

**IRS e-file Signature Authorization**

**2017**

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 <b>NAGA VENKATA RAMANA KOPPULA</b>	Social security number <b>123-57-6745</b>
Spouse's name	Spouse's social security number

**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>	<b>49,826.</b>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>4,623.</b>
<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>	<b>8,732.</b>
<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>	<b>4,109.</b>
<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 

7	6	7	4	5
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 as my signature on my tax year 2017 electronically filed income tax return.  
ERO firm name  
**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 \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2017 electronically filed income tax return.  
ERO firm name  
**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					
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**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

Your first name and initial: **NAGA VENKATA RAMANA** Last name: **KOPPULA** Your social security number: **123-57-6745**

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

Home address (number and street). If you have a P.O. box, see instructions. **1328 MARSH TRAIL CIRCLE SANDY SPRIN** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **ATLANTA GA 30328**

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

▲ Make sure the SSN(s) above and on line 6c are correct.

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single

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

3  Married filing separately. Enter spouse's SSN above 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:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶

**d Total number of exemptions claimed . . . . .**

**Boxes checked on 6a and 6b** **1**

**No. of children on 6c who:**  
• lived with you \_\_\_\_\_  
• did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above ▶** **1**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7** 49,826.

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 ▶  **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** 49,826.

**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** 49,826.

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	49,826.
<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>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	11,849.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	37,977.
• All others: Single or Married filing separately, \$6,350	<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>	4,050.
Married filing jointly or Qualifying widow(er), \$12,700	<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>	33,927.
Head of household, \$9,350	<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>	4,623.
	<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>	4,623.
	<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>	
	<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>	
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	4,623.
<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>	4,623.
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	8,732.
	<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>	8,732.
<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>	4,109.
	<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>	4,109.
Direct deposit? See instructions.	<b>b</b> Routing number 0 5 1 0 0 0 0 1 7 <b>c</b> Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
	<b>d</b> Account number 4 3 5 0 3 6 0 9 8 7 5 8		
	<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	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 05/22/2018	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	

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2017**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

NAGA VENKATA RAMANA KOPPULA

123-57-6745

**Medical and Dental Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

<b>1</b>	Medical and dental expenses (see instructions)	<b>1</b>	
<b>2</b>	Enter amount from Form 1040, line 38	<b>2</b>	
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<b>3</b>	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>	

**Taxes You Paid**

<b>5</b>	State and local (check only one box):	<b>5</b>	
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or		2,596.
<b>b</b>	<input type="checkbox"/> General sales taxes		
<b>6</b>	Real estate taxes (see instructions)	<b>6</b>	
<b>7</b>	Personal property taxes	<b>7</b>	
<b>8</b>	Other taxes. List type and amount ▶	<b>8</b>	
<b>9</b>	Add lines 5 through 8	<b>9</b>	2,596.

**Interest You Paid**

<b>10</b>	Home mortgage interest and points reported to you on Form 1098	<b>10</b>	
<b>11</b>	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	<b>11</b>	
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules	<b>12</b>	
<b>13</b>	Mortgage insurance premiums (see instructions)	<b>13</b>	
<b>14</b>	Investment interest. Attach Form 4952 if required. See instructions	<b>14</b>	
<b>15</b>	Add lines 10 through 14	<b>15</b>	

**Note:**  
Your mortgage interest deduction may be limited (see instructions).

**Gifts to Charity**

<b>16</b>	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	<b>16</b>	
<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500	<b>17</b>	
<b>18</b>	Carryover from prior year	<b>18</b>	
<b>19</b>	Add lines 16 through 18	<b>19</b>	

If you made a gift and got a benefit for it, see instructions.

**Casualty and Theft Losses**

<b>20</b>	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	<b>20</b>	
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**Job Expenses and Certain Miscellaneous Deductions**

<b>21</b>	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	<b>21</b>	10,250.
<b>22</b>	Tax preparation fees	<b>22</b>	
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ▶	<b>23</b>	
<b>24</b>	Add lines 21 through 23	<b>24</b>	10,250.
<b>25</b>	Enter amount from Form 1040, line 38	<b>25</b>	49,826.
<b>26</b>	Multiply line 25 by 2% (0.02)	<b>26</b>	997.
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	<b>27</b>	9,253.

**Other Miscellaneous Deductions**

<b>28</b>	Other—from list in instructions. List type and amount ▶	<b>28</b>	
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**Total Itemized Deductions**

<b>29</b>	Is Form 1040, line 38, over \$156,900?	<b>29</b>	
	<input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		11,849.
	<input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

# Unreimbursed Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ **Go to [www.irs.gov/Form2106EZ](http://www.irs.gov/Form2106EZ) for the latest information.**

**2017**  
Attachment  
Sequence No. **129A**

Your name NAGA VENKATA RAMANA KOPPULA	Occupation in which you incurred expenses	Social security number 123-57-6745
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**You Can Use This Form Only if All of the Following Apply.**

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

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

**Part I Figure Your Expenses**

<b>1</b> Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here . . . . .	<b>1</b>	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	7,000.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	1,250.
<b>5</b> Meals and entertainment expenses: \$ <u>4,000.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	<b>5</b>	2,000.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	10,250.

