

Form **1040**

Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return 2017

OMB No. 1545-0074

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

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

Your first name and initial Last name Your social security number

RAMAVENKATA S CHENNAM 701-89-5122

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

SUJANA SREE CHENNAM 493-51-4578

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

7200 PRESTON ROAD APT # 1223

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

PLANO, TX 75024 Presidential Election Campaign

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

Filing Status 1 Single 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 . ▶ 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) (see instructions) 3 Married filing separately. Enter spouse's SSN above & full name here . ▶

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

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
DIYA CHENNAM		940-99-8702	Daughter	<input checked="" type="checkbox"/>
SHANVI CHENNAM		687-94-6987	Daughter	<input checked="" type="checkbox"/>

d Total number of exemptions claimed. 4

Income	Amount
7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7 106,079.
8a Taxable interest. Attach Schedule B if required.	8a
b Tax-exempt interest. Do not include on line 8a.	8b
9a Ordinary dividends. Attach Schedule B if required.	9a
b Qualified dividends	9b
10 Taxable refunds, credits, or offsets of state and local income taxes.	10 350.
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
14 Other gains or (losses). Attach Form 4797.	14
15a IRA distributions. 15a b Taxable amount.	15b
16a Pensions and annuities 16a b Taxable amount.	16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17
18 Farm income or (loss). Attach Schedule F.	18
19 Unemployment compensation	19
20a Social security benefits. 20a b Taxable amount.	20b
21 Other income. List type and amount	21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. ▶	22 106,429.

Adjusted Gross Income	Amount
23 Educator expenses	23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ.	24
25 Health savings account deduction. Attach Form 8889.	25
26 Moving expenses. Attach Form 3903.	26
27 Deductible part of self-employment tax. Attach Schedule SE	27
28 Self-employed SEP, SIMPLE, and qualified plans.	28
29 Self-employed health insurance deduction.	29
30 Penalty on early withdrawal of savings.	30
31a Alimony paid b Recipient's SSN. ▶	31a
32 IRA deduction.	32
33 Student loan interest deduction.	33
34 Reserved for future use	34
35 Domestic production activities deduction. Attach Form 8903.	35
36 Add lines 23 through 35.	36 0.
37 Subtract line 36 from line 22. This is your adjusted gross income ▶	37 106,429.

Tax and Credits

Standard Deduction for -

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

38	Amount from line 37 (adjusted gross income)	38	106,429.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,558.
41	Subtract line 40 from line 38	41	83,871.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	16,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	67,671.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	9,219.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	9,219.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	1,500.
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	2,000.
53	Residential energy credit. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	3,500.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,719.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,719.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	12,958.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC)	66a	
	b Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	1,000.
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	13,958.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	8,239.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	8,239.
	▶ b Routing number		071000013
	▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	▶ d Account number		628101623
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Amount You Owe

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name ▶ **Vijay K Koukuntla** Phone no. ▶ **3233252898** Personal identification number (PIN) ▶ **61112**

Sign Here

Joint return? See instructions.

Keep a copy for your records.

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

Your signature _____ Date _____ Your occupation **NETWORK ENGINEER** Daytime phone number **(580) 272-5299**

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

Paid Preparer Use Only

Print/Type preparer's name **Vijay K Koukuntla** Preparer's signature **Vijay K Koukuntla** Date _____ Check if self-employed PTIN **P01946338**

Firm's name ▶ **MetaFin Consulting, LLC** Firm's EIN ▶ **47-4861613**

Firm's address ▶ **206 Harmon Cove Towers** Phone no. **323-325-2898**

Secaucus, NJ 07094

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

RAMAVENKATA S AND SUJANA SREE CHENNAM

701-89-5122

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	500.
	2	Enter amount from Form 1040, line 38. <u>2</u> 106,429.		
	3	Multiply line 2 by 7.5% (0.075)	3	7,982.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	3,651.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	3,651.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► <u>LICHFL</u> <u>BANGALORE</u> <u>BANGALORE, KARNATAKA 560001 INDIA</u>	11	1,806.
	12	Points not reported to you on Form 1098. See instructions for special rules.	12	
	13	Reserved for future use	13	
	14	Investment interest. Attach Form 4952 if required. See instructions.	14	
	15	Add lines 10 through 14	15	1,806.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	250.
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	250.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions.	20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► <u>Form 2106 (Taxpayer)</u> 18,816.	21	18,816.
	22	Tax preparation fees	22	164.
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
	24	Add lines 21 through 23	24	18,980.
	25	Enter amount from Form 1040, line 38. <u>25</u> 106,429.		
	26	Multiply line 25 by 2% (0.02)	26	2,129.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	16,851.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	22,558.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>		

SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Child Tax Credit

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

RAMAVENKATA S AND SUJANA SREE CHENNAM

Your social security number

701-89-5122

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Part II Additional Child Tax Credit Filers

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

Part III Certain Filers Who Have Three or More Qualifying Children

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

Part IV Additional Child Tax Credit

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

DO NOT FILE

**Education Credits
(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040A.**
▶ **Go to www.irs.gov/Form8863 for instructions and the latest information.**

Attachment
Sequence No. **50**

Name(s) shown on return

Your social security number

RAMAVENKATA S AND SUJANA SREE CHENNAM

701-89-5122

CAUTION! Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180,000.
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	106,429.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	73,571.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	19	1,500.

Name(s) shown on return RAMAVENKATA S AND SUJANA SREE CHENNAM	Your social security number 701-89-5122
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CAUTION! Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.	
20 Student name (as shown on page 1 of your tax return) RAMAVENKATA S CHENNAM	21 Student social security number (as shown on page 1 of your tax return) 701-89-5122
22 Educational institution information (see instructions)	
a Name of first educational institution SOUTHERN METHODIST UNIVERSITY	b Name of second educational institution (if any)
(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. P O BOX 750181 DALLAS, TX 75275	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
(2) Did the student receive Form 1098-T from this institution for 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(2) Did the student receive Form 1098-T from this institution for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked 'Yes' in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 75-0800689	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked 'Yes' in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017? <input type="checkbox"/> Yes – Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No – Go to line 24.
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes – Go to line 25.	<input type="checkbox"/> No – Stop! Go to line 31 for this student.
25 Did the student complete the first 4 years of postsecondary education before 2017? See instructions. <input type="checkbox"/> Yes – Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No – Go to line 26.
26 Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes – Stop! Go to line 31 for this student.	<input checked="" type="checkbox"/> No – Complete lines 27 through 30 for this student.

CAUTION! You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit	
27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27 4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28 2,000.
29 Multiply line 28 by 25% (0.25)	29 500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30 2,500.

Lifetime Learning Credit	
31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

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

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

OMB No. 1545-1629

2017

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

RAMAVENKATA S AND SUJANA SREE CHENNAM

Taxpayer identification number

701-89-5122

Enter preparer's name and PTIN

Vijay K Koukuntla P01946338

Part I Due Diligence Requirements

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

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2017)

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

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

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

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

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

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

► **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

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

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **129**

Your name RAMAVENKATA S CHENNAM	Occupation in which you incurred expenses NETWORK ENGINEER	Social security number 701-89-5122
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	14,220.		
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	696.		
5 Meals and entertainment expenses (see instructions)	5			7,800.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	14,916.		7,800.

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

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

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7			
---	---	--	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	14,916.		7,800.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	14,916.		3,900.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			18,816.

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

Form **2106** (2017)

Vehicle/Employee Business Expense (2106)
Travel expenses while away from home overnight

STAY EXPENSES (09MONTHS X \$1580PER MONTH).....	\$	14,220.
Total	\$	<u>14,220.</u>

Vehicle/Employee Business Expense (2106)
Meal and entertainment expenses in full

MEAL EXPENSES (195DAYS X \$40PER DAY) AS PER IRS PUB 1542.....	\$	7,800.
Total	\$	<u>7,800.</u>

DO NOT FILE



OKLAHOMA NONRESIDENT/ PART-YEAR INCOME TAX RETURN

Your Social Security Number 701-89-5122	Place an 'X' in this box if this taxpayer is deceased <input type="checkbox"/>	AMENDED RETURN! Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-G.. <input type="checkbox"/>
Spouse's Social Security Number (joint return only) 493-51-4578	Place an 'X' in this box if this taxpayer is deceased <input type="checkbox"/>	

NAME AND ADDRESS PLEASE PRINT OR TYPE	Your first name, middle initial and last name RAMAVENKATA S CHENNAM
	If a joint return, spouse's first name, middle initial and last name SUJANA SREE CHENNAM
	Mailing address (number and street, including apartment no., rural route or PO Box) 7200 PRESTON ROAD APT # 1223
	City, State and ZIP PLANO, TX 75024

NOT REQUIRED TO FILE

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000.

