

Department of the Treasury  
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Do not send to IRS.)**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name Krishna C Polavarapu	Social security number 380-33-6568
Spouse's name Lakshmi K Ummaneni	Spouse's social security number 213-83-9658

**Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)**

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	<b>1</b>	83,956.
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	<b>2</b>	5,329.
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	<b>3</b>	6,907.
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	1,578.
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

3	6	5	6	8
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on my tax year 2017 electronically filed income tax return.

3	9	6	5	8
---	---	---	---	---

Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**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	8						
---	---	---	---	---	---	--	--	--	--	--	--

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning \_\_\_\_\_, 2017, ending \_\_\_\_\_, 20

See separate instructions.

Your first name and initial <b>Krishna C</b>	Last name <b>Polavarapu</b>	<b>Your social security number</b> 380-33-6568
If a joint return, spouse's first name and initial <b>Lakshmi K</b>	Last name <b>Ummaneni</b>	<b>Spouse's social security number</b> 213-83-9658
Home address (number and street). If you have a P.O. box, see instructions. <b>403 Boscawen</b>		Apt. no. <b>▲</b> 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). <b>CARY NC 27519</b>		<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing Status**

1  Single

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and 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)

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .

b  Spouse . . . . .

c Dependents:		(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)
(1) First name	Last name			
Vishwaas	Polavarapu	598-13-9691	Son	<input checked="" type="checkbox"/>
Yashika S	Polavarapu	867-31-3037	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**Boxes checked on 6a and 6b** 2

**No. of children on 6c who:**

- 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**

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	83,956.
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	
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	83,956.

**Adjusted Gross Income**

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	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	83,956.

<b>38</b> Amount from line 37 (adjusted gross income)		<b>38</b>	83,956.
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
	if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> }		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • 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	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,700.
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	71,256.
	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16,200.
	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	55,056.
	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	7,329.
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	7,329.
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	2,000.
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	2,000.
<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	5,329.	
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	5,329.	
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	6,907.
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b> <input type="checkbox"/> <b>NO</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input checked="" type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	6,907.	
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	1,578.
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	1,578.
	<b>b</b> Routing number 0 5 2 0 0 1 6 3 3 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	<b>d</b> Account number 4 4 6 0 0 4 3 3 6 2 4 0		
<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>		
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

**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  Phone no.  Personal identification number (PIN)

**Sign Here** 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 SOFTWARE ENGINEER	Daytime phone number
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

**Paid Preparer Use Only**

Print/Type preparer's name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's signature APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Date 05/31/2018	Check <input type="checkbox"/> if self-employed	PTIN P02090332
Firm's name GLOBAL TAXES LLC	Firm's EIN 30-1017196	Firm's address 2530 Pebble Creek Ln Cumming GA 30041	Phone no. (678)965-9729	

# Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**  
 ▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR <b>Krishna C Polavarapu</b>	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ <b>380-33-6568</b>
--	--

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) . . . . . ▶			
		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
<b>2</b>	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b>		0.
<b>3</b>	If you were under age 55 at the end of 2017, and on the first day of <b>every</b> month during 2017, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,400 (\$6,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>		6,750.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>		0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>		6,750.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter . . . . .	<b>6</b>		6,750.
<b>7</b>	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>		
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>		6,750.
<b>9</b>	Employer contributions made to your HSAs for 2017 . . . . .	<b>9</b>	2,400.	
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		2,400.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		4,350.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25 . . . . .	<b>13</b>		0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).				

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2017 from all HSAs (see instructions) . . . . .	<b>14a</b>		
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>		
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>		
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>		
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount . . . . .	<b>16</b>		
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>			
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>		

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**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)

**2017**

Department of the Treasury  
Internal Revenue Service

**To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return Krishna C Polavarapu & Lakshmi K Ummaneni	Taxpayer identification number 380-33-6568
Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR	P02090332

**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 type="checkbox"/>
<b>1</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>2</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: <ul style="list-style-type: none"> <li>• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)</li> <li>• Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount . . . . .</li> </ul>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>4</b> 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"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>5</b> 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) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>6</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>N/A</b>		
<b>8</b> 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"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b>		

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

	EIC	CTC/ACTC	AOTC
<b>9a</b> 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>b</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		
<b>c</b> 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.)

<b>10a</b> 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>b</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	
<b>c</b> 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.)

<b>11</b> 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 type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--

**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.**

<b>12</b> 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
---	---

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

Krishna C Polavarapu & Lakshmi K Ummaneni

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					MFJ
Total income . . . . .					83,956.
Adjustments to income					
Adjusted gross income					83,956.
Tax expense . . . . .					4,209.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					16,200.
Taxable income . . . .					55,056.
Tax . . . . .					7,329.
Alternative min tax . .					
Total credits . . . . .					2,000.
Other taxes . . . . .					
Payments . . . . .					6,907.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					1,578.
Effective tax rate % . .					6.35
**Tax bracket % . . . .					15.0

\*\*Tax bracket % is based on Taxable income.



IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return, Social Security Number. Values: Krishna C Polavarapu & Lakshmi K Ummaneni, 380-33-6568

A - Practitioner PIN Authorization

Note - PIN information is entered in Part IV of the Federal Information Worksheet. This worksheet only serves as a record of the PIN information transmitted in the electronic return.

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description, Input field. Rows: Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)

B - Signature of Electronic Return Originator

ERO Declaration:

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) . . . . . EFIN587278 Self-Select PIN

C - Signature of Taxpayer/Spouse

Perjury Statement:

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: (1) acknowledgement of receipt or reason for rejection of transmission; (2) refund offset; (3) reason for any delay in processing or refund; and, (4) date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, with my Self-Select PIN below.

