

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 for the latest information.**

Submission Identification Number (SID) ►

| | |
|---|---|
| Taxpayer's name BHANU PRATAP RE MALIREDDY | Social security number 771-39-6494 |
| Spouse's name KOVIDA MALIREDDY | Spouse's social security number 949-99-3873 |

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

| | | |
|--|----------|----------------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) | 1 | 77,192. |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 5,415. |
| 3 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) | 3 | 5,703. |
| 4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) | 4 | 288. |
| 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) | 5 | |

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

| | | | | |
|---|---|---|---|---|
| 9 | 6 | 4 | 9 | 4 |
|---|---|---|---|---|

 as my signature on my tax year 2017 electronically filed income tax return. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 9 | 3 | 8 | 7 | 3 |
|---|---|---|---|---|

 as my signature on my tax year 2017 electronically filed income tax return. **Enter five digits, but don't enter all zeros**
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|
| 5 | 8 | 7 | 2 | 7 | 8 | | | | | | |
|---|---|---|---|---|---|--|--|--|--|--|--|

Don't enter all zeros

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

ERO's signature ► _____ Date ► _____

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

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

Your first name and initial: **BHANU PRATAP RE** Last name: **MALIREDDY** Your social security number: **771-39-6494**

If a joint return, spouse's first name and initial: **KOVIDA** Last name: **MALIREDDY** Spouse's social security number: **949-99-3873**

Home address (number and street). If you have a P.O. box, see instructions. **6009 188TH LN NE** Apt. no. **102**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **REDMOND WA 98052**

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) |
|-------------------|-----------|--|-------------------------------------|--|
| HARSHA VARDHAN RE | MALIREDDY | 949-99-3899 | Son | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 1
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above 3

d Total number of exemptions claimed

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **77,188.**

8a **Taxable** interest. Attach Schedule B if required **4.**

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** ▶ **77,192.**

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** ▶ **77,192.**

| | | | | | | | | | | | | | | | |
|------------|---|------------|---------|---|---|---|---|---|---|---|---|---|---|--|--|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 77,192. | | | | | | | | | | | | |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/> | | | | | | | | | | | | | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/> | | | | | | | | | | | | | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 19,919. | | | | | | | | | | | | |
| 41 | Subtract line 40 from line 38 | 41 | 57,273. | | | | | | | | | | | | |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions | 42 | 12,150. | | | | | | | | | | | | |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 45,123. | | | | | | | | | | | | |
| 44 | Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 5,836. | | | | | | | | | | | | |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | | | | | | | | | | | | | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | | | | | | | | | | | | | |
| 47 | Add lines 44, 45, and 46 | 47 | 5,836. | | | | | | | | | | | | |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | | | | | | | | | | | | | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | | | | | | | | | | | | | |
| 50 | Education credits from Form 8863, line 19 | 50 | | | | | | | | | | | | | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | | | | | | | | | | | | | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | 1,000. | | | | | | | | | | | | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | | | | | | | | | | | | | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | | | | | | | | | | | | | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | 1,000. | | | | | | | | | | | | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 4,836. | | | | | | | | | | | | |
| 57 | Self-employment tax. Attach Schedule SE | 57 | | | | | | | | | | | | | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | | | | | | | | | | | | | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | | | | | | | | | | | | | |
| 60a | Household employment taxes from Schedule H | 60a | | | | | | | | | | | | | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | | | | | | | | | | | | | |
| 61 | Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/> | 61 | 579. | | | | | | | | | | | | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) | 62 | | | | | | | | | | | | | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 5,415. | | | | | | | | | | | | |
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 5,703. | | | | | | | | | | | | |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | | | | | | | | | | | | | |
| 66a | Earned income credit (EIC) | 66a | | | | | | | | | | | | | |
| b | Nontaxable combat pay election 66b | 66b | | | | | | | | | | | | | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | | | | | | | | | | | | | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | | | | | | | | | | | | | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | | | | | | | | | | | | | |
| 70 | Amount paid with request for extension to file | 70 | | | | | | | | | | | | | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | | | | | | | | | | | | | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | | | | | | | | | | | | | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | | | | | | | | | | | | | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 5,703. | | | | | | | | | | | | |
| 75 | If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid | 75 | 288. | | | | | | | | | | | | |
| 76a | Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 76a | 288. | | | | | | | | | | | | |
| b | Routing number <table border="1"><tr><td>1</td><td>2</td><td>5</td><td>0</td><td>0</td><td>0</td><td>0</td><td>2</td><td>4</td></tr></table> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | 1 | 2 | 5 | 0 | 0 | 0 | 0 | 2 | 4 | | | | | |
| 1 | 2 | 5 | 0 | 0 | 0 | 0 | 2 | 4 | | | | | | | |
| d | Account number <table border="1"><tr><td>1</td><td>3</td><td>8</td><td>1</td><td>1</td><td>5</td><td>4</td><td>6</td><td>0</td><td>7</td><td>5</td><td>3</td></tr></table> | 1 | 3 | 8 | 1 | 1 | 5 | 4 | 6 | 0 | 7 | 5 | 3 | | |
| 1 | 3 | 8 | 1 | 1 | 5 | 4 | 6 | 0 | 7 | 5 | 3 | | | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax ▶ | 77 | | | | | | | | | | | | | |
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶ | 78 | | | | | | | | | | | | | |
| 79 | Estimated tax penalty (see instructions) | 79 | | | | | | | | | | | | | |

