Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II - Resident Status

Form PA-40: Full-Year resident . . . . .
Form PA-40: Nonresident . . . . .
[X] Form PA-40: Part-Year resident . . . . .
Part-Year residency dates . . . . . From 01/01/17 To 03/31/17
Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn
compensation both within and outside Pennsylvania may need to complete and file
Schedule NRH Compensation Apportionment . . . . .
Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax . . . . .

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason . . . . . \_\_\_\_\_
- D** Deceased

Part IV – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Pennsylvania Department of Revenue, as applicable by the law.

The state return will be filed electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Enter the date return was EFiled . . . . . \_\_\_\_\_  
 Date return was accepted by the state . . . . . \_\_\_\_\_  
 Enter the date Form PA-V was given to client . . . . . \_\_\_\_\_  
 QuickZoom to PA-8453 Additional Information SmartWorksheet . . . . . ► \_\_\_\_\_

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer's assigned code from Preparer/ERO Information Worksheet . . . . . 1

Part VI – Extension Status

**Yes No**  
  Has the tax return due date been extended?  
 Extended due date \_\_\_\_\_

QuickZoom to Rev 276: Application for Extension of Time to File . . . . . ► \_\_\_\_\_

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

**Yes No**  
  Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?  
  Do you want electronic funds withdrawal of state tax payment (EF Only)?  
  Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) . . . . . CITI BANK

Check the appropriate box:

Checking . . . . .  Routing number . . . 321171184  
 Savings . . . . .  Account number . . . 42018701765

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_  
 State balance-due amount from this return . . . . . \_\_\_\_\_

International ACH Transactions

**Yes No**  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)  
 Tax year being amended . . . . . \_\_\_\_\_ QuickZoom to Form PA-40X . . . ► \_\_\_\_\_

QuickZoom to Form PA-40, Income Tax Return . . . . . ► \_\_\_\_\_

QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim . . . . . ► \_\_\_\_\_



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name KUMARA MURTHY VARRAE	Social Security Number 330-75-5632
------------------------------	---------------------------------------

## Tax Payments for the Current Year

		State			
		Spouse		Taxpayer	
		Date	Payment	Date	Payment
1	First Payment . . . . .				
2	Second Payment . . . . .				
3	Third Payment . . . . .				
4	Fourth Payment . . . . .				
<b>Additional Payments</b>					
5	Payment . . . . .				
	Payment . . . . .				
	Payment . . . . .				
	Payment . . . . .				
	Payment . . . . .				
6	Overpayment from previous year applied to current year . . . . .				
7	Amount paid with current year extension . . . . .				
8	<b>Total tax payments</b> . . . . .				

## Income Taxes Withheld for the Current Year

		Spouse		Taxpayer
9	State withholding on Forms W-2 . . . . .			227 .
10	State withholding on Forms W-2G . . . . .			
11	State withholding on Forms 1099-R . . . . .			
12 a	State withholding on Forms 1099-MISC . . . . .			
b	State withholding on Forms 1099-G . . . . .			
c	State withholding on Forms 1099-K . . . . .			
13	Other state tax withholding . . . . .			
14	<b>Total income tax withheld</b> . . . . .			227 .
15	Date return will be filed and balance paid . . . . .		<b>15</b>	



Name KUMARA MURTHY VARRAE	Social Security Number 330-75-5632
------------------------------	---------------------------------------

**Federal Forms W-2**

# of W2	* N T / T X B L	TS	N R H	Employer Name  Employer identification number from box B	Federal wages from box 1  Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1		T		21 Staff LLC 81-4083144	27,192.	7,392. 227.	PA
1	X	T		21 Staff LLC 81-4083144		19,800. 0.	VA

	Taxpayer	Spouse
Pennsylvania W-2 . . . . .	7,392.	0.
Pennsylvania W-2 to Schedule NRH, line 9 . . . . .		
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Non-Pennsylvania W-2 to Schedule SP, line 6 . . . . .	19,800.	
Withholding . . . . .	227.	