Table with 2 columns: Description, Input field. Rows: QuickZoom to the Federal Information Worksheet to enter PIN numbers, Taxpayer's PIN (5 numbers), Spouse's PIN (5 numbers), Date

D - Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund (35 character limit) Date

# Federal Information Worksheet

2017

▶ Keep for your records

## Part I – Personal Information

### Taxpayer:

Last name . . . . . Polavarapu  
 First name . . . . . Krishna  
 Middle initial . . . . . C Suffix . . . . .  
 Social security no. . . . . 380-33-6568  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 06/21/1980 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 37  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Krishna.p21@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (616)724-7532  
 Home phone . . . . .  
 Fax number . . . . .

### Spouse:

Last name (if different) . . . . . Ummaneni  
 First name . . . . . Lakshmi  
 Middle initial . . . . . K Suffix . . . . .  
 Social security no. . . . . 213-83-9658  
 Occupation . . . . . HOMEMAKER  
 Date of birth . . . . . 08/27/1981 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 36  
 Date of death . . . . .  
 Legally blind . . . . .  
 E-mail address . . . . . Krishna.p21@gmail.com  
 Work phone . . . . . Ext  
 Cell phone . . . . . (616)724-7532  
**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (616)724-7532  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 403 Boscawen Apt no. . . . .  
 City . . . . . CARY State . . . . . NC ZIP code . . . . . 27519

**Foreign Address:** Check this box to use foreign address . . ▶

Address . . . . . Apt no. . . . .  
 City . . . . .  
 Foreign code . . . . . Foreign country . . . . .  
 Foreign province/county . . . . . Foreign postal code . . . . .  
 Foreign phone . . . . .

APO/FPO/DPO address . .  APO  FPO  DPO

## Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
  - Taxpayer did **not** live with spouse at any time during year
  - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
  - If qualifying person is child but not dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .
- 5 Qualifying widow(er)
  - Year spouse died  2015  2016
  - If the 'qualifying person' is your child but **not** your dependent:
  - Child's First name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suff \_\_\_\_\_
  - Child's social security number . . . . .

## Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy)  Date of death (mm/dd/yyyy)**	A G E  E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017	
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***
Vishwaas Polavarapu		598-13-9691 Son	12/25/2012	5	12		L	
Yashika Polavarapu	S	867-31-3037 Daughter	09/20/2015	2	12		L	

\* **Caution:** If claiming child other than taxpayer's see **Relationship** in Help  
 \*\* The health care shared responsibility payment calculation does not include individuals after date of death  
 \*\*\* **Caution:** If this person is NOT a U.S. citizen, U.S. national, or a U.S. resident check this box

## Identity Verification Worksheet

**2017**

▶ See tax help for more information on identity verification

Name(s) Shown on Return <u>Krishna C Polavarapu &amp; Lakshmi K Ummaneni</u>	Social Security Number <u>380-33-6568</u>
---	--

### Driver's License or State Id Information

Required for electronic filing, either complete the driver's license or state id detail information below **or** select the appropriate box for taxpayer and spouse to indicate why driver's license or state id information is not present.

**Note:** Providing identification numbers helps the IRS and states verify taxpayer identity which can prevent unnecessary delays in tax return processing.

**All identity verification information should be entered here and will automatically flow to the state return.**

#### Taxpayer/Spouse does not have a driver's license or state id

- Taxpayer                      **Note:** Alabama does not allow this option  
 Spouse

#### Taxpayer/Spouse did not provide driver's license or state id information

- Taxpayer                      **Note:** Alabama, New Mexico, New York and Ohio do not allow this option  
 Spouse

Check to confirm transferred driver's license or state id information (which appears in green) is correct . . . .

**Note:** Transfer not available for returns with Alabama, Iowa, or New York state taxes. See tax help for more information.

### Driver's License Detail

Taxpayer:	Spouse:
Issuing state . . . . . <u>NC</u>	Issuing state . . . . . <u>NC</u>
License number . . . . . <u>000038684710</u>	License number . . . . . <u>000036189344</u>
Issue date . . . . . <u>02/17/2017</u>	Issue date . . . . . <u>05/11/2017</u>
Expiration date . . . . . <u>12/20/2018</u>	Expiration date . . . . . <u>03/09/2019</u>
Does not expire . . . . . <input type="checkbox"/>	Does not expire . . . . . <input type="checkbox"/>
NY Document number (first 3 chars)* . . . . . _____	NY Document number (first 3 chars)* . . . . . _____

### State Identification Card Detail

Taxpayer:	Spouse:
Issuing state . . . . . _____	Issuing state . . . . . _____
Identification number . . . . . _____	Identification number . . . . . _____
Issue date . . . . . _____	Issue date . . . . . _____
Expiration date . . . . . _____	Expiration date . . . . . _____
Does not expire . . . . . <input type="checkbox"/>	Does not expire . . . . . <input type="checkbox"/>
NY Document number (first 3 chars)* . . . . . _____	NY Document number (first 3 chars)* . . . . . _____

\* Enter the first 3 characters of the NY document number, which is the 8 or 10 number/letter combination found at the bottom of the NY license (or NY state ID) or on the back if it was issued after January 28, 2014.

### Additional Verification Information

Use these fields to record the client status and method used to verify the taxpayer and spouse identity.

#### Client Status:

- New client  
 Returning client to same preparer and firm  
 Returning client to same firm

**Identity Verification Method** (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

**Documents Used to Verify Primary Taxpayer Identity:**

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

**Documents Used to Verify Spouse Identity** (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: Krishna C Polavarapu & Lakshmi K Ummaneni; Social Security Number: 380-33-6568

Payment by Check (Form 1040-V) – Federal Balance Due

Date Form 1040-V was given to client

Electronic Return Originator Information

The ERO Information below will automatically calculate based on the preparer code entered on the Federal Information Worksheet.