(see instructions)

FILING STATUS	<input type="checkbox"/> 1 Single
	<input checked="" type="checkbox"/> 2 Married filing joint return (even if only one had income)
	<input type="checkbox"/> 3 Married filing separate • If spouse is also filing, list name and SSN in the boxes: Name: _____ SSN: _____
	<input type="checkbox"/> 4 Head of household with qualifying person
	<input type="checkbox"/> 5 Qualifying widow(er) with dependent child • Please list the year spouse died in box at right: _____

* NOTE: If claiming Special Exemption, see instructions on page 8 of 511NR Packet.

EXEMPTIONS		REGULAR	*SPECIAL	BLIND	
	YOURSELF	1	+	+	= 1
	SPOUSE	1	+	+	= 1
	NUMBER OF DEPENDENT CHILDREN				= 2
	NUMBER OF OTHER DEPENDENTS				=

ADD THE TOTALS FROM THE 4 BOXES.
WRITE THE TOTAL IN THE BOX BELOW.

TOTAL	4
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NOTE: IF YOU MAY BE CLAIMED AS A DEPENDENT ON ANOTHER RETURN, ENTER '0' FOR YOUR REGULAR EXEMPTION.

RESIDENCY STATUS	<input checked="" type="checkbox"/> Nonresident(s) State of Residence: TX
	<input type="checkbox"/> Part-Year Resident(s) From _____ to _____
	<input type="checkbox"/> Resident/Part-Year Resident/Nonresident State of Residence: Yourself _____ Spouse _____

Age 65 OR OVER? (Please see instructions) Yourself Spouse

Please Round to Nearest Whole Dollar

COMPLETE SCHEDULE 511NR-1 INCOME ALLOCATION FOR NONRESIDENTS AND PART-YEAR RESIDENTS to arrive at Oklahoma

Source Income (line 1) and Federal adjusted gross income (line 2).		FEDERAL AMOUNT	OKLAHOMA AMOUNT
1	Oklahoma source income (Schedule 511NR-1, line 18)		1 95,409.00
2	Federal adjusted gross income (Schedule 511NR-1, line 19)	106,429.00	2
3	Oklahoma additions: Schedule 511NR-A, line 7	00	3 00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	106,429.00	4 95,409.00
5	Oklahoma subtractions: Schedule 511NR-B, line 16	350.00	5 350.00
6	Adjusted gross income: Oklahoma Source (line 4 minus line 5)		6 95,059.00
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8	106,079.00	7
8	Adjusted gross income: All Sources (from line 7)		8 106,079.00
9	Oklahoma Adjustments (Schedule 511NR-C, line 7)		9 00
10	Income after adjustments (line 8 minus line 9)		10 106,079.00
11A	Federal itemized deductions from Federal Schedule A, line 29	11A 22,558.00	
	(Provide copy of the Federal Schedule A.) (If you did not itemize, skip lines 11A and 11B; enter the Oklahoma standard deduction on line 11C)		
11B	State and local sales or income taxes included in line 11A	11B 3,651.00	
11C	Oklahoma itemized deductions (line 11A minus line 11B) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350)	11C	18,907.00
12	Exemptions (\$1,000 x number of exemptions claimed above)	12	4,000.00
13	Total deductions and exemptions (add lines 11C and 12)	13	22,907.00
14	Oklahoma Taxable Income: (line 10 minus line 13)	14	83,172.00
15	Oklahoma Income Tax from Tax Table	15	3,804.00
	If using Farm Income Averaging, enter tax from Form 573, line 22 and enter a '1' in box.		
	If paying the Health Savings Account additional 10% tax, add additional tax here and enter a '2' in box		



2017 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: RAMAVENKATA S AND SUJANA SREE CHENNAM Your Social Security Number: 701-89-5122

Table with 3 columns: Line number, Description, and Amount. Includes lines 16-39 for tax calculations, payments, and credits. Total tax due is 242.00.

Direct Deposit Note: Verify your account and routing numbers are correct. Is this refund going to or through an account that is located outside of the United States? [X] No. Deposit my refund in my: [X] Checking Account, [] Savings Account. Routing Number: 071000013, Account Number: 628101623.

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-44 for tax due, donation, underpayment, and total tax. Total tax, donation, penalty and interest is 00.00.

