

**SK ENTERPRISES
18520 1/2 S. PIONEER BLD #203
ARTESIA, CA 90701
(562) 809-3600**

February 6, 2018

Vijay Kumar Chityala and Soumya Janjanam
631 E Royal Lane #3007
Irving, TX 75039

Dear Vijay Kumar and Soumya,

Your 2017 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. No tax is payable with the filing of this return. The refund of \$9,324 will be directly deposited into your checking account.

Under the Affordable Care Act, you and each member of your household had either health coverage or an exemption for each month during 2017. No individual shared responsibility payment is due with the filing of this return.

Please be sure to call if you have any questions.

Sincerely,

S Khan

	2017	2016	Diff
INCOME			
Wages, salaries, tips, etc.....	128,063	120,247	7,816
Interest income.....	502	0	502
Total income.....	128,565	120,247	8,318
ADJUSTMENTS TO INCOME			
Educator expenses.....	228	233	-5
Total adjustments.....	228	233	-5
Adjusted gross income.....	128,337	120,014	8,323
ITEMIZED DEDUCTIONS			
Taxes.....	1,418	1,340	78
Contributions.....	6,005	5,784	221
Miscellaneous (subject to 2% of AGI).....	16,568	17,027	-459
Total itemized deductions.....	23,991	24,151	-160
TAX COMPUTATION			
Standard deduction.....	12,700	6,300	6,400
Larger of itemized or standard deduction.....	23,991	24,151	-160
Income prior to exemption deduction.....	104,346	95,863	8,483
Exemption deduction.....	8,100	4,050	4,050
Taxable income.....	96,246	91,813	4,433
Tax before credits.....	15,534	18,748	-3,214
CREDITS			
Total credits.....	0	0	0
Tax after credits.....	15,534	18,748	-3,214
OTHER TAXES			
Total tax.....	15,534	18,748	-3,214
PAYMENTS			
Federal income tax withheld.....	24,858	24,639	219
Total payments.....	24,858	24,639	219
REFUND OR AMOUNT DUE			
Amount overpaid.....	9,324	5,891	3,433
Amount refunded to you.....	9,324	5,891	3,433
Amount you owe.....	0	0	0
TAX RATES			
Marginal tax rate.....	25.0%	28.0%	-3.0%
Effective tax rate.....	16.1%	20.4%	-4.3%

Forms needed for this return

Federal: 1040, Sch A, 2106-EZ, 4868, 8879

Tax Rates

	<u>Marginal</u>	<u>Effective</u>
Federal	25.0%	16.1%

Carryovers to 2018

None

▼ DETACH HERE ▼

1030

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

FDIA4601L 07/21/17.

2017

For calendar year 2017, or other tax year beginning , 2017, ending

Part I Identification	Part II Individual Income Tax
<p>1 Vijay Kumar Chityala Soumya Janjanam SK Enterprises 18520 1/2 S. Pioneer Bld #203 Artesia, CA 90701</p>	<p>4 Estimate of total tax liability for 2017... \$ <input type="text"/></p> <p>5 Total 2017 payments <input type="text"/></p> <p>6 Balance due. Subtract line 5 from line 4 (see instructions)..... <input type="text"/></p> <p>7 Amount you are paying (see instructions)..... <input type="text"/></p>
<p>2 619-81-0734</p> <p>3 838-96-3126</p>	<p>8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions) <input type="checkbox"/></p> <p>9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding <input type="checkbox"/></p>

619810734 YL CHIT 30 0 201712 670

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
Vijay Kumar Chityala 619-81-0734

If a joint return, spouse's first name and initial Last name Spouse's social security number
Soumya Janjanam 838-96-3126

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
631 E Royal Lane #3007
Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Irving, TX 75039

Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
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
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) (see instructions)

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a.
6b Spouse.
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)
d Total number of exemptions claimed. 2

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 128,063.
8a Taxable interest. Attach Schedule B if required. 8a 502.
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
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. 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. 22 128,565.

Adjusted Gross Income
23 Educator expenses. 23 228.
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. 36 228.
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 128,337.

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	128,337.
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"/> Total boxes checked <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	23,991.
41	Subtract line 40 from line 38	41	104,346.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	96,246.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/>		
	b <input type="checkbox"/> Form 4972	44	15,534.
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	15,534.
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	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	15,534.

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	15,534.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	24,858.
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	
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	24,858.

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	9,324.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	9,324.
	▶ b Routing number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	▶ d Account number		
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 ▶ S Khan Phone no. ▶ 562-809-3600 Personal identification number (PIN) ▶ 92807

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 **IT Consultant** Daytime phone number _____

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

Paid Preparer Use Only

Print/Type preparer's name **S Khan** Preparer's signature **S Khan** Date _____ Check if self-employed PTIN **P00972573**

Firm's name ▶ **SK Enterprises** Firm's EIN ▶ **26-3297232**

Firm's address ▶ **18520 1/2 S. Pioneer Bld #203** Phone no. **(562) 809-3600**

Artesia, CA 90701

**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

Vijay Kumar Chityala and Soumya Janjanam

619-81-0734

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38. <u>2</u>		
	3	Multiply line 2 by 7.5% (0.075)	3	
	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 type="checkbox"/> Income taxes, or	5	1,205.
	b	<input checked="" type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	213.
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	1,418.
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 ►	11	
	Note: Your mortgage interest deduction may be limited (see instructions).			
	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	0.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions. <u>Statement 1</u>	16	5,524.
	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	481.
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	6,005.
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>See Statement 3</u>	21	15,348.
	22	Tax preparation fees	22	418.
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
		<u>See Statement 4</u>	23	3,369.
	24	Add lines 21 through 23	24	19,135.
	25	Enter amount from Form 1040, line 38. <u>25</u> 128,337.		
	26	Multiply line 25 by 2% (0.02)	26	2,567.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	16,568.
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	23,991.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>		

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2017

▶ Go to www.irs.gov/Form2106EZ for the latest information.

Attachment Sequence No. **129A**

Your name Vijay Kumar Chityala	Occupation in which you incurred expenses IT Consultant	Social security number 619-81-0734
--	---	--

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5% (0.535). Enter the result here	1	3,752.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	618.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	2,982.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	3,992.
5 Meals and entertainment expenses: \$ <u>1,224.</u> x 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.)	5	612.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	11,956.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ 4/01/10
- 8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business 7,014 b Commuting (see instructions) 3,656 c Other 3,226
- 9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11 a Do you have evidence to support your deduction? **Yes** **No**
- b If 'Yes,' is the evidence written? **Yes** **No**

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

Vijay Kumar Chityala and Soumya Janjanam

619-81-0734

Statement 1
Schedule A, Line 16
Contributions by Cash or Check

Donations in India.....	\$	2,014.
Girl Scouts.....		33.
Hindu Commucity & Cultural Ctr.....		1,584.
Temple Donations.....		1,893.
	Total \$	<u>5,524.</u>

Statement 2
Schedule A, Line 17
Contributions Other than Cash

Various Misc. Contributions.....	\$	481.
	Total \$	<u>481.</u>

Statement 3
Schedule A, Line 21
Unreimbursed Employee Expenses

Books & Journals.....	\$	316.
Cell Phone Work Related.....		551.
Conference & Meeting Fee.....		1,317.
Educator expenses.....		1,208.
Form 2106 (Taxpayer).....		11,956.
	Total \$	<u>15,348.</u>

Statement 4
Schedule A, Line 23
Other Expenses

Computer & Supplies.....	\$	661.
Investment Magzane.....		231.
Job Related Seminars.....		1,449.
Job Searching.....		1,028.
	Total \$	<u>3,369.</u>