Calculates to the EFIN for the ERO that is responsible for filing this return based on the preparer code. For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) can be changed but is required. 587278

ERO Name: GLOBAL TAXES LLC; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; ERO Electronic Filers Identification Number (EFIN): 587278; ERO Employer Identification Number: 30-1017196; ERO Social Security Number or PTIN

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; Social Security Number or PTIN: P02090332; Employer Identification Number: 30-1017196; Phone Number: (678)965-9729; E-mail Address: kumar@gtaxfile.com

Non Paid Preparer Information

If the return was prepared or reviewed through an IRS tax assistance program, self-prepared by the taxpayer, or was prepared by another person who was not paid to prepare the return, check one of the following boxes that applies to this return.

IRS-reviewed, IRS-prepared, Prepared by taxpayer or other non-paid preparer

Amended Returns

- File another Amended Form 114 Report of Foreign Bank and Financial Accounts (FBAR) electronically
Check this box to file another state and/or city amended return electronically
\* Select the state and/or city amended return(s) to file electronically.

State/City \*
New York
Vermont

**Miscellaneous Electronic Filing Items**

If the return was rejected for dependent name and SSN mismatch (business rule R0000-504-01) or Schedule EIC qualifying child name and SSN mismatch (business rule SEIC-F1040-501-01), check this box to retransmit this return as an imperfect return. . . . .

Enter an 'in care of addressee' if applicable . . . . .  \_\_\_\_\_

Name of personal representative for deceased returns . . .  \_\_\_\_\_

If married filing joint and one spouse is deceased, is the surviving spouse also the personal representative? . . . . .  Yes  No

Check this box if your client is in the U.S. Armed Forces with a stateside address . . . . .

Check the appropriate box if the taxpayer (or spouse) last served in an area designated as a combat zone or qualified hazardous duty area.

- Iraqi Freedom . . . . .
- Kosovo Operation . . . . .
- Afghanistan/Enduring Freedom . . . . .
- Desert Storm . . . . .
- Haiti . . . . .
- Former Yugoslavia . . . . .
- UN Operation . . . . .
- Joint Guard . . . . .
- Joint Forge . . . . .
- Northern Watch . . . . .
- Operation Allied Force . . . . .
- Northern Forge . . . . .
- Combat Zone . . . . .  Deployment Date . . . . .  \_\_\_\_\_

**Option of Transmitting the Forms as PDF with the Electronic Submission or Mailing the Forms with Form 8453: U.S. Individual Income Tax Transmittal for an IRS e-file Return.**

**Note:** To Attach and Send a PDF file with this return, click on the "E-File" drop down menu, and then select "Attach PDF Files".

Check the applicable box(es) on forms to be attached and mail with form 8453	Transmit PDF	Print & Mail with 8453
Form 2848, Power of Attorney and Declaration of Representative . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3468, Historic Structure Certificate . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 4136, Credit for Federal Tax Paid on Fuels . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8283, Noncash Charitable Contributions (Declaration of Appraiser). . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 1098-C, Contributions of Motor Vehicles, Boats and Airplanes . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8332, Release of Claim to Exemption for Child by Custodial Parent or Other Doc. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8885, Health Coverage Tax Credit . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 8949, Sales and Other Disp of Capital Assets.(or a stmt w/the same information) . . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form 3115, Change in Accounting Method. . . . . <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These forms are not supported in ProSeries. You may print a completed form to mail with your Form 8453, please check the applicable box(es) .	Transmit PDF	Print & Mail with 8453
Form 5713, International Boycott Report . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8858, Foreign Disregarded Entities. . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>
Form 8864, attach the Certificate for Biodiesel . . . . . <input type="checkbox"/>	N/A	<input type="checkbox"/>

► Keep for your records

Name(s) Shown on Return Krishna C Polavarapu & Lakshmi K Ummaneni	Social Security Number 380-33-6568
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
DB GLOBAL TECHNOLOGY INC		83,956.	6,907.	83,956.	4,209.
<b>Totals</b> . . . . .		83,956.	6,907.	83,956.	4,209.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	83,956.		83,956.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
2	Total federal tax withheld . . . . .	6,907.		6,907.
3 & 7	Total social security wages/tips . . . . .	87,556.		87,556.
4	Total social security tax withheld . . . . .	5,428.		5,428.
5	Total Medicare wages and tips . . . . .	87,556.		87,556.
6	Total Medicare tax withheld . . . . .	1,270.		1,270.
8	Total allocated tips . . . . .			
9	Not used . . . . .			
10 a	Total dependent care benefits . . . . .			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12 . . . . .	26,092.		26,092.
b	Elective deferrals to qualified plans . . . . .	3,600.		3,600.
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans . . . . .			
e	Deferrals to non-government 457 plans . . . . .			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax . . . . .			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2 . . . . .			
k	Income from nonstatutory stock options . . . .			
l	Non-taxable combat pay . . . . .			
m	QSEHRA benefits . . . . .			
n	Total other items from box 12 . . . . .	22,492.		22,492.
14 a	Total deductible mandatory state tax . . . . .			
b	Total deductible charitable contributions . . . .			
c	Total deductible employee expenses . . . . .			
d	Total RR Compensation . . . . .			
e	Total RR Tier 1 tax . . . . .			
f	Total RR Tier 2 tax . . . . .			
g	Total RR Medicare tax . . . . .			
h	Total RR Additional Medicare tax . . . . .			
i	Total RRTA tips. . . . .			
j	Total other items from box 14 . . . . .			
16	Total state wages and tips . . . . .	83,956.		83,956.
17	Total state tax withheld . . . . .	4,209.		4,209.
19	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return Krishna C Polavarapu	Social Security Number 380-33-6568
---	---------------------------------------

**Employer EIN** . . . . . 27-0509518  
**Employer Name** . . . . . DB GLOBAL TECHNOLOGY INC  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 60 WALL STREET  
**City** NEW YORK **State** NY **ZIP** 10005  
**Foreign Province/County** . . . . . \_\_\_\_\_  
**Foreign Postal Code** . . . . . \_\_\_\_\_  
**Foreign Country** . . . . . \_\_\_\_\_

**Spouse's W-2**  **Do not transfer this W-2 to next year**  
 **Automatically calculate** lines 3 through 6 and line 16.