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,350
 - Married filing jointly or Qualifying widow(er), \$12,700
 - Head of household, \$9,350

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

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 | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

| | | | | |
|--|--|------------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| APPANA RUPA VENKATA SATYA SAI MANI KUMAR | APPANA RUPA VENKATA SATYA SAI MANI KUMAR | 06/12/2018 | | P02090332 |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no. | |
| GLOBAL TAXES LLC | 30-1017196 | | (678)965-9729 | |
| Firm's address ▶ | 2530 Pebble Creek Ln Cumming GA 30041 | | | |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to 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

BHANU PRATAP RE & KOVIDA MALIREDDY

771-39-6494

Medical and Dental Expenses

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

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

Taxes You Paid

| | | | |
|----------|---|----------|------|
| 5 | State and local (check only one box): | 5 | 981. |
| | a <input type="checkbox"/> Income taxes, or | | |
| | b <input checked="" type="checkbox"/> General sales taxes | | |
| 6 | Real estate taxes (see instructions) | 6 | |
| 7 | Personal property taxes | 7 | |
| 8 | Other taxes. List type and amount ▶ | 8 | |
| 9 | Add lines 5 through 8 | 9 | 981. |

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

| | | | |
|-----------|--|-----------|--|
| 20 | Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 20 | |
|-----------|--|-----------|--|

Job Expenses and Certain Miscellaneous Deductions

| | | | |
|-----------|---|-----------|---------|
| 21 | Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u> | 21 | 20,482. |
| 22 | Tax preparation fees | 22 | |
| 23 | Other expenses—investment, safe deposit box, etc. List type and amount ▶ | 23 | |
| 24 | Add lines 21 through 23 | 24 | 20,482. |
| 25 | Enter amount from Form 1040, line 38 25 77,192. | | |
| 26 | Multiply line 25 by 2% (0.02) | 26 | 1,544. |
| 27 | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | 18,938. |

Other Miscellaneous Deductions

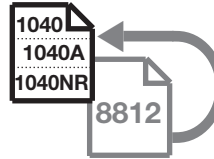
| | | | |
|-----------|---|-----------|--|
| 28 | Other—from list in instructions. List type and amount ▶ | 28 | |
|-----------|---|-----------|--|

Total Itemized Deductions

| | | | |
|-----------|--|-----------|---------|
| 29 | Is Form 1040, line 38, over \$156,900? | 29 | 19,919. |
| | <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | |
| | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | |
| 30 | If you elect to itemize deductions even though they are less than your standard deduction, check here | | |