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

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

# Tax History Report

**2017**

▶ Keep for your records

Name(s) Shown on Return

NAGA VENKATA RAMANA KOPPULA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status . . . . .					Single
Total income . . . . .					49,826.
Adjustments to income					
Adjusted gross income					49,826.
Tax expense . . . . .					2,596.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions . . . . .					9,253.
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .					11,849.
Exemption amount . .					4,050.
Taxable income . . . .					33,927.
Tax . . . . .					4,623.
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .					
Payments . . . . .					8,732.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .					4,109.
Effective tax rate % . .					9.28
**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 (NAGA VENKATA RAMANA KOPPULA) and Social Security Number (123-57-6745)

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 (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, etc.) and checkboxes (one checked 'X')

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.

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) . . . . . 76745 Spouse's PIN (5 numbers) . . . . . Date . . . . . 02/13/2018

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

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## Part I – Personal Information

### Taxpayer:

Last name . . . . . KOPPULA  
 First name . . . . . NAGA VENKATA RAMANA  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . 123-57-6745  
 Occupation . . . . . SOFTWARE ENGINEER  
 Date of birth . . . . . 05/24/1987 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 30  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . Naga.venky04@gmail.com  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . (804) 663-8520  
 Home phone . . . . . \_\_\_\_\_  
 Fax number . . . . . \_\_\_\_\_

### Spouse:

Last name (if different) . . . . . \_\_\_\_\_  
 First name . . . . . \_\_\_\_\_  
 Middle initial . . . . . \_\_\_\_\_ Suffix . . . . . \_\_\_\_\_  
 Social security no. . . . . \_\_\_\_\_  
 Occupation . . . . . \_\_\_\_\_  
 Date of birth . . . . . \_\_\_\_\_ (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . \_\_\_\_\_  
 Date of death . . . . . \_\_\_\_\_  
 Legally blind . . . . .   
 E-mail address . . . . . \_\_\_\_\_  
 Work phone . . . . . \_\_\_\_\_ Ext \_\_\_\_\_  
 Cell phone . . . . . \_\_\_\_\_

**Note:** Work phone is transmitted for electronic funds withdrawal.

Best contact phone number . . . . . Taxpayer cell phone (804) 663-8520  
 Print phone number on Form 1040 . . .  Home  Taxpayer work  Spouse work

### US Address:

Address . . . . . 1328 MARSH TRAIL CIRCLE SANDY SPRIN Apt no. . . . . \_\_\_\_\_  
 City . . . . . ATLANTA State . . . . . GA ZIP code . . . . . 30328

**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  Code	Not qual for child tax credit Or non U.S.***
					Lived with taxpyr in U.S.	Educ Tuition and Fees		

\* **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



**Part-Year Resident State Allocation Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return <u>NAGA VENKATA RAMANA KOPPULA</u>	Social Security Number <u>123-57-6745</u>
---	--

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
<b>1 T</b> Wages, salaries, tips . . . . .	49,826.	<u>GA</u>	<u>GA</u>	16,007.
		<u>VA</u>	<u>VA</u>	33,819.
		—	—	—
<b>S</b> Wages, salaries, tips . . . . .		—	—	—
		—	—	—
		—	—	—
		—	—	—

\* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>2 T</b> Taxable interest . . . . .						
<b>S</b> Taxable interest . . . . .						
<b>3 T</b> Dividends . . . . .						
<b>S</b> Dividends . . . . .						
<b>4 T</b> State/local tax refund . . . . .						
<b>S</b> State/local tax refund . . . . .						
<b>5 T</b> Alimony received. . . . .						
<b>S</b> Alimony received. . . . .						

\* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
<b>6 T</b> Business inc or loss .							
<b>S</b> Business inc or loss .							
<b>7 T</b> Farm income or loss .							
<b>S</b> Farm income or loss .							
<b>8 Total Schedule E. T</b>		See Sch E Income Allocation Smart Worksheet					
<b>S</b>							

\* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
<b>9 T</b> Capital gain or loss . . . . .						
<b>S</b> Capital gain or loss . . . . .						
<b>10 T</b> Other gains/losses . . . . .						
<b>S</b> Other gains/losses . . . . .						
<b>11 T</b> Unemployment compensation .						
<b>S</b> Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
<b>12 T</b> Taxable IRA distributions . . . .					
<b>S</b> Taxable IRA distributions . . . .					
<b>13 T</b> Taxable pensions/annuities . . .					
<b>S</b> Taxable pensions/annuities . . .					
<b>14a T</b> Taxable social security benefits .					
<b>S</b> Taxable social security benefits .					
<b>b T</b> Taxable railroad retirements . .					
<b>S</b> Taxable railroad retirements . .					
<b>15</b> Total other income . . . . . <b>T</b>					
<b>S</b>					
<b>16</b> Total Income. . . . . <b>T</b>	49,826.				
<b>S</b>					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>17 T</b> Educator expenses . . . . .					
<b>S</b> Educator expenses . . . . .					
<b>18 T</b> Certain business expenses . . . . .					
<b>S</b> Certain business expenses . . . . .					
<b>19 T</b> Health savings account deduction . . .					
<b>S</b> Health savings account deduction . . .					
<b>20 T</b> Moving expenses . . . . .					
<b>S</b> Moving expenses . . . . .					
<b>21 T</b> Penalty - early withdrawal of savings . .					
<b>S</b> Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
<b>22 T</b> Alimony paid . . . . .					
<b>S</b> Alimony paid . . . . .					
<b>23 T</b> IRA deduction . . . . .					
<b>S</b> IRA deduction . . . . .					
<b>24 T</b> Student loan interest deduction . . .					
<b>S</b> Student loan interest deduction . . .					
<b>25 T</b> Tuition and fees deduction . . . . .					
<b>S</b> Tuition and fees deduction . . . . .					



# Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return NAGA VENKATA RAMANA KOPPULA	Social Security Number 123-57-6745
--	---------------------------------------

### 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  
Spouse

**Note:** Alabama does not allow this option

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

  

Taxpayer  
Spouse

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

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:

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
License number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

### State Identification Card Detail

#### Taxpayer:

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
NY Document number (first 3 chars)\* . . . . . \_\_\_\_\_

#### Spouse:

Issuing state . . . . . \_\_\_\_\_  
Identification number . . . . . \_\_\_\_\_  
Issue date . . . . . \_\_\_\_\_  
Expiration date . . . . . \_\_\_\_\_  
Does not expire . . . . .   
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: NAGA VENKATA RAMANA KOPPULA; Social Security Number: 123-57-6745

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 Electronic Filers Identification Number (EFIN): 587278; ERO Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041

Paid Preparer Information

Firm Name: GLOBAL TAXES LLC; Social Security Number or PTIN: P02090332; Name: APPANA RUPA VENKATA SATYA SAI MANI KUMAR; Address: 2530 Pebble Creek Ln; City: Cumming, State: GA, ZIP Code: 30041; 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 (checkboxes)

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.

Table with State/City \* header and rows for New York, Vermont, and blank entries.

**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 NAGA VENKATA RAMANA KOPPULA	Social Security Number 123-57-6745
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		49,826.	8,732.	49,826.	2,596.
<b>Totals</b> . . . . .		49,826.	8,732.	49,826.	2,596.

**Form W-2 Summary**

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	49,826.		49,826.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	8,732.		8,732.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	49,826.		49,826.
<b>4</b>	Total social security tax withheld . . . . .	3,089.		3,089.
<b>5</b>	Total Medicare wages and tips . . . . .	49,826.		49,826.
<b>6</b>	Total Medicare tax withheld . . . . .	722.		722.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	1,818.		1,818.
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	1,818.		1,818.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	Total deductible employee expenses . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	49,826.		49,826.
<b>17</b>	Total state tax withheld . . . . .	2,596.		2,596.
<b>19</b>	Total local tax withheld. . . . .			

► Keep for your records

Name as shown on return NAGA VENKATA RAMANA KOPPULA	Social Security Number 123-57-6745
--	---------------------------------------

**Employer EIN** . . . . . 58-1760235  
**Employer Name** . . . . . INFOSYS LIMITED  
 Name (cont.) \_\_\_\_\_  
**Street Address or P. O. Box** 6100 TENNYSON PKWY 200  
**City** PLANO **State** TX **ZIP** 75024  
**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 . . . . .	49,826.	<b>2</b> Federal tax withheld . . . . .	8,732.
<b>3</b> Social security wages . . . . .	49,826.	<b>4</b> Social sec tax withheld . . . . .	3,089.
<b>5</b> Medicare wages and tips . . . . .	49,826.	<b>6</b> Medicare tax withheld . . . . .	722.
<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	17.	A: Enter amount attributable to RRTA Tier 2 tax . . . . .
DD	1,801.	M: Enter amount attributable to RRTA Tier 2 tax . . . . .
		P: Double click to link to Form 3903, line 4 . . . . .
		R: Enter MSA contribution for Taxpayer . . . . .
		Spouse . . . . .
		W: Enter HSA contribution for Taxpayer . . . . .
		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
GA	1945856-QS	16,007.	884.
VA	30581760235F001	33,819.	1,712.

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

**9** Verification Code . . . . . **9** 2462-932e-b1ec-e95f  
**10** Dependent care benefits (Check if employer furnished care at work) . . . . .  **10**  
 Dependent care benefits - Amount forfeited from flexible spending account . . . . .  
**11** Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) **11**

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

NAGA VENKATA RAMANA KOPPULA

123-57-6745 Page 2

Employer Name . . . . INFOSYS LIMITED

Part I Statutory employees

A [ ] Box 13a. Statutory employee
B [ ] Deducting expenses in connection with this income
C [ ] If deducting expenses, double click to link to Schedule C . . . . . C

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

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

Part III Unreported Tip Income

H 1 [ ] Tips \$20 or more in a month which were not reported to employer . . . . . H1
2 [ ] Tips less than \$20 in a month which were not required to be reported . . . . . H2
3 [ ] Value of non-cash tips, such as tickets or passes, not reported . . . . . H3
4 [ ] Actual amount of allocated tips if different than the amount in box 8 . . . . . H4
5 [ ] Tips paid out through a tip-sharing arrangement . . . . . H5
6 [ ] 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. . . . . 123-57-6745
First name M.I. Last name Suff.
NAGA VENKATA RAMANA KOPPULA
Address City St ZIP code
1328 MARSH TRAIL CIRCLE SANDY SPRIN ATLANTA GA 30328
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. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return NAGA VENKATA RAMANA KOPPULA	Social Security Number 123-57-6745
--	---------------------------------------

**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	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
<b>Tot Estimated Payments . . .</b>								

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

	Federal	State	Local
<b>Taxes Withheld From:</b>			
10 Forms W-2 . . . . .	8,732.	2,596.	
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 . . . . .	8,732.	2,596.	
20 <b>Total Tax Payments for 2017</b> . . . . .	8,732.	2,596.	

	State	ID	Local	ID
<b>Prior Year Taxes Paid In 2017</b> (If multiple states or localities, see Tax Help)				
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>NAGA VENKATA RAMANA KOPPULA</u>	Social Security Number <u>123-57-6745</u>
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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 . . . . .	49,826 .	_____	49,826 .
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 . . . . .	49,826 .	_____	49,826 .
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 . . . . .	49,826 .	_____	49,826 .
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 . . . . .	49,826 .	_____	49,826 .

## Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss) . . . . .	_____	_____	_____
16 Wages, salaries, tips, etc . . . . .	49,826 .	_____	49,826 .
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. . . . .	49,826 .	_____	49,826 .

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

23 Self-employed, church and statutory employees . . . . .	_____	_____	_____
24 Wages, salaries, tips, etc . . . . .	49,826 .	_____	49,826 .
25 Nontaxable combat pay . . . . .	_____	_____	_____
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	49,826 .	_____	49,826 .



# Federal Carryover Worksheet

**2017**

▶ Keep for your records

Name(s) Shown on Return <u>NAGA VENKATA RAMANA KOPPULA</u>	Social Security Number <u>123-57-6745</u>
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**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 . . . . .		1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		11,849.
4	Check box if required to itemize deductions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .		49,826.
6	Tax liability for Form 2210 or Form 2210-F . . . . .		4,623.
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  
 NAGA VENKATA RAMANA KOPPULA

Filing status . . . . . Single . . . . . Number of exemptions . . . . . 1

**Gross Income**

Wages and salaries . . . . .	49,826.
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> . . . . .	49,826.

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

**Adjusted Gross Income** . . . . . (Last year's AGI) . . . . . \_\_\_\_\_ 49,826.

**Itemized/Standard Deductions**

Medical and dental . . . . .	_____
Taxes . . . . .	2,596.
Interest . . . . .	_____
Contributions . . . . .	_____
Casualty or theft loss(es) . . . . .	_____
Miscellaneous . . . . .	9,253.
Phaseout of itemized deductions . . . . .	_____
<b>Total Itemized Deductions</b> . . . . .	11,849.
Standard deduction . . . . .	_____
Exemption amount . . . . .	4,050.

**Taxable Income** . . . . . 33,927.

Income tax . . . . .	4,623.
Alternative minimum tax . . . . .	_____
<b>Total Taxes before Credits</b> . . . . .	4,623.
Nonbusiness credits . . . . .	_____
Business credits . . . . .	_____
<b>Total Credits</b> . . . . .	_____
Self-employment tax . . . . .	_____
Other taxes . . . . .	_____

**Total Tax** . . . . . 4,623.

Withholding . . . . .	8,732.
Estimated tax payments . . . . .	_____
Other payments . . . . .	_____
<b>Total Payments</b> . . . . .	8,732.
Estimated tax penalty . . . . .	_____
Refund applied to next year's estimated tax . . . . .	_____

**Amount Overpaid** . . . . . 4,109.

**Refund** . . . . . 4,109.

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

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

Tax bracket . . . . .	15.0 %
Effective tax rate . . . . .	9.28 %

# 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>4,623.</u>
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="" type="checkbox"/>
<b>2</b>	Tax Computation Worksheet (see instructions) . . . . . <input type="checkbox"/>
<b>3</b>	Schedule D Tax Worksheet . . . . . <input type="checkbox"/>
<b>4</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>5</b>	Schedule J . . . . . <input type="checkbox"/>
<b>6</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>7</b>	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>4,623.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

**State and Local Taxes Smart Worksheet**

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

- A Income from Form 1040, line 38 . . . . . 49,826.
- B Nontaxable income entered elsewhere on return . . . . .
- C Available income: 2016 refundable credits in excess of tax . . . . . 0.
- D **Enter** any additional nontaxable income . . . . .
- E Total available income for sales taxes . . . . . 49,826.
- F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).  
If AZ, CO, LA, MS, NY or SC column (a):

**QuickZoom** to Misc Global Options to enter default locality . . . . . ►           

**or** Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) <b>Enter</b> Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
VA	03/15/17	10/20/17	4.3000	4.3000	0.0000	426.	0.	257.
GA	10/21/17	12/31/17	4.0000	4.0000	0.0000	381.	0.	75.

- Total general sales taxes from table . . . . . 332.
- H **Enter** additions to table amount (motor vehicle, boat) . . . . .
- I Total sales taxes from table plus additions to table amount . . . . . 332.
- J **Enter** actual sales taxes paid (in lieu of table amount) . . . . .
- K Total income taxes paid . . . . . 2,596.

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

Virginia Submission Identification Number (SID)