**Caution:** Box 12 entries for deferred compensation will change lines 3 through 6 automatically.

<b>1</b> Wages, tips, other comp . . . . .	83,956.	<b>2</b> Federal tax withheld . . . . .	6,907.
<b>3</b> Social security wages . . . . .	87,556.	<b>4</b> Social sec tax withheld . . . . .	5,428.
<b>5</b> Medicare wages and tips . . . . .	87,556.	<b>6</b> Medicare tax withheld . . . . .	1,270.
<b>7</b> Social security tips . . . . .		<b>8</b> Allocated tips . . . . .	

**13 b**  Retirement plan  
 Foreign source income eligible for exclusion on **Form 2555**  
 Active duty military pay

Box 12 Code	Box 12 Amount	If Box 12 code is:	
C	173.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .	_____
D	3,600.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .	_____
W	2,400.	P: Double click to link to Form 3903, line 4 . . . . .	_____
DD	19,919.	R: Enter MSA contribution for Taxpayer . . . . .	_____
		Spouse . . . . .	_____
		W: Enter HSA contribution for Taxpayer . . . . .	2,400.
		Spouse . . . . .	_____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NC	600740414	83,956.	4,209.

I confirm that the state withholding identification number(s) are accurate . . . . .

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

<b>9</b> Verification Code . . . . .		<b>9</b>	_____
<b>10</b> Dependent care benefits (Check if employer furnished care at work) . . . . .	<input type="checkbox"/>	<b>10</b>	_____
Dependent care benefits - Amount forfeited from flexible spending account . . . . .			_____
<b>11</b> Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		<b>11</b>	_____

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).



Keep for your records

Krishna C Polavarapu	380-33-6568 Page 2
<b>Employer Name</b> . . . . DB GLOBAL TECHNOLOGY INC	

**Part I Statutory employees**

<b>A</b> <input type="checkbox"/> Box 13a. Statutory employee	<b>C</b>	
<b>B</b> <input type="checkbox"/> Deducting expenses in connection with this income		
<b>C</b> <input type="checkbox"/> If deducting expenses, double click to link to Schedule C . . . . .		

**Part II Clergy, church employees, members of recognized religious sects**

<b>Clergy only:</b>		<b>D</b> <b>E</b>	
<b>D</b> Designated housing or parsonage allowance . . . . .			
<b>E</b> Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value . . . . .			
<b>F If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only			
<b>2</b> <input type="checkbox"/> Pay self-employment tax on W-2 income only			
<b>3</b> <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance			
<b>4</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4361			
<b>Non-Clergy only:</b>			
<b>G If no FICA was withheld, check the applicable box below</b>			
<b>1</b> <input type="checkbox"/> Pay self-employment tax on this W-2 income			
<b>2</b> <input type="checkbox"/> Exempt from self-employment tax and has approved Form 4029			

**Part III Unreported Tip Income**

<b>H 1</b> Tips \$20 or more in a month which were not reported to employer . . . . .	<b>H1</b> <b>H2</b> <b>H3</b> <b>H4</b> <b>H5</b>	
<b>2</b> Tips less than \$20 in a month which were not required to be reported . . . . .		
<b>3</b> Value of non-cash tips, such as tickets or passes, not reported . . . . .		
<b>4</b> Actual amount of allocated tips if different than the amount in box 8 . . . . .		
<b>5</b> Tips paid out through a tip-sharing arrangement . . . . .		
<b>6</b> <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax		

**Part IV Substitute Form W-2**

**a** If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 . . . . . ▶ \_\_\_\_\_

**b** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

\_\_\_\_\_

\_\_\_\_\_

**c** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

\_\_\_\_\_

\_\_\_\_\_

**d QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

**Part V Inmate In a Penal Institution**

**J a** Pay from work performed while an inmate in a penal institution . . . . .

**Part VI Additional Information for Electronic Filing and Certain States (See Help)**

**13 c**  Third-party sick pay  
 Non-standard W-2 (handwritten, typewritten, or altered in any way)  
 Corrected W-2  
 Income from Paid Family Leave  
Control number (optional) . . . . . \_\_\_\_\_

**Employee information:** Correct to match employee information on W-2

Employee's SSN. . . . . 380-33-6568

First name M.I. Last name Suff.  
Krishna C Polavarapu

Address City St ZIP code  
403 Boscawen CARY NC 27519

Foreign Province/County Foreign Postal Code

Foreign Country

# Healthcare Entry Sheet

**2017**

▶ Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Check this box** to populate the Name, SSN, and DOB for everyone listed on the return below. . . . . ▶

**Note:** Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual (only complete the table below if not entering on 1095-A, 1095-B or 1095-C):

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ▶ \_\_\_\_\_

Name as Shown on Return <b>Krishna C Polavarapu &amp; Lakshmi K Ummaneni</b>	Social Security No. <b>380-33-6568</b>
---	---

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

<b>1</b>	Number of qualifying children: <u>2</u> X \$1,000. Enter the result . . . . .	<b>1</b>	2,000.
<b>2</b>	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	<b>2</b>	83,956.
<b>3</b>	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"> <li>• Exclusion of income from Puerto Rico, and</li> <li>• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li> </ul> <b>1040A filers:</b> Enter -0-.	<b>3</b>	0.
<b>4</b>	Add lines 2 and 3. Enter the total . . . . .	<b>4</b>	83,956.
<b>5</b>	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> <li>• Married filing jointly — \$110,000</li> <li>• Single, head of household, or qualifying widow(er) — \$75,000</li> <li>• Married filing separately — \$55,000</li> </ul>	<b>5</b>	110,000.
<b>6</b>	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	<b>6</b>	
<b>7</b>	Multiply the amount on line 6 by 5% (.05). Enter the result. . . . .	<b>7</b>	0.
<b>8</b>	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A.  <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	<b>8</b>	2,000.

