1040NR

U.S. Nonresident Alien Income Tax Return

Go to www.irs.gov/Form1040NR for instructions and the latest information

OMB No. 1545-0074

-orm	U 1 1 1	'`	▶ ⁽		gov/Form1040					inforn	nation.			004	_
Department of the Treasunternal Revenue Service			For the year January 1-December 31, 2017, or other tax year beginning , 2017, and ending , 20				20			201	7				
nternal revenue con	•	irst name	and initial		, 2017, 0	Last name	•				, 20	Identifyii	ng nun	nber (see instruction	ns)
	SA	T K	UMAR			KAT	AKAM					129-	-65	-8588	
				street, and apt. no.,	or rural route). If you			uctions.				Check if:	X	1	
Please print	2.6	500 1	WTT.T.TAN	1 SHORT	CIRCLE .	APT 4	0.3					0.1001.11.	Ë	Estate or Trust	
or type '					nave a foreign addres			elow. Se	e instruction	ns.					
71	Не	ernd	on							7	JΑ	201	71		
		gn country					Foreign prov	ince/sta	ate/county					oreign postal code	
	1	Sin	ngle resident of Ca	anada or Mexico or	single U.S. national			4	Married	resident	of South K	orea			
Filing Status	2	X Oth	her single nonresi	dent alien				5	Other m	arried no	nresident a	alien			
Status	3	$\overline{}$	arried resident of C	Canada or Mexico o	r married U.S. natior	nal		6 🗏	Qualifyii	ng widow	(er) (see in	structions)			
Check only	If yo	ou chec	ked box 3 or	4 above, enter	the information	below.	Child's nan	ne _							
one box.	(i) :	Spouse's	first name and init	ial	(ii) Spouse's las	st name		-		(iii) S	pouse's ide	entifying nu	mber		
Exemptions	7a	X Yo	ourself. If son	neone can clair	n you as a depe	ndent, do	not check	box 7	'a •			7	Dave	es checked	
-	b	□ Sp	ouse. Check	box 7b only if	you checked bo	x 3 or 4 ab	ove and y	our sp	ouse did	d not		L		a and 7b	1
		ha	ave any U.S. g	ross income								J		of children	
•	С	Depend	ents: (see instruc	tions)		(2) Deper		(3)	Dependent	's	(4) Checl			c who:	
f more han four		(1) First		Last name		identifying	number	rela	tionship to	you	fying child tax credit	l for child (see instr.)	1	ved with you	
dependents,													y	id not live with ou due to divorce	
see instructions.														r separation (see nstructions)	
														endents on 7c	
													not e	entered above	
	d	Total n	number of exe	mptions claime	d									numbers on above	1
ncome	8	Wages	s, salaries, tip	s, etc. Attach F	orm(s) W-2							🗀	8	21,	419
Effectively	9a	Taxab	le interest									🥊	а		
Connected	b	Tax-ex	xempt interes	t. Do not includ	de on line 9a				9b						
With U.S.	10a	Ordina	ary dividends									1	0a		
Trade/	b	Qualifi	ed dividends	(see instruction	s)				10b						
Business	11	Taxabl	le refunds, cre	dits, or offsets	of state and loc	al income	taxes (see	instru	ctions)			· · · <u> 1</u>	1		
	12	Schola	arship and fell	owship grants.	Attach Form(s)	1042-S or	required st	ateme	ent (see i	instruct	ions)	1	2		
	13	Busine	ess income or	(loss). Attach S	Schedule C or C	EZ (Form	1040)				· · · <u>· ·</u>	· · · <u> 1</u>	3		
	14	Capita	l gain or (loss). Attach Sched	lule D (Form 10	40) if requ	ired. If not	requir	ed, checl	k here	Ш	_1	4		
Attach Form(s)	15	· · · /							· · · <u> 1</u>	15					
<i>N-</i> 2, 1042-S, SSA-1042S,		a IRA distributions · · · · · · · 16a 16b Taxable amount (see instructions)							6b						
RRB-1042S,	17a			ties					le amour	,			7b		
and 8288-A	18		•	, ,,	rships, trusts, e			`	,				18		
nere. Also attach Form(s)	19	,							19						
1099-R if tax	20									20					
was withheld.	21		•		t (see instructio	· —							21		
	22			, ,	m page 5, Sche	•	` / `	,	22						
	23			ū	ht column for lin		•	•						0.1	410
	0.4		ively connect									· • · · · ·	23	21,	419
Adjusted	24		•	(see instruction	,										
Gross	25		•		Attach Form 88				25						
Income	26	•	•	ttach Form 390					26						
	27				tax. Attach Sch				27						
	28			SIMPLE, and o					28						
	29				duction (see ins	,			29						
	30		•	ndrawal of savir	•				30						
	31		•	owship grants e					31						
	32		eduction (see i	•	· · · · · ·				32						
	33	Studer	ni ioan interes	i ueauction (se	e instructions)				33						