**Federal Forms W-2: Local Tax**

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1		T	81-4083144	LC	7,392.	74.	PA

	Taxpayer	Spouse
Pennsylvania Local W-2 . . . . .	7,392.	
Federal Form 4137, Unreported Tips, line 6 . . . . .		
Withholding . . . . .	74.	

**Excess Reimbursements**

*	Description	T/S	Amount

	Taxpayer	Spouse
Excess Reimbursements . . . . .		

**Miscellaneous Compensation from Federal Forms 1099MISC and other statements**

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

**Pennsylvania Payment type:**

- |                                  |  |
|----------------------------------|--|
| <b>A</b> Executor fee            | <b>G</b> Damages or settlement for lost wages, other than personal injury    |
| <b>B</b> Jury duty pay           | <b>H</b> Other nonemployee compensation.<br>Describe: _____                  |
| <b>C</b> Director's fee          | <b>I</b> Employer sponsored retirement/pension/deferred compensation plan    |
| <b>D</b> Expert witness fee      | <b>J</b> Distribution from IRA (Traditional or Roth)                         |
| <b>E</b> Honorarium              | <b>K</b> Distribution from Life Insurance, Annuity or Endowment Contracts    |
| <b>F</b> Covenant not to compete | <b>L</b> Distribution from Charitable Gift Annuities                         |
|                                  | <b>M</b> Distribution from Employee Stock Ownership Plan.<br>Describe: _____ |

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K. . . . .	_____	_____
Withholding . . . . .	_____	_____

**Compensation from Federal Forms 1099R**

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

**Pennsylvania Distribution type:**

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- H1** ESOP: Allocated ESOP Stock Dividend
- H2** ESOP: Non-Allocated ESOP Stock Dividend

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or . . . . . ineligible retirement plans (see Tax Help FAQ's for more info) . . . . .	_____	_____
Distribution from Charitable Gift Annuities . . . . .	_____	_____
Compensation from Form 1099R (eligible retirement plans) . . . . .	_____	_____
Withholding . . . . .	_____	_____

**Total Gross Compensation**

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a. . . . .	7,392.	0.
Total Schedule NRH gross compensation to PA-40, line 12. . . . .	_____	_____
Withholding to Form PA-40 line 13. . . . .	227.	_____

Total gross compensation to Form PA-40 line 1a . . . . .	7,392.
--	--------

\* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.

# Smart Worksheets from your 2017 Pennsylvania Tax Return

SMART WORKSHEET FOR: PA 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Using the Federal PIN in Place of Form PA-8453 (See Help) . . . . . Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>D</b>	Documents to attach to the FRONT of Form PA-8453: Form W-2 (Copy 2) _____ Signed copies of returns filed with other states _____ _____
<b>E</b>	Document to attach to the BACK of PA-8453: _____ _____ _____ _____

**DO NOT SEND THIS VA-8453 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!**

Virginia Submission Identification Number (SID)

<b>First Name &amp; Middle Initial (if joint or combined return, enter both)</b>	<b>Last Name</b>	<b>B Your Social Security Number</b>
KUMARA MURTHY	VARRAE	330-75-5632
<b>Present Home Address</b>		<b>A Spouse's Social Security Number</b>
2361 ROLLING FORK CIR APT # 408		
<b>City, State and Zip Code</b>		<b>Online Filed Return</b> <input type="checkbox"/>
HERNDON VA 20171		

<b>Part I Tax Return Information</b>	<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		25,642.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		19,800.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)		16,784.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)		709.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)		1,031.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)		
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)		322.

**Part II Declaration of Taxpayer**

8a.  I consent that my refund be directly deposited as designated on my 2017 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

8b.  I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.

8c.  I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2017 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.