**Part 2**

<b>9</b>	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	<b>9</b>	7,329.
<b>10</b>	Add the amounts from — Form 1040, line 48 . . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30 . . . . . + Form 8910, line 15 . . . . . + Form 8936, line 23 . . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	<b>10</b>	0.
<b>11</b>	Are you claiming any of the following credits? <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	<b>11</b>	0.
<b>12</b>	Subtract line 11 from line 9. Enter the result. . . . .	<b>12</b>	7,329.
<b>13</b>	Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	<b>13</b>	2,000.

*Enter this amount on Form 1040, line 52, or Form 1040A, line 35.*

**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
- Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

Caution: Use this worksheet only if you answered 'Yes' on line 11 of the Child Tax Credit Worksheet above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	6,698.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> <i>Then, go to line 13.</i>		
13	Enter the total of the amounts from —  <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the Child Tax Credit Worksheet . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on line 11 of the Child Tax Credit Worksheet.

Note: Railroad Employees

Include the following taxes in the total on line 6 of the Line 11 Worksheet:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Krishna C Polavarapu &amp; Lakshmi K Ummaneni</u>	Social Security Number <u>380-33-6568</u>
---	--

**Estimated Tax Payments for 2017** (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/18/17</u>		<u>04/18/17</u>			<u>04/18/17</u>		
2	<u>06/15/17</u>		<u>06/15/17</u>			<u>06/15/17</u>		
3	<u>09/15/17</u>		<u>09/15/17</u>			<u>09/15/17</u>		
4	<u>01/16/18</u>		<u>01/16/18</u>			<u>01/16/18</u>		
5								
<b>Tot Estimated Payments . . .</b>								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2017 . . . . .					
7 Credited by estates and trusts . . . . .					
8 <b>Totals</b> Lines 1 through 7 . . . . .					
9 2017 extensions . . . . .					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2 . . . . .	6,907.	4,209.	
11 Forms W-2G . . . . .			
12 Forms 1099-R . . . . .			
13 Forms 1099-MISC, 1099-K and 1099-G . . . . .			
14 Schedules K-1 . . . . .			
15 Forms 1099-INT, DIV and OID . . . . .			
16 Social Security and Railroad Benefits . . . . .			
17 Form 1099-B . . . . .			
18 a Other withholding . . . . .			
b Other withholding . . . . .			
c Other withholding . . . . .			
d Additional Medicare Tax . . . . .			
19 <b>Total Withholding</b> Lines 10 through 18d . . . . .	6,907.	4,209.	
20 <b>Total Tax Payments for 2017</b> . . . . .	6,907.	4,209.	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2016 extensions . . . . .				
22 2016 estimated tax paid after 12/31/2016 . . . . .				
23 Balance due paid with 2016 return . . . . .				
24 Other (amended returns, installment payments, etc) . . . . .				

## Earned Income Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Krishna C Polavarapu &amp; Lakshmi K Ummaneni</u>	Social Security Number <u>380-33-6568</u>
---	--

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
<b>1 If filing Schedule SE:</b>			
<b>a</b> Net self-employment income . . . . .	_____	_____	_____
<b>b</b> Optional Method and Church Employee income . . . . .	_____	_____	_____
<b>c</b> Add lines 1a and 1b . . . . .	_____	_____	_____
<b>d</b> One-half of self-employment tax . . . . .	_____	_____	_____
<b>e</b> Subtract line 1d from line 1c . . . . .	_____	_____	_____
<b>2 If not required to file Schedule SE:</b>			
<b>a</b> Net farm profit or (loss) . . . . .	_____	_____	_____
<b>b</b> Net nonfarm profit or (loss) . . . . .	_____	_____	_____
<b>c</b> Add lines 2a and 2b . . . . .	_____	_____	_____
<b>3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ . . . . .</b>	_____	_____	_____
<b>4 Add lines 1e, 2c and 3. To EIC Wks, line 5 . . . . .</b>	_____	_____	_____

### Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . . . .	_____	_____	_____
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	83,956.	_____	83,956.
7 <b>a</b> Taxable employer-provided adoption benefits . . . . .	_____	_____	_____
<b>b</b> Foreign earned income exclusion . . . . .	_____	_____	_____
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	83,956.	_____	83,956.
9 <b>a</b> Taxable dependent care benefits . . . . .	_____	_____	_____
<b>b</b> Nontaxable combat pay . . . . .	_____	_____	_____
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	83,956.	_____	83,956.
11 Scholarship or fellowship income not on W-2 . . . . .	_____	_____	_____
12 SE exempt earnings less nontaxable income . . . . .	_____	_____	_____
13 Distributions from nonqualified/Sec. 457 plans . . . . .	_____	_____	_____
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	83,956.	_____	83,956.

### Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	83,956.	_____	83,956.
17 Net self-employment loss . . . . .	_____	_____	_____
18 Alimony received . . . . .	_____	_____	_____
19 Nontaxable combat pay . . . . .	_____	_____	_____
20 Foreign earned income exclusion . . . . .	_____	_____	_____
21 Keogh, SEP or SIMPLE deduction . . . . .	_____	_____	_____
22 Combine lines 15 through 21. To IRA Wks, In 2. . . . .	83,956.	_____	83,956.

### Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	83,956.	_____	83,956.
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	83,956.	_____	83,956.

# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>Krishna C Polavarapu &amp; Lakshmi K Ummaneni</u>	Social Security Number <u>380-33-6568</u>
---	--

**2016 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
<b>Totals . .</b>						

**2016 State Extension Information**

(a) State	(b) Paid With Extension

**2016 Locality Extension Information**

(a) Locality	(b) Paid With Extension

**2016 State Estimates Information**

(a) State	(c) Estimates Paid After 12/31

**2016 Locality Estimates Information**

(a) Locality	(c) Estimates Paid After 12/31

**2016 State Taxes Due Information**

(a) State	(e) Paid With Return

**2016 Locality Taxes Due Information**

(a) Locality	(e) Paid With Return

**2016 State Refund Applied Information**

(a) State	(g) Applied Amount

**2016 Locality Refund Applied Information**

(a) Locality	(g) Applied Amount

**2016 State Tax Refund Information**

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

**2016 Locality Tax Refund Information**

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2016	2017
1	Filing status . . . . .		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		4,209.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		83,956.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		5,329.
7	Alternative minimum tax. . . . .		
8	Federal overpayment applied to next year estimated tax. . . . .		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ▶

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss. . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:	a	2017. . .
		b	2016. . .
		c	2015. . .
		d	2014. . .
		e	2013. . .
		f	2012. . .
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017. . .
		b	2016. . .
		c	2015. . .
		d	2014. . .
		e	2013. . .
		f	2012. . .



# Tax Summary Report

2017

Name(s) Shown on Return  
 Krishna C Polavarapu & Lakshmi K Ummaneni

Filing status . . . . . Married Filing Jointly                      Number of exemptions . . . . . 4

**Gross Income**

Wages and salaries . . . . .	83,956.
Interest and dividend income . . . . .	_____
Business income (loss) . . . . .	_____
Capital gains (losses) . . . . .	_____
Pensions and annuities . . . . .	_____
Rents, royalties, partnerships, etc . . . . .	_____
Farm income (loss) . . . . .	_____
Social security benefits . . . . .	_____
Other income . . . . .	_____
<b>Total Gross Income</b> . . . . .	83,956.

**Adjustments to Income** . . . . . \_\_\_\_\_

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 83,956.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	4,209.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	_____
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	4,209.
Standard deduction . . . . .	12,700.
Exemption amount . . . . .	16,200.

**Taxable Income** . . . . . 55,056.

Income tax . . . . .	7,329.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	7,329.
Nonbusiness credits . . . . .	2,000.
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	2,000.
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 5,329.

Withholding . . . . .	6,907.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	6,907.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 1,578.

**Refund** . . . . . 1,578.

**Amount Applied to Estimate** . . . . . \_\_\_\_\_

**Amount Due** . . . . . 0.

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	6.35 %

# Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <u>7,329.</u>
	Check if from:
1	Tax table . . . . . <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
3	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
5	Schedule J . . . . . <input type="checkbox"/>
6	Form 8615 . . . . . <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet . . . . . <input type="checkbox"/>
<b>B</b>	Additional tax from Form 8814 . . . . . _____
<b>C</b>	Additional tax from Form 4972 . . . . . _____
<b>D</b>	Tax from additional Form(s) 4972 . . . . . _____
<b>E</b>	Recapture tax from Form 8863 . . . . . _____
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . _____
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . _____
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and on line <b>44</b> . . . . . <u>7,329.</u>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 3 Smart Worksheet</b>	
<b>A</b>	If you had the same coverage every month of the 2017, select the type of coverage here . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family
	<b>Or,</b> if coverage varied during 2017, select your coverage for each month below. Select Family for any month you had self-only coverage and your spouse had family coverage. Select None for any month you were covered by Medicare.
1	January . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
2	February . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
3	March . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
4	April . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
5	May . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
6	June . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
7	July . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
8	August . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
9	September . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
10	October . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
11	November . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family <u>6,750.</u>
12	December . . . . . <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family <u>6,750.</u>
<b>B</b>	Maximum allowable contribution . . . . . <u>6,750.</u>
	<i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i>

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 6 Smart Worksheet</b>	
<b>A</b> Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year . . . . .	0.
<b>B</b> Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) . . . . .	0.
<b>C</b> Portion of Line B amount to be carried to Line 6 of spouse's form . . . . . <b>QuickZoom</b> to Form 8889S . . . . . ▶	0.
<b>D</b> Remainder to be carried to Line 6 (Line 5 minus Line C).. . . . .	6,750.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

<b>Line 9 Employer Contribution Smart Worksheet</b>	
<b>A</b> Enter the employer contributions reported in Box 12 of Form W-2 (code W)	2,400.
<b>B</b> Enter employer contributions made in 2017 for the tax year 2016 . . . . .	
<b>C</b> Subtract line B from line A . . . . .	2,400.
<b>D</b> Enter employer contributions made in 2018 for the tax year 2017 . . . . .	
<b>E</b> Other employer contributions for 2017 not reported above . . . . .	
<b>F</b> Employer contributions for 2017. Add lines C, D and E. Enter on line 9 . . . . .	2,400.

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Taxpayer)

**Line 18 Smart Worksheet**

Check here if failure to maintain HDHP coverage in 2017 was due to death or disability

**A**

<b>1</b>	Total HSA contribution in 2016 . . . . .	
<b>2</b>	Excess contribution in 2016 . . . . .	
<b>3</b>	Net HSA contribution in 2016 . . . . .	0.

**B** Check the box below to indicate the type of coverage you had for each month of 2016. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare.

<b>1</b>	January . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>2</b>	February . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>3</b>	March . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>4</b>	April . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>5</b>	May . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>6</b>	June . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>7</b>	July . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>8</b>	August . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>9</b>	September . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>10</b>	October . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>11</b>	November . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	
<b>12</b>	December . . . . . ▶	<input type="checkbox"/>	None	<input type="checkbox"/>	Self-only	<input type="checkbox"/>	Family	

**C**

<b>1</b>	Total maximum allowable contribution for 2016 . . . . .	
<b>2</b>	Amount allocated to spouse in 2016 . . . . .	
<b>3</b>	Net maximum allowable contribution for 2016 . . . . .	