Subtract line 35 from line 23. This is your adjusted gross income

35

36

Form 1040NR (2	2017)	SAI KUMAR KATAKAM 129-	65-8	588	Page 2
Tax and	37	Amount from line 36 (adjusted gross income)	37	,	21,419
Credits	38	Itemized deductions from page 3, Schedule A, line 15 U.S India · Tax · Treat		;	6 , 350
	39	Subtract line 38 from line 37)	15,069
	40	Exemptions (see instructions)		<u> </u>	4,050
	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-		_	11,019
	42	Tax (see inst.). Check if any is from Form(s): a ☐ 8814 b ☐ 4972	42	_	1,188
	43	Alternative minimum tax (see instructions). Attach Form 6251	-	_	
	44	Excess advance premium tax credit repayment. Attach Form 8962	-	_	
	45	Add lines 42, 43, and 44	► 45	<u> </u>	1,188
	46	Foreign tax credit. Attach Form 1116 if required	_		
	47	Credit for child and dependent care expenses. Attach Form 2441 47	_		
	48	Retirement savings contributions credit. Attach Form 8880 48	_		
	49	Child tax credit. Attach Schedule 8812, if required			
	50	Residential energy credit. Attach Form 5695			
	51	Other credits from Form: a 3800 b 8801 c 51			0
	52	Add lines 46 through 51. These are your total credits		_	1,188
	53	Subtract line 52 from line 45. If line 52 is more than line 45, enter -0-	<u>► 53</u>	-	1,100
Other	54	Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15 - Self-employment tax. Attach Schedule SE (Form 1040)	54		
Taxes	55 56	Unreported social security and Medicare tax from Form: a 4137 b 8919 · · · ·			
	57	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	_		
	58	Transportation tax (see instructions)	-	_	
		Household employment taxes from Schedule H (Form 1040)			_
		First-time homebuyer credit repayment. Attach Form 5405 if required			
	60	Taxes from: a Form 8959 b Instructions; enter code(s)	60	+	
	61	Add lines 53 through 60. This is your total tax	. 61	_	1,188
Daymanta	62	Federal income tax withheld from:	•		,
Payments	а	Form(s) W-2 and 1099	8		
	b	Form(s) 8805			
	С	Form(s) 8288-A			
	d	Form(s) 1042-S			
	63	2017 estimated tax payments and amount applied from 2016 return · · 63			
	64	Additional child tax credit. Attach Schedule 8812			
	65	Net premium tax credit. Attach Form 8962 · · · · · · · · · 65			
	66	Amount paid with request for extension to file (see instructions) 66			
	67	Excess social security and tier 1 RRTA tax withheld (see instructions) 67			
	68	Credit for federal tax paid on fuels. Attach Form 4136 68	_		
	69	Credits from Form: a 2439 b Reserved c 8885 d 69			
	70	Credit for amount paid with Form 1040-C			
	71	Add lines 62a through 70. These are your total payments	▶ 71	_	3,058
Refund	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72		1,870
Direct deposit?		Amount of line 72 you want refunded to you. If Form 8888 is attached, check here	<u> </u>	a	1,870
See		Routing number 0 4 1 0 0 0 1 2 4 c Type: X Checking Savings Account number 4 2 7 9 0 0 9 4 1 3 Image: Type: X Checking L Savings			
instructions.					
	•	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.			
	74	Amount of line 72 you want applied to your 2018 estimated tax 74	_		
Amount	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	. 75	;	
You Owe	76	Estimated tax penalty (see instructions)			
Third Doub	Doy		Complet	te below.	⊠ No
Third Party Designee	Desid	gnee's Phone Personal identif	ination		_
Designee	name		ication		
Sign Here		r penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my	-		
_		, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has signature	•	edge. sent you an	Identity
Keep a copy of this return for		Date Your occupation in the United States	Protection	n PIN, enter	
your records.		SOFTWARE ENGINEER	(see inst.	' T	
	Prepa	arer's signature Date Check	if	PTIN	
Paid		05-22-2018 self-emp	oyed		
Preparer	Print/	Type preparer's name MOULI			
Use Only	Firm's	s name GLOBAL TAXES LLC Firm's EI	N	<u> 30 – 2</u>	L017196
	Firm's	s address 2530 Pebble Creek Ln Phone no			
		Cumming, GA 30041 21	2 - 92	0-415	
EEA				For	n 1040NR (2017)