First Name & Middle Initial (if joint or combined return, enter both)	Last Name	B Your Social Security Number	
<u>NAGA VENKATA RAMANA</u>	<u>KOPPULA</u>	123-57-6745	
Present Home Address		A Spouse's Social Security Number	
<u>1328 MARSH TRAIL CIRCLE SANDY SPRIN</u>			
City, State and Zip Code		Online Filed Return	
<u>ATLANTA GA 30328</u>		<input type="checkbox"/>	
<b>Part I Tax Return Information</b>		<b>A Spouse</b>	<b>B Yourself</b>
1. Federal Adjusted Gross Income (Form 760CG, Line 1; 760PY, Line 1, columns A & B; Form 763, Line 1)			49,826.
2. Virginia Adjusted Gross Income (Form 760CG, Line 9; 760PY, Line 10, columns A & B; Form 763, Line 9)			33,819.
3. Taxable Income (Form 760CG, Line 16; 760PY, Line 17, columns A & B; Form 763, Line 18)			33,258.
4. Virginia Income Tax (Form 760CG, Line 19; 760PY, Line 18, columns A & B; Form 763 Line 19)			1,655.
5. Withholding (Form 760CG, Line 20a & b; 760PY, Lines 20a & 20b; Form 763, Lines 20a & 20b)			1,712.
6. Amount you Owe (Form 760CG, Line 37; Form 760PY, Line 37; Form 763, Line 37)			
7. Refund (Form 760CG, Line 38; 760PY, Line 38; Form 763, Line 38)			57.
<b>Part II Declaration of Taxpayer</b>			
8a. <input checked="" type="checkbox"/> I consent that my refund be directly deposited as designated on my 2017 Virginia income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
8b. <input type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund. I choose to have a check mailed to me.			
8c. <input type="checkbox"/> I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on my 2017 Virginia income tax return for payment of my state taxes owed on this return and/or a payment of estimated tax. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process.			
I declare under penalties of perjury that I have compared the information on my return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my 2017 Virginia individual income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return including this declaration and accompanying schedules and statements be sent to the Internal Revenue Service (IRS) by my electronic return originator (ERO) and by the IRS to Virginia Tax. This declaration is to be retained by the ERO or transmitter as validation of my electronically filed Virginia income tax return. Taxpayers may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
Your Signature	Date	Spouse's Signature (If Filing Status 2 or 4, BOTH must sign)	Date
<b>Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer</b>			
I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature on Form VA-8453 before submitting this return to the Internal Revenue Service (IRS) and Virginia Tax. I have provided the taxpayer with a copy of all forms and information to be filed with the IRS and Virginia Tax and have followed all other requirements as described in Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2017) and any requirements specified by Virginia Tax. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which preparer has any knowledge. EROs and paid preparer can sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
ERO's Signature		Date	
<u>GLOBAL TAXES LLC</u>		<u>05-22-18</u>	
Firm's name (or yours if self-employed)		SSN/PTIN	
<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>		<u>301017196</u>	
Address, City, State and Zip		Paid Preparer? <input type="checkbox"/> Y <input type="checkbox"/> N   Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
		<u>301017196</u>	
Paid Preparer's Signature		Date	
<u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>		<u>05-22-18</u>	
Firm's name (or yours if self-employed)		EIN	
<u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>		<u>P02090332</u>	
Address, City, State and Zip		SSN/PTIN	
		<u>301017196</u>	
		Self-employed? <input type="checkbox"/> Y <input type="checkbox"/> N	
		<u>301017196</u>	
		EIN	

**Form 760PY Virginia Part-Year Resident Income Tax Return**  
**2017**  
**Page 1 Due May 1, 2018**



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

Dates of VA Residence (mm-dd-yyyy)	
You - From	You - To
03-15-2017	10-20-2017
Spouse - From	Spouse - To

<b>YOUR</b> First Name NAGA VENKATA RAMANA	MI	Your Last Name KOPPULA	Check if deceased <input type="checkbox"/>	Suffix	<b>A</b> Your Social Security Number 123-57-6745
<b>SPOUSE'S</b> First Name (filing status 2 or 4)	MI	Spouse's Last Name	Check if deceased <input type="checkbox"/>	Suffix	<b>B</b> Spouse's Social Security Number

Present Home Address (Number and Street, or Rural Route) 1328 MARSH TRAIL CIRCLE SANDY SPRIN			VA Driver's License Information Customer ID		
City, Town or Post Office ATLANTA			You _____ Spouse _____		
State GA	ZIP Code 30328	Locality Code 900	Issue Date (mm-dd-yyyy) You _____ Spouse _____		

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return	<input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman	Combined Social Security for You and Spouse reported as taxable income on Federal Return \$ _____,00
	<input type="checkbox"/> Check if Result of NOL <input type="checkbox"/>	<input type="checkbox"/> Earned Income Credit Claimed on federal return	
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Overseas on Due Date	

**Filing Status** Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name \_\_\_\_\_

**Exemptions** Enter the number of exemptions being claimed.

You/ Spouse	Dependents	65 or Over	Blind
<b>A - You</b> Enter the numbers for both You and Spouse if Filing Status 2 1	0		
<b>B - Spouse</b> Filing Status 4 Only			

**DATE OF BIRTH**

Your Birth Date (mm-dd-yyyy) 0 5 - 2 4 - 1 9 8 7

Spouse's Birth Date (mm-dd-yyyy) - -

<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
---	---

**Complete the Schedule of Income first and submit it with your Form 760PY.**

Line	Description	1	2	3	4a	4b	5	6	7	8	9	10	11	12	13
1	FEDERAL ADJUSTED GROSS INCOME from Sch. of Income, Part 1, Line 7, Column 1.	00		49826	00										
2	Additions from Schedule 760PY ADJ, Line 3.	00													
3	<b>Add Lines 1 and 2.</b>	00		49826	00										
4a	Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A.														00
4b		00													00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia.	00													00
6	State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1.	00													00
7	Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3.	00		16007	00										
8	Subtractions from Schedule 760PY ADJ, Line 7.	00													00
9	<b>Add Lines 4a, 4b, 5, 6, 7 and 8.</b>	00		16007	00										
10	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3.</b>	00		33819	00										
11	Itemized Deductions paid while a Virginia resident	00		1712	00										
12	State and local income taxes on Federal Schedule A and included on Line 11.	00		1712	00										
13	Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions.	00		0	00										