I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2017 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

_____ Your Signature	_____ Date	_____ Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	_____ Date
-------------------------	---------------	---	---------------

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.

ERO's Signature GLOBAL TAXES LLC	Date 06-12-18	SSN/PTIN 301017196
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	Date 06-12-18	EIN P02090332
Paid Preparer's Signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date	SSN/PTIN
Firm's name (or yours if self-employed) 2530 PEBBLE CREEK LN CUMMING GA 30041	Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Address, City, State and Zip	EIN 301017196	

**Form 760PY Virginia Part-Year Resident Income Tax Return**  
**2017**  
**Page 1 Due May 1, 2018**



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
04-01-2017	12-31-2017
Spouse - From	Spouse - To

<b>YOUR</b> First Name KUMARA MURTHY	MI	Your Last Name VARRAE	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 330-75-5632
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 2361 ROLLING FORK CIR APT 408			VA Driver's License Information Customer ID		
City, Town or Post Office HERNDON			You _____ Spouse _____		
State VA	ZIP Code 20171	Locality Code 059	Issue Date (mm-dd-yyyy) You _____ Spouse _____		

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____,00
	<input type="checkbox"/> Check if Result of NOL	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Overseas on Due Date	

**Filing Status** Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

	You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2	1	0		
<b>B - Spouse</b> Filing Status 4 Only				

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy) 11 - 10 - 1988

Spouse's Birth Date (mm-dd-yyyy) - -

<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
---	---

**Complete the Schedule of Income first and submit it with your Form 760PY.**

Line	Description	1	2	3	4a	4b	5	6	7	8	9	10	11	12	13
1	FEDERAL ADJUSTED GROSS INCOME from Sch. of Income, Part 1, Line 7, Column 1.	00		25642	00										
2	Additions from Schedule 760PY ADJ, Line 3.	00													
3	<b>Add Lines 1 and 2.</b>	00		25642	00										
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.														00
4b		00													00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	00													00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	00													00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	00		5842	00										
8	Subtractions from Schedule 760PY ADJ, Line 7.	00													00
9	<b>Add Lines 4a, 4b, 5, 6, 7 and 8.</b>	00		5842	00										
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.</b>	00		19800	00										
11	Itemized Deductions paid while a Virginia resident	00													00
12	State and local income taxes on Federal Schedule A and <b>included on Line 11.</b>	00													00
13	Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions.	00		2316	00										



Your Name KUMARA MURTHY VARRAE	Your SSN 330-75-5632
-----------------------------------	-------------------------

	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	700 00
15 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
16 <b>Add Lines 13, 14 and 15.</b> .....	00	3016 00
17 <b>Virginia Taxable Income. Subtract Line 16 from Line 10.</b> .....	00	16784 00
18 Tax amount from Tax Table or Tax Rate Schedule.....	00	709 00
19 <b>Total Tax. Add Line 18, Column A and Line 18, Column B.</b> .....		709 00
20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		1031 00
20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
21 Combined 2017 Estimated Tax Payments.....		00
22 2016 overpayment credited to 2017 estimated taxes.....		00
23 Extension Payment - Enter amount paid on Form 760IP.....		00
24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
25 Total credit for taxes paid to another state from Schedule OSC.....		00
26 Reserved for future use.....		
27 Credits from Schedule CR, Section 5, Line 1A.....		00
28 <b>Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27.</b> .....		1031 00
29 If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....		00
30 If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....		322 00
31 Amount of overpayment on Line 30 to be <b>CREDITED TO 2018 ESTIMATED INCOME TAX.</b> .....		00
32 Virginia College Savings Plan Contributions from Schedule VAC, Section I, Line 6.....		00
33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
34 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....		00
35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. ....Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
36 <b>Add Lines 31 through 35.</b> .....		00
37 If you owe tax on Line 29, add Lines 29 and 36 - <b>OR</b> - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.....		00
38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30..... <b>YOUR REFUND.</b> ..... If the Direct Deposit section below is not completed, your refund will be issued by check.		322 00

**DIRECT BANK DEPOSIT**

Domestic Accounts Only.  
No International Deposits.