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Form 1040NR (2	2017	SAI KUMAR KATAKAM	129-	65-8588	Page 3
Schedule A	- It	emized Deductions (see instructions)			07
Taxes You					
Paid	1	State and local income taxes	1		
0:6		Caution: If you made a gift and received a benefit in			
Gifts to U.S.		return, see instructions.			
Charities	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
Cilarities		see instructions	-		
	3	Other than by cash or check. If you made any gift of \$250 or			
	-	more, see instructions. You must attach Form 8283 if the			
		amount of your deduction is over \$500			
	4	Carryover from prior year			
	5	Add lines 2 through 4	5		
Casualty and Theft Losses	e	Coquality or theft lega(ca) Attach Form 1694. See instructions	6		
THEIL LOSSES	<u>6</u> 7	Casualty or theft loss(es). Attach Form 4684. See instructions Unreimbursed employee expenses - job travel, union dues,	-		
Job	•	job education, etc. You must attach Form 2106 or Form			
Expenses and Certain		2106-EZ if required. See instructions			
Miscellaneous		7			
Deductions					
	8	Tax preparation fees • • • • • • • • • • • • 8			
	9	Other expenses. See instructions for expenses to deduct			
		here. List type and amount			
		9			
	10	Add lines 7 through 9	_		
	11	Enter the amount from Form			
		1040NR, line 37 · · · · · · · ·			
	12	Multiply line 11 by 2% (0.02)			
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-	13		
Other	14	Other - see instructions for expenses to deduct here. List type and amount	_		
Miscellaneous			-		
Deductions			-		
			-		
			-		
			-		
			-		
			14		
Total	15	Is Form 1040NR, line 37, over the amount shown below for the filing status box you			
Itemized Deductions		checked on page 1 of Form 1040NR:			
Deductions		\$313,800 if you checked box 6; \$261,500 if you checked box 1 or 2; or			
		\$156,900 if you checked box 3, 4, or 5?			
		No. Your deduction is not limited. Add the amounts in the far right column for lines 1			
		through 14. Also enter this amount on Form 1040NR, line 38.			
		Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the			
		instructions to figure the amount to enter here and on Form 1040NR, line 38.	15		

