

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

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number	
NAVEEN KUMAR	KATI	772-04-8441	
Present Home Address		A Spouse's Social Security Number	
148 WARWICK ST			
City, State and Zip Code		Online Filed Return	
MADISON HEIGHTS VA 24572		<input type="checkbox"/>	
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)			58,352.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			58,352.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)			54,422.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)			2,872.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)			2,986.
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)			114.
Part II Declaration of Taxpayer			
8a. <input checked="" type="checkbox"/> I consent that my refund be directly deposited as designated on my 2017 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
8b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.			
8c. <input type="checkbox"/> I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2017 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2017 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer			
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
ERO's Signature		06-19-18	
GLOBAL TAXES LLC		Date	
Firm's name (or yours if self-employed)		SSN/PTIN	
2530 PEBBLE CREEK LN CUMMING GA 30041		301017196	
Address, City, State and Zip		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
		EIN	
		P02090332	
Paid Preparer's Signature		06-19-18	
APPANA RUPA VENKATA SATYA SAI MANI KUMAR		Date	
Firm's name (or yours if self-employed)		SSN/PTIN	
2530 PEBBLE CREEK LN CUMMING GA 30041		301017196	
Address, City, State and Zip		EIN	



NAVEEN KUMAR KATI

148 WARWICK ST

MADISON HEIGHTS VA 24572

SSN - You KATI 772048441 Vendor ID 1555 XXXXX

SSN - Spouse

Fed Adj Gross Income (FAGI) 1. 58352 Withholding (VA) - You 20A. 2986

Additions 2. Withholding (VA) - Spouse 20B.

Subtotal 3. 58352 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. 58352 Total Payments / Credits 28. 2986

Fed Itemized Deductions 10. Tax You Owe 29.

State / Local Income Tax 11. Tax Overpayment 30. 114

Standard / Itemized Deductions 12. 3000 Overpayment Credited to Next Year 31.

Exemptions 13. 930 VAC - College Savings / ABLEnow 32.

Deductions 14. VAC - Other Contributions 33.

Subtotal (Deductions & Exemptions) 15. 3930 Addition to Tax, Penalty & Interest 34.

VA Taxable Income 16. 54422 Sales and Use Tax 35.

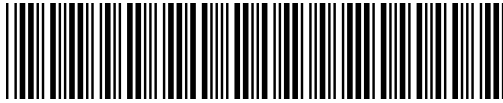
Amount of Tax 17. 2872 **Amount You Owe**

Spouse Tax Adjustment (STA) 18. **Your Refund** 114

VAGI - Spouse 18A. Bank Routing # C 121000358

Net Amount of Tax 19. 2872 Bank Account # 325030223231

_____ DTD _____ LTD \$ _____



Filing Status, Age & License Information

Additional Filing Information

Filing Status 1
 Federal Head of Household
 DOB - You 01011991
 VA Driver's License ID - You A60467543
 VA Driver's License - Iss. Date - You 10272017
 Spouse Name (Filing Status 3 Only)
 DOB - Spouse
 VA Driver's License ID - Spouse
 VA Driver's License - Iss. Date - Spouse

Locality 009
 Name or Filing Status Change
 Address Change
 VA Return Not Filed Last Year
 Dependent on Another's Return
 Farmer / Fisherman / Merchant Seaman
 Amended
 NOL
 Overseas on Due Date
 Federal EIC & Amount
 Deceased Indicator
 No Sales & Use Tax Due Indicator X
 Refund - Direct Bank Deposit X
 Refund - Check
 Obtain Electronic 1099G
 Office Use Only

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You
 Spouse 65 & Over - Spouse
 Dependents Blind - You
 Total (A) 1 Blind - Spouse
 Total (B)

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer APPANA RUPA VENKATA SATYA SAI MANI KUMAR Date 061918

Phone - Preparer 6789659729

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7 P02090332
GLOBAL TAXES LLC

File by May 1, 2018
Include Page 1, Page 2 and all supporting 760CG documents.

2530 PEBBLE CREEK LN
CUMMING

2017 Schedule INC/CG

772048441

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



NAVEEN KUMAR KATI

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
772048441	W	2986.	651218462	30651218462F001	58152.

Total VA Withholding	SSN	VA Withholding
You	772048441	2986.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning <u>17</u> and ending		<input type="checkbox"/>	Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident.
NAVEEN KUMAR KATI 148 WARWICK ST MADISON VA 24572 FORE		Your SSN: 772048441	<input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Spouse's SSN:	Select box if return is filed and signed by Executor or Administrator.
Were you a resident of N.C. for the entire year of 2017?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/> Return for deceased taxpayer.	Year spouse died: _____ Date of death: _____
Was your spouse a resident for the entire year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Return for deceased spouse.	Date of death: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.			
Did you claim the standard deduction on your 2017 federal return?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are you a veteran?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is your spouse a veteran?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