Your Name NAGA VENKATA RAMANA KOPPULA	Your SSN 123-57-6745
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	<b>B</b> Spouse Filing Status 4 ONLY	<b>A</b> You Include Spouse if Filing Status 2
14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions.....	00	561 00
15 Deductions from Schedule 760PY ADJ, Line 9.....	00	00
16 <b>Add Lines 13, 14 and 15.</b> .....	00	561 00
17 <b>Virginia Taxable Income. Subtract Line 16 from Line 10.</b> .....	00	33258 00
18 Tax amount from Tax Table or Tax Rate Schedule.....	00	1655 00
19 <b>Total Tax. Add Line 18, Column A and Line 18, Column B.</b> .....		1655 00
20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		1712 00
20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1.....		00
21 Combined 2017 Estimated Tax Payments.....		00
22 2016 overpayment credited to 2017 estimated taxes.....		00
23 Extension Payment - Enter amount paid on Form 760IP.....		00
24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17...		00
25 Total credit for taxes paid to another state from Schedule OSC.....		00
26 Reserved for future use.....		
27 Credits from Schedule CR, Section 5, Line 1A.....		00
28 <b>Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, and 27.</b> .....		1712 00
29 If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME TAX YOU OWE.</b> .....		00
30 If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPAYMENT AMOUNT.</b> .....		57 00
31 Amount of overpayment on Line 30 to be <b>CREDITED TO 2018 ESTIMATED INCOME TAX.</b> .....		00
32 Virginia College Savings Plan Contributions from Schedule VAC, Section I, Line 6.....		00
33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14.....		00
34 Addition to Tax, Penalty and Interest from <b>enclosed</b> Schedule 760PY ADJ, Line 21.....		00
35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. ....Check here if no sales and use tax is due..... <input checked="" type="checkbox"/>		00
36 <b>Add Lines 31 through 35.</b> .....		00
37 If you owe tax on Line 29, add Lines 29 and 36 - <b>OR</b> - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at <b>www.tax.virginia.gov</b> ..... <b>AMOUNT YOU OWE</b> ... <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.....		00
38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30..... <b>YOUR REFUND.</b> ..... If the Direct Deposit section below is not completed, your refund will be issued by check.		57 00

**DIRECT BANK DEPOSIT**  
Domestic Accounts Only.  
No International Deposits.

<b>Your Bank Routing Transit Number</b>	<b>Your Bank Account Number</b>	Checking <input type="checkbox"/>	Savings <input checked="" type="checkbox"/>
0 5 1 0 0 0 0 1 7	4 3 5 0 3 6 0 9 8 7 5 8		

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).  
I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature	Your Phone Number	Date
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Date
Preparer's Name APPANA RUPA VENKATA SATYA SAI MANI KUMAR	Preparer's Phone Number (678) 965-9729	Date 05-22-2018
Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041	Preparer's PTIN P02090332	Vendor Code 1555
	Filing Election Code 7	Office Use Only



**2017 VIRGINIA SCHEDULE OF INCOME  
Form 760PY**

Page 1



Your Name NAGA VENKATA RAMANA KOPPULA	Your SSN 123-57-6745
--	-------------------------

**PART 1**

**Income Distribution**

Complete the Schedule of Income prior to beginning Form 760PY. Everyone should complete Section A. If you are claiming filing status 4, also complete Section B. Refer to your federal return when completing Part 1.

SECTION A SCHEDULE OF INCOME Form 760PY, Column A — All Filers Must Complete This Schedule —		You (Include Spouse if Filing Status 2)						
		Column A1 Federal Return		Column A2 While VA Resident		Column A3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1	49826	.00	33819	.00	16007	.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4	49826	.00	33819	.00	16007	.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal adjusted gross income (Line 4 less Lines 5 and 6)* .....	7	49826	.00	33819	.00	16007	.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9	49826	.00	33819	.00	16007	.00

\*Enter the amount from Line 7, Column A1 on Form 760PY, Page 1, Line 1, Column A.

SECTION B SCHEDULE OF INCOME Form 760PY, Column B — Spouse Must Complete This Schedule if claiming Filing Status 4 —		Enter Spouse's Income When Filing Status 4 Is Claimed						
		Column B1 Federal Return		Column B2 While VA Resident		Column B3 While NOT VA Resident		
1.	Wages, salaries, tips, etc.....	1		.00		.00		.00
2.	Interest and dividends .....	2		.00		.00		.00
3.	Pension and other income.....	3		.00		.00		.00
4.	Gross income (add Lines 1, 2 and 3) .....	4		.00		.00		.00
5.	Adjustments to income: moving expenses .....	5		.00		.00		.00
6.	Other income adjustments (enclose explanation)	6		.00		.00		.00
7.	Federal Adjusted gross income (Line 4 less Lines 5 and 6)** .....	7		.00		.00		.00
8.	Net fixed date conformity modifications.....	8		.00		.00		.00
9.	Fixed date conformity Federal Adjusted Gross Income (add Lines 7 and 8).....	9		.00		.00		.00

\*\*Enter the amount from Line 7, Column B1 on Form 760PY, Page 1, Line 1, Column B.

Submit completed Schedule of Income with Form 760PY to avoid delays.

**2017 VIRGINIA SCHEDULE OF INCOME**

**Form 760PY**

Page 2



Your Name <b>NAGA VENKATA RAMANA KOPPULA</b>	Your SSN <b>123-57-6745</b>
---	--------------------------------

**PART 2**

**Prorated Exemptions Worksheet**

Complete the Prorated Exemption Worksheet to compute your allowable personal and dependent exemptions. The worksheet below is used to reduce your personal and dependent exemptions to an amount that is proportional to the number of days you resided in Virginia during the taxable year. The total exemption amount is the number of exemptions claimed, prorated based on the portion of the year you resided in Virginia (see Ratio Schedule in Form 760PY Instructions).