Form **1040NR** (2017) EEA

	Schedule NEC - Tax off fricome Not E	-incentively o		income under the ap	`	,	
	Nature of income		(a) 10%	(b) 15%	(c) 30%		r (specify)
		1	(-)	(0)	(2)	%	%
1	Dividends paid by:						
	U.S. corporations						
b	Foreign corporations	1b					
	Interest:						
а	Mortgage	2a					
b	Paid by foreign corporations	2b					
С	Other	2c					
3	Industrial royalties (patents, trademarks, etc.)						
4	Motion picture or T.V. copyright royalties	4					
5	Other royalties (copyrights, recording, publishing, etc.)	5					
6	Real property income and natural resources royalties	6					
7	Pensions and annuities	7					
8	Social security benefits	8					
9	Capital gain from line 18 below	9					
10	Gambling - Residents of Canada only. Enter net income in column (c).						
	If zero or less, enter -0						
а	Winnings						
	Losses	10c					
11	Gambling winnings - Residents of countries other than Canada.						
	Note: Losses not allowed	11					
12	Other (specify)						
_		12					
13	Add lines 1a through 12 in columns (a) through (d)		+				
	Multiply line 13 by rate of tax at top of each column						
	Tax on income not effectively connected with a U.S. trade or business. Ad		ough (d) of line 14 F	 Inter the total here an	d on	' 	
	Form 1040NR, line 54 · · · · · · · · · · · · · · · · · ·					15	
	Capital Gains and					10	
Ente	er only the capital gains and 16 (a) Kind of property and description	(b) Date	(c) Date			(f) LOSS	(g) GAIN
	es from property sales or hanges that are from (if necessary, attach statement of	acquired	sold	(d) Sales price	(e) Cost or other	If (e) is more	If (d) is more
sour	rces within the United descriptive details not shown below)	(mo., day, yr.)	(mo., day, yr.)	(a) Sales price	basis	than (d), subtract (d) from (e)	than (e), subtract (e) from (d)
	es and not effectively nected with a U.S. business.					lioni(e)	lioili (d)
Do n	not include a gain or loss on					-	
disposing of a U.S. real property interest; report these							
	s and losses on Schedule D m 1040).					+	
Repo	ort property sales or		1			+	+
	nanges that are effectively nected with a U.S. business 17 Add columns (f) and (g) of line 16 · · · ·				17	1	\
on S	Schedule D (Form 1040).						0
orn	n 4797, or both. 18 Capital gain. Combine columns (f) and (g) of	ine i/. Enter the	e net gam nere and c	אוווווונ אווווווווווווווווווווווווווווו	ss, enter-U-) • •	18	1

Schedule OI - Other Information (see instructions)

	Answer all questions
Α	Of what country or countries were you a citizen or national during the tax year? India
В	In what country did you claim residence for tax purposes during the tax year? <u>India</u>
С	Have you ever applied to be a green card holder (lawful permanent resident) of the United States?
D	Were you ever: 1. A U.S. citizen?
E	If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
F	Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?
G	List all dates you entered and left the United States during 2017. See instructions. Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H
	Date entered United States Date departed United States mm/dd/yy mm/dd/y
Н	Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2015 3 6 5 , 2016 3 6 6 , and 2017 3 6 5 .
l	Did you file a U.S. income tax return for any prior year? If "Yes," give the latest year and form number you filed No
J	Are you filing a return for a trust?
K	Did you receive total compensation of \$250,000 or more during the tax year?
L	Income Exempt from Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties. 1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.
	(a) Country (b) Tax treaty (c) Number of months (d) Amount of exempt
	article claimed in prior tax years income in current tax year
(e)	Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12
	2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? Yes No.
	3. Are you claiming treaty benefits pursuant to a Competent Authority determination?

VAINST	Filing Instructions	2017	
Name(s) as shown on return		SSN or EIN	
SAI KUMAR KATAKAM		129-65-8588	

Date to file by: 11-01-2018

Form to be filed: VA760 and supplemental forms and schedules

Sign and Date: Be sure to sign and date your return. If filing MFJ

both spouses must sign the return.