SMART WORKSHEET FOR: Form 8867: Paid Preparer's Due Diligence Checklist

**Paid Preparer Smart Worksheet**

**If different** from the preparer who will sign the return, select the paid preparer who determined the taxpayer's eligibility for and amount of the Earned Income Credit (EIC), Child Tax Credit (CTC), American Opportunity Tax Credit (AOTC), or Additional Child Tax Credit (ACTC)

**A** Enter paid preparer code from Firm/Preparer Info. . . . . 1

SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	5,428.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	1,270.
<b>C</b> Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . .	0.
<b>D</b> Add line A, B, and C . . . . .	6,698.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	0.
<b>F</b> Subtract line E from line D. . . . .	6,698.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____	_____
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . .	_____
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . .	_____
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . .	_____
<b>N</b> Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . .	_____
<b>O</b> Add line L, M, and N . . . . .	_____
<b>Line 6 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____	6,698.

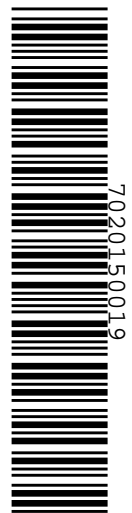
< Staple All Pages of Your Return and W-2s Here

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. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.
KRISHNA C POLAVARAPU LAKSHMI K UMMANENI 403 BOSCAWEN CARY NC 27519 WAKE	Your SSN: 380336568 Spouse's SSN: 213839658	
Filing Status <input type="checkbox"/> 1. Single <input checked="" 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)		
Were you a resident of N.C. for the entire year of 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year spouse died: _____
Was your spouse a resident for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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 \$ 0. 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your spouse a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	STDD	Y	VT	N	SVT	N
POLA	403			27519		DS	N	EA	N	TD			SD				
KRISHNA					C	POLAVARAPU				380336568							
LAKSHMI					K	UMMANENI				213839658		NC	27519				
403	BOSCAWEN									CARY							
06			83956				18	Y		0		26C				0	
07				0			20A			4209		26E				0	
09				0			20B			0		EU					
11	S	Y					21A			0		27				0	
11			17500				21B			0		29				0	
13			00000				21C			0		30				0	
14			66456				21D			0		31				0	
15			3654				26A			0		32				0	
16			200				26B			0		34				755	
TN						PN			6789659729		PP					P02090332	



<b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> 755	<input type="checkbox"/> <b>Payment Due</b> 0
<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	APPANA RUPA VENKATA SATYA 05 31 18
_____ Spouse's Signature (If filing joint return, both must sign.) Date	Paid Preparer's Signature Date
_____ Home Telephone Number (Include area code)	P02090332 6789659729
	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) POLAVARAPU

Your Social Security Number 380336568

**D-400 Line-by-Line Information**

6.	Federal adjusted gross income	6.	83956
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	83956
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	83956
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	17500
12.	Subtract Line 11 from Line 10	12.	66456
13.	Part-year residents and nonresidents taxable percentage	13.	0.0000
14.	N.C. Taxable Income	14.	66456
15.	N.C. Income Tax	15.	3654
16.	Tax Credits	16.	200
17.	Subtract Line 16 from Line 15	17.	3454
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3454

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	4209
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.	4209
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	4209
26a.	<b>Tax Due</b>	26a.	0
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.	<b>Pay this Amount</b>	27.	0
28.	<b>Overpayment</b>	28.	755

**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.	<b>Amount to be Refunded</b>	34.	755

D-400TC (50)

8-24-17

Individual Tax Credits 2017
North Carolina Department of Revenue

If you claim a tax credit on Form D-400, Line 16, you must attach this form to the return. Otherwise, the tax credit may be disallowed.

Important: Refer to the instructions before completing this form.

Last Name (First 10 Characters) POLAVARAPU Your Social Security Number 380336568

Table with 8 columns: Line number, Amount, Code, Amount, Code, Amount, Code, Amount. Rows include 01, 02, 04, 06, 07A.

Part 1. Credit for Income Tax Paid to Another State or Country - N.C. Residents Only

If you claim a tax credit for taxes paid to more than one state or country, do not complete Lines 1-6. Instead, complete the "Out-of-State Tax Credit Worksheet" in the instructions to determine the amount of Line 7a.

Table with 3 columns: Description, Code, Amount. Rows 1-7b detailing income tax credit calculations.

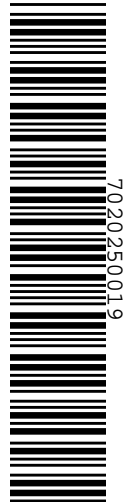
Part 2. Credit for Rehabilitating Historic Structures

Enter expenditures and expenses on Lines 8a, 9a, 10a, and 11a only in the first year the credit is taken. For Lines 8a and 9a the expenditures and expenses must have been incurred prior to January 1, 2015. Enter the installment amount of the tax credit on Lines 8b, 9b, and 11b, and the total amount of the tax credit on 10b.

Table with 3 columns: Description, Code, Amount. Rows 8a-13 detailing historic structure credit calculations.

Part 3. Other Tax Credits and Computation of Total Tax Credits to be Taken for Tax Year 2017

Table with 3 columns: Description, Code, Amount. Rows 14a-20 detailing other tax credits and total computation.



7020250019



North Carolina Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . KRISHNA
Middle Initial . . . . . C Suffix . . . . .
Last Name . . . . . POLAVARAPU
Social Security No. . . . . 380-33-6568
Date of Birth . . . . . 06/21/1980
or age as of 1-1- 2018 . . . . . 37
Date of Death . . . . .
Daytime phone . . . . .

Spouse:

First Name . . . . . LAKSHMI
Middle Initial . . . . . K Suffix . . . . .
Last Name . . . . . UMMANENI
Social Security No. . . . . 213-83-9658
Date of Birth . . . . . 08/27/1981
or age as of 1-1- 2018 . . . . . 36
Date of Death . . . . .
Daytime phone . . . . .

Home phone . . . . .

Check to print phone number on your return . . . . [ ] Taxpayer daytime [ ] Spouse daytime [X] Home

c/o Name (EF only) . . . . .