Each spouse must compute his or her own prorated personal exemptions based on the number of exemptions claimed in the Exemption Section of Form 760PY. Use the separate exemption amounts for "you" and your "spouse" when completing Lines 1 - 11 of the worksheet. Enter the total prorated exemption in the appropriate column on Form 760PY, Line 14. If claiming Filing Status 2, the combined exemption amount for you and spouse should be entered on Form 760PY, Line 14, Column A.

For example, if you are single, claim no dependents and moved to Virginia on July 1, your prorated Virginia personal exemption is computed as follows:

\$930 (One personal exemption)

X .504 (Ratio Schedule factor for July 1 move to Virginia)

\$468.72 (Be sure to round to the nearest whole number, \$469.00 in this example)

**Prorated Virginia Personal Exemptions**

		<b>Column B Spouse</b>	<b>Column A You</b>
1.	Your exemption .....		1
2.	Dependents .....		0
3.	Add Lines 1 and 2 .....		1
4.	Multiply Line 3 by \$930 .....		930
5.	65 or over .....		
6.	Blind .....		
7.	Add Lines 5 and 6 .....		
8.	Multiply Line 7 by \$800 .....		
9.	Add Lines 4 and 8 .....		930
10.	Enter the ratio amount from the Personal Exemption Ratio Schedule in the Form 760PY Instructions .....		0.603
11.	Multiply Line 9 by Line 10 and enter the result in the appropriate column on Form 760PY, Line 14.....		561

**PART 3**

**Moving Information**

1a. If YOU moved into Virginia in 2017, prior state of residence \_\_\_\_\_

1b. If YOU moved out of Virginia in 2017, state moved to \_\_\_\_\_

2a. If SPOUSE moved into Virginia in 2017, prior state of residence \_\_\_\_\_

2b. If SPOUSE moved out of Virginia in 2017, state moved to \_\_\_\_\_

**2017 Schedule INC/CG**

123576745

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



NAGA VENKATA KOPPULA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
123576745	W	1712.	581760235	30581760235F001	33819.

Total VA Withholding	SSN	VA Withholding
You	123576745	1712.
Spouse		
Total # of W-2s, 1099s & VK-1s	01	

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



Part IV – Other Information (continued)

Farmers and Fishermen

- Are you self-employed in farming/fishing or a merchant seaman? Return will be filed and tax due will be paid by March 1, 2018

Sales & Use Tax Information

Yes No

Did you purchase merchandise from retailers in 2017 for use in Virginia and not pay retail sales and use tax? If yes, you owe Virginia and must pay the tax. Enter purchases below.

Enter total cost of food items purchased
Enter total cost of non-food items purchased.
Check this box if home is in Northern Virginia or Hampton Roads region affected by increase of Use Tax Rate to 6% (otherwise rate is 5.3%)

Underpayment Penalty Information

Enter last year's Virginia adjusted gross income
Enter last year's deductions
Enter last year's nonrefundable credits
Enter last year's total tax liability before credits
Enter last year's spouse tax adjustment credit (if you filed Form 760 last year)

Part V – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer 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 Virginia Department of Taxation, as applicable by law.

- The state return will be filed electronically
You elect to opt-out of electronic filing and Form 8454-P has been filed with the state

Electronic PDF Attachments

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

Table with 2 columns: Description, Filename

Date return was EFiled
Date return was accepted by the state
Enter the date Form 760-PMT or Form 760-PFF was given to client.

QuickZoom to Form 8453

Part VI – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Do you want to elect direct deposit of state tax refund?
Important: If you answered No to direct deposit, your state refund will be issued on a paper check. The Virginia Department of Taxation no longer issues debit cards.

- Do you want to elect electronic funds withdrawal of state balance due (EF Only)? Note: Electronic funds withdrawal occurs upon acceptance date
Do you want to pay the amount you owe by credit/debit card? Note: Payment occurs upon acceptance date

International ACH Transactions:

Will the fund go to or originate from an account outside the U.S.?
Virginia does not currently support International ACH transactions.

If you selected direct deposit or electronic funds withdrawal and answered No to International ACH Transactions, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Check the appropriate box:

- Checking
Savings
Routing number 051000017
Account number 4350 3609 8758

Enter the date to withdraw from the account above (Caution: See help for date to enter)
State balance-due amount from this return.

Part VII – Paid Preparer Information

Enter the preparer's assigned code from Preparer's Information Worksheet 1

Yes No

I authorize the Department of Taxation to discuss my return with my preparer

Part VIII – Extension Status

Yes No

Has the tax return due date been extended for a six month extension?

Extended due date

QuickZoom to Form 760-IP Automatic Extension Payment

**Part IX – Amended Return**

- You are filing a Virginia amended return
- You are filing a Virginia amended return due to NOL

If amending a current year return, **QuickZoom** to Worksheet for Amended Returns to determine if you are due a refund, or need to make an additional payment . . . . . ▶

- 
- QuickZoom** to Form 760 . . . . . ▶
  - QuickZoom** to Form 760PY . . . . . ▶
  - QuickZoom** to Form 763 . . . . . ▶
  - QuickZoom** to Form 763S (Taxpayer) . . . . . ▶
  - QuickZoom** to Form 763S (Spouse) . . . . . ▶

## Tax Payments Worksheet

**2017**

▶ Keep for your records

Name <u>NAGA VENKATA RAMANA KOPPULA</u>	Social Security Number <u>123-57-6745</u>
--	--