Refund: \$170.00

Address to file: Director

Department of Tax Administration

Fairfax County PO Box 1498

Richmond, VA 23218-1498

Transaction Method: The refund will be directly deposited into your

checking account at Pnc ending in 9413.

2017 VA760CG Page 1 Individual Income Tax Return



SAI KUMAR

KATAKAM

2600 WILLIAM SHORT CIRCLE APT 403

Herndon VA 20171

SSN-You KATA		129658588	Vendor ID 10	24	٦
SSN - Spouse					
Fed Adj Gross Income (FAGI)	1.	21419.	Withholding (VA) - You	20A.	1091.
Additions	2.		Withholding (VA) - Spouse	20B.	
Subtotal	3.	21419.	Estimated Payments	21.	
Age Deduction - You	4A.		2016 Overpayment	22.	
Age Deduction - Spouse	4B.		Extension Payments	23.	
Soc Sec & Tier 1 Railroad	5.		Credit - Low Income or EIC	24.	
State Income Tax Overpayment	6.		Credit - Schedule OSC	25.	
Subtractions	7.		Reserved for Future Use	26.	
Subtotal Subtractions	8.		Credits - Schedule CR	27.	
Total VA Adj Gross Income (VAGI)	9.	21419.	Total Payments / Credits	28.	1091.
Fed Itemized Deductions	10.	1091.	Tax You Owe	29.	
State / Local Income Tax	11.	1091.	Tax Overpayment	30.	170.
Standard / Itemized Deductions	12.		Overpayment Credited to I	Next Year 31.	
Exemptions	13.	930.	VAC - College Savings / A	BLEnow 32.	
Deductions	14.		VAC - Other Contributions	33.	
Subtotal (Deductions & Exemptions)	15.	930.	Addition to Tax, Penalty &	Interest 34.	
VA Taxable Income	16.	20489.	Sales and Use Tax	35.	
Amount of Tax	17.	921.	Amount You Owe Will Pay by Credit/Debit Ca	ord	
Spouse Tax Adjustment (STA)	18.		Your Refund		170.
VAGI - Spouse	18A.		Bank Routing #	С	041000124
Net Amount of Tax	19.	921.	Bank Account #	42790094	113
		DTD	LTD \$		Page 1 of 2

129658588

1024



Γ						
Filing Status, Age & Licens	e Information			Ado	litional Fili	ng Information
Filing Status			1	Locality		059
Federal Head of Household				Name or Filing Status	s Change	
DOB - You		0306199	3	Address Change		
VA Driver's License ID - You	I	в6531757	6	VA Return Not Filed I	_ast Year	
VA Driver's License - Iss. Da	ate - You	0623201	. 7	Dependent on Anothe	er's Return	
Spouse Name (Filing Status	s 3 Only)			Farmer / Fisherman /	Merchant Se	eaman
				Amended		
DOB - Spouse				NOL		
VA Driver's License ID - Spo				Overseas on Due Da	te	
VA Driver's License - Iss. Da	ate - Spouse			Federal EIC & Amou	nt	
Exemptions (A) You 1	Exemptions (65 & Over -	•		Deceased Indicator		
Spouse	65 & Over -	Spouse		No Sales & Use Tax	Due Indicator	
Dependents	Blind - You			Refund - Direct Bank	Deposit	X
Total (A)	Blind - Spor	use		Refund - Check		
	Total (B)			Obtain Electronic 109	99G	
	Contact Infor	mation		Office Use Only		
						lete return. If you are requesting direct ritorial jurisdiction of the United States.
Signature - You		Date	052218	Phone - You		9898542758
Signature - Spouse		Date		Phone - Spouse		
Signature - Preparer		Date	052218	Phone - Preparer		2129204151
The Tax Department may discus		our preparer.		Preparer Information	2	301017196
Include Page 1, supporting 7600	Page 2 and all	GLOBAL 2530 Pe	TAXES LI bble Cre	eek Ln		Page 2 of

Cumming, GA 30041

Page 2 of 2

2017 Schedule INC/CG

Report all W2s, 1099s, & VK-1s with VA Withholding

SAI KUMAR KATAKAM



129658588

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
Γ					コ
129658588	W	1091.	541858206	30541858206F001	21419.