Your Bank Routing Transit Number  
3 2 1 1 7 1 1 8 4

Your Bank Account Number Checking  Savings   
4 2 0 1 8 7 0 1 7 6 5

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date
Preparer's Name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's Phone Number (678) 965-9729	Date 06-12-2018
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02090332	Vendor Code 1555
	Filing Election Code 7	Office Use Only

**2017 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



Your Name KUMARA MURTHY VARRAE	Your SSN 330-75-5632
-----------------------------------	-------------------------

**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete This Schedule —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	27192	.00	19800	.00	7392	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	27192	.00	19800	.00	7392	.00
5.	Adjustments to income: moving expenses .....	5	1550	.00	0	.00	1550	.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	25642	.00	19800	.00	5842	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	25642	.00	19800	.00	5842	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete This Schedule if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2017 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>KUMARA MURTHY VARRAE</b>	Your SSN <b>330-75-5632</b>
--	--------------------------------

**PART 2**

**Prorated Exemptions Worksheet**

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)  
X .504 (Ratio Schedule factor for July 1 move to Virginia)  
 \$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption .....		1
2.	Dependents .....		0
3.	Add Lines 1 and 2 .....		1
4.	Multiply Line 3 by \$930 .....		930
5.	65 or over .....		
6.	Blind .....		
7.	Add Lines 5 and 6 .....		
8.	Multiply Line 7 by \$800 .....		
9.	Add Lines 4 and 8 .....		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....		0.753
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14.....		700

**PART 3**

**Moving Information**

- 1a. If YOU moved into Virginia in 2017, prior state of residence PA
- 1b. If YOU moved out of Virginia in 2017, state moved to \_\_\_\_\_
- 2a. If SPOUSE moved into Virginia in 2017, prior state of residence \_\_\_\_\_
- 2b. If SPOUSE moved out of Virginia in 2017, state moved to \_\_\_\_\_



**2017 Schedule INC/CG**

330755632

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



KUMARA MURTH VARRAE

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
330755632	W	1031.	814083144	814083144	19800.

Total VA Withholding	SSN	VA Withholding
You	330755632	1031.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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

# Virginia Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

First Name . . . . . KUMARA MURTHY  
 Last Name . . . . . VARRAE  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . 330-75-5632  
 Date of Birth . . . . . 11/10/1988  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No . . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date . . . . . \_\_\_\_\_  
 E-mail Address . . . . . KUMARAMURTHY6@GMAIL.COM  
 Daytime Phone . . . . . \_\_\_\_\_ \*   
 Home Phone . . . . . \_\_\_\_\_ \*

### Spouse:

First Name . . . . . \_\_\_\_\_  
 Last Name . . . . . \_\_\_\_\_  
 Middle Initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social Security No . . . . . \_\_\_\_\_  
 Date of Birth . . . . . \_\_\_\_\_  
 Date of Death . . . . . \_\_\_\_\_  
 VA Driver's License/VA ID No. . . . . \_\_\_\_\_  
 VA DL/VA ID Issue Date. . . . . \_\_\_\_\_  
 E-mail Address . . . . . \_\_\_\_\_  
 Daytime Phone . . . . . \_\_\_\_\_ \*

\* Check a box to print daytime and/or home phone numbers on the return.

**Important** - Clients may have received a Virginia Identity PIN from the Virginia Department of Revenue (See Part IV - Other Information below)

Address . . . . . 2361 ROLLING FORK CIR Apartment Number . . . . . 408  
 City . . . . . Herndon State . . . . . VA ZIP Code . . . . . 20171  
 Locality \* . . . . . Fairfax County City  County

\* Select a Virginia city or county you were a resident of on January 1, 2018.

If nonresident, select a city or county where the Virginia source income was located (see help).