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief. Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. [X]

Taxpayer's signature: NETWORK ENGINEER, Daytime Phone Number: (580) 272-5299. Spouse's signature: EMPLOYEE. Paid Preparer's signature: Vijay K Koukuntla, MetaFin Consulting, LLC, 206 Harmon Cove Towers, Secaucus, NJ 07094, Paid Preparer's PTIN: P01946338.

NOTE: Provide this page with your return.



Name(s) shown on Form 511NR: **RAMAVENKATA S AND SUJANA SREE CHENNAM**

Your Social Security Number: **701-89-5122**

SCHEDULE 511NR-1

Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

	FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1 Wages, salaries, tips, etc.	106,079.	00	1 95,059.	00
2 Taxable interest income.		00	2	00
3 Dividend income.		00	3	00
4 Taxable refunds (state income tax).	350.	00	4 350.	00
5 Alimony received.		00	5	00
6 Business income or (loss) (Federal Schedule C).		00	6	00
7 Capital gains or losses (Federal Schedule D).		00	7	00
8 Other gains or losses (Federal Form 4797).		00	8	00
9 Taxable IRA distribution.		00	9	00
10 Taxable pensions and annuities.		00	10	00
11 Rental real estate, royalties, partnerships, etc.		00	11	00
12 Farm income or (loss).		00	12	00
13 Unemployment compensation.		00	13	00
14 Taxable Social Security benefits (also enter on line 2 of Schedule 511NR-B).		00	14	00
15 Other income (identify: _____)		00	15	00
16 Add lines 1 through 15.	106,429.	00	16 95,409.	00
17 Total Federal adjustments to income (identify: _____)		00	17	00
18 Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.			18 95,409.	00
19 Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.	106,429.	00	19	

DO NOT FILE

SCHEDULE 511NR-A

Oklahoma Additions

See instructions for details on qualifications and required documents.

	FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1 State and municipal bond interest.		00	1	00
2 Lump sum distributions (not included in your Federal AGI).		00	2	00
3 Federal net operating loss.		00	3	00
4 Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.		00	4	00
5 Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).		00	5	00
6 Miscellaneous: Other additions. (enter number in box for the type of addition <input type="text"/>)		00	6	00
7 Total additions (add lines 1-6, enter total here and on line 3 of Form 511NR)		00	7	00



Name(s) shown on Form 511NR: RAMAVENKATA S AND SUJANA SREE CHENNAM

Your Social Security Number: 701-89-5122

SCHEDULE 511NR-B Oklahoma Subtractions See instructions for details on qualifications and required documents.

		FEDERAL AMOUNT		OKLAHOMA AMOUNT	
1	Interest on U.S. government obligations		00	1	00
2	Taxable Social Security (from Schedule 511NR-1, line 14)		00	2	00
3	Federal civil service retirement in lieu of social security		00	3	00
	-Retirement Claim Number: <input type="text" value="TAXPAYER NUMBER"/> <input type="text" value="SPOUSE NUMBER"/>				
4	Military Retirement (see instructions for limitation)		00	4	00
5	Oklahoma government or Federal civil service retirement		00	5	00
6	Other retirement income		00	6	00
7	U.S. Railroad Retirement Board Benefits		00	7	00
8	Additional depletion		00	8	00
9	Oklahoma net operating loss (Loss Year[s] <input type="text"/>)		00	9	00
10	Exempt tribal income		00	10	00
11	Gains from the sale of exempt government obligations		00	11	00
12	Nonresident military wages (provide W-2)		00	12	
13	Oklahoma Capital Gain Deduction (Provide Form 561NR)		00	13	00
14	Income Tax Refund (Federal Form 1040, line 10)	350.	00	14	350.00
15	Miscellaneous: Other subtractions (enter number in box for the type of deduction <input type="text"/>)		00	15	00
16	Total subtractions (add lines 1-15, enter total here and on line 5 of Form 511NR)	350.	00	16	350.00

DO NOT FILE

SCHEDULE 511NR-C Oklahoma Adjustments See instructions for details on qualifications and required documents.

1	Military pay exclusion – Active Duty, Reserve and National Guard (not retirement)	1	00
2	Qualifying disability deduction (residents and part-year residents only)	2	00
3	Qualified adoption expense	3	00
4	Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s)	4	00
5	Deductions for providing foster care	5	00
6	Miscellaneous: Other adj (enter number in box for the type of deduction <input type="text"/>)	6	00
7	Total Adjustments (add lines 1-6, enter total here and on line 9 of Form 511NR)	7	00