Total VA Withholding	SSN	VA Withholding
You	129658588	1091.
Spouse		
Total # of W-2s, 1099s & VK-1s	1	

VA-8879
Virginia Department of Taxation

Virginia Individual Income Tax e-File Signature Authorization

Tax Year 2017

DO NOT SEND THIS VA-8879 TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Virginia Submission Identification Number (SID)		
Your Name	B Your Social Securit	v Numbor
SAI KUMAR KATAKAM	129-65-85	•
Spouse's Name	A Spouse's Social Se	
•	1 '	•
Part I Tax Return Information	A Spouse	B Yourself
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)		21419.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)		21419.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)		20489.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)		921.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)		1091.
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)		170.
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38) Part II Declaration of Taxpayer and Signature Authorization		170.
Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedu	les and statements for the y	
Return Originator (ERO), Transmitter, or Intermediate Service Provider (including my name, address and social security number number) and the amount shown in Part I above agree with the information and amounts shown on the corresponding lines of n filling a balance due return, I understand that if the Virginia Department of Taxation (Virginia Tax) does not receive full and timel liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Prov Virginia Tax. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if refund or direct debit of my tax due. In choosing either direct deposit or direct debit, I certify that the transaction does not direct of the territorial jurisdiction of the United States at any point in the process. Taxpayers may sign the form using a rubber stamp signature pen, or computer software program.	ny electronic income tax retu y payment of my tax liability, ider to transmit my complet applicable, the direct deposi y involve a financial instituti	urn. If I am , I remain e return to it of my on outside
Taxpayer's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN as my signature on my 2017 e-filed	Virginia individual income ta	ax return.
Do not enter all zeros		
GLOBAL TAXES LLC		
ERO Firm Name		
I will enter my e-file PIN as my signature on my 2017 e-filed Virginia individual income tax return. Check this box only if you	ou are entering your own e-F	File PIN
and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.		
Your Signature Date_		
Spouse's e-File PIN: check one box only		
I authorize the ERO named below to enter my e-File PIN Do not enter all zeros as my signature on my 2017 e-filed V	ʻirginia individual income tax	र return.
ERO Firm Name		
I will enter my e-File PIN as my signature on my 2017 e-filed Virginia individual income tax return. Check this box only if y and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	ou are entering your own e-	File PIN
Spouse's Signature Da	ate	
Part III Certification and Authentication - Practitioner PIN Method Only		
ERO's EFIN/PIN: Enter your six-digit EFIN followed by your five digit self-selected PIN. 5 8 7 2 7 Do not el	8 Inter all zeros]
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2017 Virginia individual income tax re above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Virgin Electronic Filers of Individual Income Tax Returns (Tax Year 2017.) ERO's may sign the form using a rubber stamp, mechanical computer software program.	a's publication Handbook fo	or
ERO's Signature Da	ate <u>05-22-2018</u>	

1024 Form VA-8879 (REV. 08/17)

Virginia Worksheet

LIMITED ITEMIZED DEDUCTION WORKSHEET

Form 760

2017

(Keep for your records)

Name(s) as shown on return
SAI KUMAR KATAKAM

Your social security number 129-65-8588

Refer to federal Schedule A when completing the worksheet below. However, if you completed the FDC Worksheet, substitute those figures for corresponding Schedule A information.

Part A - Total federal itemized deductions.