FS 1 PP Y DT N OC N TPRES N SPRES N STDD Y VT N SVT

KATI 148 24572 DS N EA N TD

SD

NAVEEN KUMAR KATI 772048441

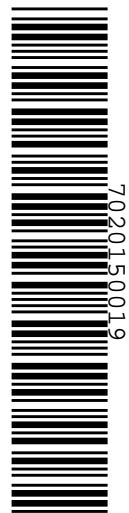
VA 24572

148 WARWICK ST

MADISON HEIGHTS

06	58352	18	Y	0	26C	0
07	0	20A		82	26E	0
09	0	20B		0	EU	
11	S Y I N	21A		0	27	18
11	8750	21B		0	29	0
13	00365	21C		0	30	0
14	1810	21D		0	31	0
15	100	26A		18	32	0
16	0	26B		0	34	0

TN PN 6789659729 PP P02090332



Sign Return Below <input type="checkbox"/> Refund Due <u>0</u>	<input checked="" type="checkbox"/> Payment Due <u>18</u>
<i>I certify that, to the best of my knowledge, this return is accurate and complete.</i>	<i>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</i>
_____ Your Signature Date	<u>APPANA RUPA VENKATA SATYA</u> <u>06 19 18</u>
_____ Spouse's Signature (If filing joint return, both must sign.) Date	Paid Preparer's Signature Date
_____ Home Telephone Number (Include area code)	<u>P02090332</u> <u>6789659729</u>
	Paid Preparer's FEIN, SSN, or PTIN Paid Preparer's Telephone Number

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) KATI

Your Social Security Number 772048441

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	58352
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	58352
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	58352
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	8750
12.	Subtract Line 11 from Line 10	12.	49602
13.	Part-year residents and nonresidents taxable percentage	13.	0.0365
14.	N.C. Taxable Income	14.	1810
15.	N.C. Income Tax	15.	100
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	100
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	100

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	82
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	82
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	82
26a.	Tax Due	26a.	18
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	Pay this Amount	27.	18
28.	Overpayment	28.	0

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	0

D-400 Sch PN (50)

10-16-17

2017 Part-Year Resident and Nonresident Schedule

North Carolina Department of Revenue

If you complete Schedule PN, you MUST attach the schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) KATI	Your Social Security Number 772048441
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A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a "part-year resident" if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a "nonresident" if you were not a resident of N.C. at any time during the tax year.

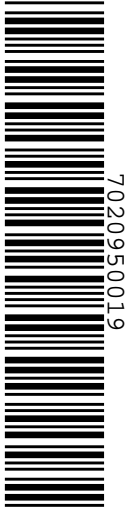
Important: Refer to the Instructions before completing this form.

22 2200 23 60352 NRT Y PYT N NRS N PYS N

Part A. Residency Status			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input checked="" type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended

If you or your spouse were both full-year residents of N.C., stop here; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

Part B. Allocation of Income for Part-Year Residents and Nonresidents			
		COLUMN A Total Income from all sources	COLUMN B Amount of Column A subject to N.C. tax
Total Income			
1. Wages, salaries, tips, etc.	1.	60352	2200
2. Taxable interest	2.	0	0
3. Taxable dividends	3.	0	0
4. Taxable refunds, credits, or offsets of state and local income taxes	4.	0	0
5. Alimony received	5.	0	0
6. Business income or (loss)	6.	0	0
7. Capital gain or (loss)	7.	0	0
8. Other gains or (losses)	8.	0	0
9. Taxable amount of IRA distributions	9.	0	0
10. Taxable amount of pensions and annuities	10.	0	0
11. Rental real estate, royalties, partnerships, S-Corps, estates, trusts, etc.	11.	0	0
12. Farm income or (loss)	12.	0	0
13. Unemployment compensation	13.	0	0
14. Taxable amount of Social Security benefits or Railroad Retirement benefits	14.	0	0
15. Other income	15.	0	0
16. Total Income	16.	60352	2200
North Carolina Adjustments		COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
17. Additions			
a. Interest income from obligations of states other than N.C.	17a.	0	0
b. Adjustment for bonus depreciation	17b.	0	0
c. Adjustment for section 179 expense deduction	17c.	0	0
d. Other additions to federal adjusted gross income that relate to gross income	17c.	0	0
18. Total additions	18.	0	0



Last Name (First 10 Characters) KATI	Your Social Security Number 772048441
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Part B. Allocation of Income for Part-Year Residents and Nonresidents (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State and local income tax refund	19a. 0	0
b. Interest from obligations of the United States or United States' possessions	19b. 0	0
c. Taxable portion of Social Security or Railroad Retirement benefits	19c. 0	0
d. Bailey retirement benefits	19d. 0	0
e. Adjustment for bonus depreciation	19e. 0	0
f. Adjustment for section 179 expense	19f. 0	0
g. Other deductions to federal adjusted gross income that relate to gross income	19g. 0	0
20. Total deductions	20. 0	0
21. Total income modified by N.C. adjustments	21. 60352	2200

Part C. Part-Year Residents and Nonresidents Taxable Percentage

22. Enter the amount from Column B, Line 21		22. 2200
23. Enter the amount from Column A, Line 21		23. 60352
24. Part-year residents and nonresident taxable percentage		24. 0.0365