### Tax Payments for the Current Year

	Date	Payment
1 First Payment . . . . .	_____	_____
2 Second Payment . . . . .	_____	_____
3 Third Payment . . . . .	_____	_____
4 Fourth Payment . . . . .	_____	_____
<b>Additional Payments</b>		
5 a Payment . . . . .	_____	_____
b Payment . . . . .	_____	_____
c Payment . . . . .	_____	_____
d Payment . . . . .	_____	_____
e Payment . . . . .	_____	_____
6 Overpayment from previous year applied to 2017 . . . . .	_____	_____
7 Amount paid with current year extension . . . . .	_____	_____
8 <b>Total tax payments.</b> Add lines 1 through 7 . . . . .	_____	_____

### Income Taxes Withheld for the Current Year

	Spouse	Taxpayer
9 State withholding on Forms W-2 . . . . .	_____	1,712.
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-INT . . . . .	_____	_____
d State withholding on Forms 1099-K . . . . .	_____	_____
13 a Withholding from Schedule VK-1 . . . . .	_____	_____
b Other state tax withholding . . . . .	_____	_____
<input type="checkbox"/> If Schedule VK-1 withholding is included on both lines 13a and 13b, either check this box or enter the Schedule VK-1 withholding as a negative amount here . . . . . ▶	_____	_____
14 <b>Total income tax withheld.</b> . . . . .	_____	1,712.
15 Date return will be filed and balance paid . . . . .	_____	_____

# Smart Worksheets from your 2017 Virginia Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

Additional Information Smart Worksheet	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form VA-8453: <i>Form W-2 (State copy)</i> _____ _____ _____
<b>D</b>	Documents to attach to the BACK of Form VA-8453: _____ _____ _____ _____
<b>E</b>	<b>Retain Form VA-8453 and all attachments for a period of three years. DO NOT MAIL TO STATE AUTHORITIES</b>



SMART WORKSHEET FOR: Form 760 PY: Part-Year Individual Income Tax Return

<b>Itemized Deduction Allocation Worksheet</b>		
	<b>Column 1</b> Total from all sources	<b>Column 2</b> Virginia amount
<b>1</b> Federal adjusted gross income (including fixed date conformity adjustment, if any) . . . . .	49826	
<b>2</b> Medical and dental expenses . . . . .		
<b>3</b> Multiply line 1 by 7.5% . . . . .	3737	
<b>4</b> Allowable medical and dental expenses . . . . .		
<b>5</b> State and local income taxes . <input checked="" type="checkbox"/> or general sales taxes . <input type="checkbox"/>	2596	1712
<b>6</b> Real estate taxes . . . . .		
<b>7</b> Personal property taxes and other taxes . . . . .		
<b>8</b> Total taxes paid. Add lines 5 - 7 . . . . .	2596	1712
<b>9</b> Investment interest . . . . .		
<b>10</b> Non-investment interest . . . . .		
<b>11</b> Gifts to charity . . . . .		
<b>12</b> Casualty and theft losses . . . . .		
<b>13</b> Unreimbursed employee expenses . . . . .	10250	0
<b>14</b> Tax preparation fees . . . . .		
<b>15</b> Other expenses - investment, safe deposit box, etc. . . . .		
<b>16</b> Add lines 13 - 15 . . . . .	10250	0
<b>17</b> Multiply line 16 by 2% (.02) . . . . .	997	
<b>18</b> Allowable jobs expenses . . . . .	9253	0
<b>19</b> Gambling losses . . . . .		
<b>20</b> Other miscellaneous deductions (not subject to limitation) . . . . .		
<b>21</b> Virginia itemized deductions. Add lines 4, 8, 9-12, 18, 19 and 20 . . .	11849	1712

SMART WORKSHEET FOR: Virginia Schedule of Income

<b>Income and Adjustments Allocation Smart Worksheet</b>				
<b>Note:</b> Entries made on this smart worksheet will transfer to Section A and/or Section B, lines 1-9.	<b>A</b> <b>Taxpayer</b> (include Spouse if Filing Status 2)		<b>B</b> <b>Spouse — Use only</b> when Filing Status 4 is claimed	
	Income on Federal Return	Income While Virginia Resident	Income on Federal Return	Income While Virginia Resident
<b>Income:</b>				
1 Wages, salaries, tips, etc . . . . .	49826	33819		
2 Taxable interest income . . . . .				
3 Dividend income . . . . .				
4 Taxable refunds, credits, offsets of state and local income taxes . .				
5 Alimony received . . . . .				
6 Business income or (loss) . . . . .				
7 Capital gain or (loss) . . . . .				
8 Other gains or (losses) . . . . .				
9 Taxable IRA distributions . . . . .				
10 Taxable pensions and annuities .				
11 Rents, royalties, partnerships, estates, trusts, S Corporations . .				
12 Farm income or (loss) . . . . .				
13 Unemployment compensation . .				
14 Taxable social security benefits .				
15 Other income . . . . .				
<b>Adjustments:</b>				
16 Educator expenses . . . . .				
17 Certain business expenses of reservists, performing artists, etc.				
18 Health savings account deduction				
19 Moving expenses . . . . .				
20 Deduction for self-employment tax				
21 SEP, SIMPLE and qualified plans				
22 Self-employed health insurance .				
23 Penalty for early withdrawal . . .				
24 Alimony paid . . . . .				
25 IRA deduction . . . . .				
26 Student loan interest deduction . .				
27 Tuition and fees deduction . . . .				
28 Domestic production activities . .				
29 Other adjustments . . . . .				
<b>Fixed Date Conformity:</b>				
30 Fixed date conformity addition . .				
31 Fixed date conformity subtraction				