1.	Federal Sch. A, total Lines 4, 9, 15, 19, 20, 27 & 28 or Line 22 from the FDC Worksheet	1,091
2.	Add the amounts on Schedule A, Lines 4 (or FDC Worksheet, Line 9), 14 and 20, plus any gambling losses included on Line 28	
3.	Subtract Line 2 from Line 1. If the result is zero, stop here ; enter the amount from Line 1 above on Line 10, Form 760. (The limitation does not apply.)	1,091
4.	Multiply Line 3 above by 80% (0.80)	873
5.	Enter the total from Form 760, Line 1 or Line 5 of the FDC Worksheet	21,419
6.	Enter \$313,800 if filing jointly or qualifying widow(er), \$287,650 if head of household, \$261,500 if single, or \$156,900 if married filing a separate return	261,500
7.	Subtract Line 6 from Line 5. If the result is zero or less, stop here ; complete Line 10 of Form 760 (the limitation does not apply.)	
8.	Multiply Line 7 above by 3% (0.03)	
9.	Enter the smaller of Line 4 or Line 8	
10.	Total itemized deductions. Subtract Line 9 from Line 1. Enter the total on Line 10, Form 760 under Total Deductions and continue the worksheet	1,091
Pai	rt B - State and local income tax modification	
11.	Enter the state and local income tax shown on Schedule A, Line 5	1,091
12.	Enter the amount from Line 9 above	
13.	Enter the amount from Line 3 above	1,091
14.	Divide Line 12 by Line 13. Enter the result to 3 decimal places · · · · · · · · · · · · · · · · · · ·	
15.	Multiply Line 14 by Line 11	j
16.	Subtract Line 15 from Line 11. Enter on Line 11, Form 760	1,091

VAWK AGI	For your records only.	201	2017 AGI	
VAVVI_AGI	Adjusted Gross Income Split Worksheet	FD/ST	Summary	
Name(s) as shown on state return		Social Securit	Social Security Number	
SAI KUMAR K	129-65-	129-65-8588		

	Income & Adjustments		Federal		State	
	•		Col. A	Col. B	Col. A	Col. B
			Spouse	Taxpayer	Spouse	Taxpayer
7	Wages, salaries, tips, etc.	7		21,419		21,419
8a	Taxable interest	8a				
9a	Ordinary dividends. • • • • • • • • • • • • • • • • • • •	9a				
10	Taxable refunds, credits, or offsets					
	of state and local income taxes	10				
11	Alimony received	11				
12	Business income or (loss)	12				
13	Capital gain or (loss) · · · · · · · · · · · · ·	13				
14	Other gains or (losses)	14				
15 b	Taxable amount of IRA distributions	15b				
16 b	Taxable amount of Pensions and annuities	16b				
17	Rental real estate, royalties, partnerships,					
	S corporations, trusts, etc.	17				
18	Farm income or (loss)	18				
19	Unemployment compensation	19				
20b	Taxable amount of Social security benefits •	20b				
21	Other income.	21				
22	Add the amounts in each column for					
	Ins 7 thru 21. This is your total income • •	22		21,419		21,419
23	Educator Expenses	23				
24	Certain business expenses of reservists,					
	performing artists, & fee-basis gov. officials	24				
25	Health savings account deduction	25				
26	Moving expenses · · · · · · · · · · · · · · · · · ·	26				
27	One-half of self-employment tax	27				
28	Self-employed SEP, SIMPLE, and					
	qualified plans	28				
29	Self-employed health insurance deduction • •	29				
30	Penalty on early withdrawal of savings	30				
31a	Alimony paid	31a				
32	IRA deduction • • • • • • • • • • • • • • • • • • •	32				
33	Student loan interest deduction	33				
34	Tuition and fees deduction	34				
35	Domestic production activities deduction	35				
	Line 36 other adjustments					
36	Add lines 23 thru 35	36				
37	Subtract In 36 from In 22. This is your AGI • •	37		21,419		21,419