Street Address . . . . . 403 BOSCAWEN Apt No. . . . .
City . . . . . CARY State . . . . . NC ZIP Code . . . . . 27519
County . . . . . WAKE Foreign Country . . . . .

Part II – Resident Status

Taxpayer Spouse

[X]
[ ]
[ ]

[X]
[ ]
[ ]

Form D-400: Full-Year Resident . . . . .
Form D-400: Nonresident . . . . .
Form D-400: Part-Year Resident . . . . .

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet . . . . .

Taxpayer residency dates . . . . . From To

Spouse residency dates . . . . . From To

Part III – Filing Status

[ ]
[X]
[ ]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name . . . . .
Spouse's Social Security Number . . . . .

[ ]
[ ]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died . . . . .

**Part IV – Other Information**

**Federal AGI:**

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) . . . . . 83,956.

**Federal Return Attachment:**

**Yes No**  
  Federal return attachment required

**Dependent Information:**

**Yes No**  
  Can your parents (or someone else) claim **you** as a dependent?  
  Can your parents (or someone else) claim **your spouse** as a dependent?

**Veteran Information:**

**Yes No**  
  Are you a veteran?  
  Is your spouse a veteran?

**NC Itemized Deductions or NC Standard Deduction:**

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions  
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

**Consumer Use Tax:**

Check here to certify that NO Consumer Use Tax is due.

**Underpayment Penalty:**

Check here to have North Carolina figure the underpayment penalty Form D-422

**Out of the Country:**

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

**Executor or Administrator:**

Check here if this return is to be filed and signed by an Executor or Administrator

**Executor or Administrator Information:**

First Name . . . . . \_\_\_\_\_ Last Name . . \_\_\_\_\_  
Phone Number . . . . . \_\_\_\_\_

**Part V – Preparer Information**

Enter Preparer Code from Firm/Preparer Info . . . 1  
**QuickZoom** to Firm/Preparer Info . . . . . ▶ \_\_\_\_\_

**Part VI – Electronic Filing Information**

**New! State e-file disclosure consent:**

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

File **state** return electronically

**Electronic PDF Attachments**

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

**EF Status Dates:**

Date return was EFiled . . . . . \_\_\_\_\_ Preparer First name . . APPANA  
Date return was accepted by state . . . . . \_\_\_\_\_ Preparer Middle initial . . \_\_\_\_\_  
Date Form D400V was given to client . . . . . \_\_\_\_\_ Preparer Last name . . RUPA VENKATA SATYA SAI MANI KUMAR



# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name KRISHNA C POLAVARAPU & LAKSHMI K UMMANENI	Social Security Number 380-33-6568
---	---------------------------------------

## Tax Payments for the Current Year

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

## Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2 . . . . .	4,209.	
10	State withholding on Forms W-2G . . . . .		
11	State withholding on Forms 1099-R . . . . .		
12 a	State withholding on Forms 1099-MISC . . . . .		
b	State withholding on Forms 1099-G . . . . .		
c	State withholding on Forms 1099-K . . . . .		
13	Other state tax withholding . . . . .		
14	<b>Total income tax withheld</b> . . . . .	4,209.	
15	Date return will be filed and balance paid . . . . .	<b>15</b>	

▶ Keep for your records — Do not file

Name(s) Shown on Return  
KRISHNA C POLAVARAPU & LAKSHMI K UMMANENI

Social Security Number  
380-33-6568

**Standard Deduction or Itemized Deduction for this return**

Standard deduction from below\* . . . . . 17,500.  
 Total allowable itemized deductions from D-400 Sch S . . . . . \_\_\_\_\_

\*Married Filing Separately and spouse claimed NC Itemized Deductions;  
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;  
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

\*Married Filing Separately and spouse claimed NC Standard Deduction;  
 or claimed NC Standard Deduction even if less than NC Itemized Deductions . . . . .

**Standard Deduction for your Filing Status**

Single . . . . .	\$8,750	<div style="border-bottom: 1px solid black; text-align: right; margin-top: 10px;">17,500.</div>
Married Filing Jointly . . . . .	\$17,500	
Married Filing Separately . . . . .	\$8,750	
Head of Household . . . . .	\$14,000	
Qualifying Widow(er) / Surviving Spouse . . . . .	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA  
taken as a NC Itemized Deduction Worksheet**

- |   |  |   |  |
|---|--|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income . . . . .                                 | 1 |  |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion . . . . . | 2 |  |

**Repayment of Claim of Right Worksheet**

**Repayment of amounts under a claim of right if \$3,000 or less:**

- |   |  |   |  |
|---|--|---|--|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A . . . . .                         | 1 |  |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) . . . . .  | 2 |  |
| 3 | Enter amount from Line 24 of federal Schedule A . . . . .  | 3 |  |
| 4 | Subtract Line 1 from Line 3 . . . . .  | 4 |  |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) . . . . .  | 5 |  |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. . . . . | 6 |  |

**Repayment of amounts under a claim of right if over \$3,000:**

Enter the repayment of claim of right income included on Line 28 of federal Schedule A  
 Enter amount on Form D-400 Schedule S, Part C, Line 22 . . . . . ▶ \_\_\_\_\_

## Smart Worksheets from your 2017 North Carolina Tax Return

SMART WORKSHEET FOR: Form D-400TC: Tax Credits

- |  |                       |                |
|--|-----------------------|----------------|
| <b>1</b> Multiply the number of children for whom you are entitled to claim the federal child tax credit by \$100 or \$125 ( <b>Full-year residents</b> enter amount here and on line 14b) . . . | <b>1</b> _____        | <u>200</u>     |
| <b>2</b> <b>Part-year residents and nonresidents</b> multiply the amount on Line 1 by the decimal amount from Form D-400, line 13 and enter the result here and on Line 14b.                     | ( _____ 0 x _____ 0 ) | <b>2</b> _____ |
|  |                       | <u>0</u>       |