## Part II – Main Form

- Form 760: Resident Tax Return . . . . . ▶
- Form 760PY: Part-Year Resident Tax Return . . . . . ▶
- Form 763: Nonresident Tax Return. . . . . ▶
- Form 763S: Special Nonresident Claim for Income Tax Withheld . . . . . Taxpayer ▶  
Spouse ▶

### Nonresident

• Enter state of residence . . . . .                      **Taxpayer**                      **Spouse**

### Part-Year Resident

- If you moved out of Virginia during 2017, enter date you moved out . . . . . \_\_\_\_\_
- If you moved into Virginia during 2017, enter date you moved in . . . . . 04/01/2017 04/01/2017
- Part-year residency ratio . . . . . 0.753

## Part III – Filing Status

### Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate

### Part-Year Resident

- 1 = Single
- 2 = Married, joint
- 3 = Married, separate
- 4 = Married, combined separate

### Nonresident

- 1 = Single
- 2 = Married, joint
- 3 = Married, spouse no income
- 4 = Married, separate

### Low Income Credit

Check if married Filing Separate and spouse is claiming the low income credit

## Part IV – Other Information

### Identity Protection PIN: (must be 7 characters in length)

If the Virginia Department of Revenue sent the taxpayer or spouse an Identity PIN, enter it below.

(Note: The Virginia Identity PIN is not the IRS Identity PIN)

(Note: Only one Virginia Identity PIN is required for joint filers, even if both filers are issued a PIN)

- You agree to obtain Form 1099-G income tax refund statement electronically at [www.tax.virginia.gov](http://www.tax.virginia.gov)
- You mail your return directly to the state of Virginia
- Your address is different from last year
- Your name or filing status is different from last year
- You did not file a Virginia return last year
- You are a Virginia resident who has income from **only one** of these states that borders Virginia: Kentucky, Maryland, North Carolina or West Virginia, and your only income from the border state was earned income on wages and salaries or business income reported on federal Schedule C.

Part IV – Other Information (continued)

Farmers and Fishermen

- Are you self-employed in farming/fishing or a merchant seaman?
Return will be filed and tax due will be paid by March 1, 2018

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2017 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Date return was EFiled
Date return was accepted by the state
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)?
Do you want to pay the amount you owe by credit/debit card?

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) - CITI BANK

Check the appropriate box:

- Checking
Savings
Routing number
Account number

Enter the date to withdraw from the account above
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

**Part IX – Amended Return**

- You are filing a Virginia amended return
- You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment . . . . . ▶

- 
- QuickZoom** to Form 760 . . . . . ▶
  - QuickZoom** to Form 760PY . . . . . ▶
  - QuickZoom** to Form 763 . . . . . ▶
  - QuickZoom** to Form 763S (Taxpayer) . . . . . ▶
  - QuickZoom** to Form 763S (Spouse) . . . . . ▶

## Tax Payments Worksheet

**2017**

▶ Keep for your records

Name KUMARA MURTHY VARRAE	Social Security Number 330-75-5632
------------------------------	---------------------------------------

### Tax Payments for the Current Year

	Date	Payment
1 First Payment . . . . .	_____	_____
2 Second Payment . . . . .	_____	_____
3 Third Payment . . . . .	_____	_____
4 Fourth Payment . . . . .	_____	_____
<b>Additional Payments</b>		
5 a Payment . . . . .	_____	_____
b Payment . . . . .	_____	_____
c Payment . . . . .	_____	_____
d Payment . . . . .	_____	_____
e Payment . . . . .	_____	_____
6 Overpayment from previous year applied to 2017 . . . . .	_____	_____
7 Amount paid with current year extension . . . . .	_____	_____
8 <b>Total tax payments.</b> Add lines 1 through 7 . . . . .	_____	_____

### Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .	_____	1,031.
10 State withholding on Forms W-2G . . . . .	_____	_____
11 State withholding on Forms 1099-R . . . . .	_____	_____
12 a State withholding on Forms 1099-MISC . . . . .	_____	_____
b State withholding on Forms 1099-G . . . . .	_____	_____
c State withholding on Forms 1099-INT . . . . .	_____	_____
d State withholding on Forms 1099-K . . . . .	_____	_____
13 a Withholding from Schedule VK-1 . . . . .	_____	_____
b Other state tax withholding . . . . .	_____	_____
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here . . . . . ▶	_____	_____
14 <b>Total income tax withheld.</b> . . . . .	_____	1,031.
15 Date return will be filed and balance paid . . . . .	_____	_____

### Smart Worksheets from your 2017 Virginia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form VA-8453: <i>Form W-2 (State copy)</i> _____ _____ _____
<b>D</b>	Documents to attach to the BACK of Form VA-8453: _____ _____ _____
<b>E</b>	<b>Retain Form VA-8453 and all attachments for a period of three years. DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 760 PY: Part-Year Individual Income Tax Return

<b>Standard Deduction Worksheet</b>	
<b>1</b>	Fixed date conformity federal adjusted gross income . . . . . <u>25642</u>
<b>2</b>	Fixed date conformity income attributable to the period of Virginia residence . . . . . <u>19800</u>
<b>3</b>	Percentage of full standard deduction allowable (divide line 2 by line 1) . . . . . <u>77.2 %</u>
<b>4</b>	Maximum standard deduction: Filing Status 1 or 3, enter \$3,000; Filing Status 2 or 4, enter \$6,000 (For dependents, the standard deduction amount is limited to the amount of earned income) . . . . . <u>3000</u>
<b>5</b>	Multiply line 3 by line 4. Enter here and on line 13. If using Filing Status 4, you may allocate this amount between each spouse as mutually agreed . . . . . <u>2316</u>

SMART WORKSHEET FOR: Virginia Schedule of Income

<b>Income and Adjustments Allocation Smart Worksheet</b>				
<b>Note:</b> Entries made on this smart worksheet will transfer to Section A and/or Section B, lines 1-9.	<b>A</b> <b>Taxpayer</b> (include Spouse if Filing Status 2)		<b>B</b> <b>Spouse — Use only</b> when Filing Status 4 is claimed	
	Income on Federal Return	Income While Virginia Resident	Income on Federal Return	Income While Virginia Resident
<b>Income:</b>				
1 Wages, salaries, tips, etc . . . . .	27192	19800		
2 Taxable interest income . . . . .				
3 Dividend income . . . . .				
4 Taxable refunds, credits, offsets of state and local income taxes . .				
5 Alimony received . . . . .				
6 Business income or (loss) . . . . .				
7 Capital gain or (loss) . . . . .				
8 Other gains or (losses) . . . . .				
9 Taxable IRA distributions . . . . .				
10 Taxable pensions and annuities .				
11 Rents, royalties, partnerships, estates, trusts, S Corporations . .				
12 Farm income or (loss) . . . . .				
13 Unemployment compensation . .				
14 Taxable social security benefits .				
15 Other income . . . . .				
<b>Adjustments:</b>				
16 Educator expenses . . . . .				
17 Certain business expenses of reservists, performing artists, etc.				
18 Health savings account deduction				
19 Moving expenses . . . . .	1550	0		
20 Deduction for self-employment tax				
21 SEP, SIMPLE and qualified plans				
22 Self-employed health insurance .				
23 Penalty for early withdrawal . . .				
24 Alimony paid . . . . .				
25 IRA deduction . . . . .				
26 Student loan interest deduction . .				
27 Tuition and fees deduction . . . .				
28 Domestic production activities . .				
29 Other adjustments . . . . .				
<b>Fixed Date Conformity:</b>				
30 Fixed date conformity addition . .				
31 Fixed date conformity subtraction				