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2017

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

BHANU PRATAP RE & KOVIDA MALIREDDY

Your social security number

771-39-6494

Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers


| | | | | |
|--|-----------|----------|--|--------|
| 1 If you file Form 2555 or 2555-EZ, stop here; you cannot claim the additional child tax credit. | | | | |
| If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise: | | | | |
| 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52). | } | 1 | | 1,000. |
| 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35). | | | | |
| 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49). | | | | |
| 2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 | | 2 | | 1,000. |
| 3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit | | 3 | | 0. |
| 4a Earned income (see separate instructions) | 4a | | | |
| b Nontaxable combat pay (see separate instructions) | 4b | | | |
| 5 Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result | 5 | | | |
| 6 Multiply the amount on line 5 by 15% (0.15) and enter the result | | 6 | | |
| Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7. | | | | |

Part III Certain Filers Who Have Three or More Qualifying Children

| | | | |
|-----------|--|-----------|--|
| 7 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions | 7 | |
| 8 | 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60. | 8 | |
| 9 | Add lines 7 and 8 | 9 | |
| 10 | 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67. | 10 | |
| 11 | Subtract line 10 from line 9. If zero or less, enter -0- | 11 | |
| 12 | Enter the larger of line 6 or line 11 Next , enter the smaller of line 3 or line 12 on line 13. | 12 | |

Part IV Additional Child Tax Credit

| | | | |
|-----------|--|-----------|--|
| 13 | This is your additional child tax credit | 13 | |
|-----------|--|-----------|--|


 Enter this amount on
 Form 1040, line 67,
 Form 1040A, line 43, or
 Form 1040NR, line 64.

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC), and Additional Child Tax Credit (ACTC)

2017

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **70**

| | |
|---|--|
| Taxpayer name(s) shown on return BHANU PRATAP RE & KOVIDA MALIREDDY | Taxpayer identification number 771-39-6494 |
| Enter preparer's name and PTIN APPANA RUPA VENKATA SATYA SAI MANI KUMAR | P02090332 |

Part I Due Diligence Requirements

| Please check the appropriate box for the credit(s) claimed on this return and complete the related Parts I-IV for the credit(s) claimed (check all that apply). | EIC <input type="checkbox"/> | CTC/ACTC <input checked="" type="checkbox"/> | AOTC <input type="checkbox"/> |
|--|---|---|--|
| 1 Did you complete the return based on information for tax year 2017 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) • Review information to determine that the taxpayer is eligible to claim the credit(s) and for what amount | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing the return, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare Form 8867 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s) List those documents, if any, that you relied on. _____ _____ _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

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

| | EIC | CTC/ACTC | AOTC |
|---|--|----------|------|
| 9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EIC and does not have a qualifying child.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

Part III Due Diligence Questions for Returns Claiming CTC and/or ACTC (If the return does not claim CTC or ACTC, go to Part IV.)

| | | | |
|--|--|---|--|
| 10a Did all children for whom the taxpayer is claiming the CTC/ACTC reside with the taxpayer? (If "Yes," go to question 10c; if "No," go to question 10b.) | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| c Have you determined that the taxpayer has not released the claim to another person? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | | | |
|--|--|--|--|
| 11 Did the taxpayer provide substantiation such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|--|

Part V Credit Eligibility Certification

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

| | |
|---|---|
| 12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

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 for the latest information.**

2017
Attachment
Sequence No. **129A**

| | | |
|---|---|--|
| Your name BHANU PRATAP RE MALIREDDY | Occupation in which you incurred expenses | Social security number 771-39-6494 |
|---|---|--|

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

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

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

Part I Figure Your Expenses

| | | |
|---|----------|---------|
| 1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here | 1 | 3,082. |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | 15,000. |
| 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 | |
| 5 Meals and entertainment expenses: \$ <u>4,800.</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.) | 5 | 2,400. |
| 6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 20,482. |

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) ▶ 01/01/2017

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 5,760 **b** Commuting (see instructions) _____ **c** Other 6,240

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

BHANU PRATAP RE & KOVIDA MALIREDDY

| Five Year Tax History: | | | | | |
|--|------|------|------|------|---------|
| | 2013 | 2014 | 2015 | 2016 | 2017 |
| Filing status | | | | | MFJ |
| Total income | | | | | 77,192. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 77,192. |
| Tax expense | | | | | 981. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions | | | | | 18,938. |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | | 19,919. |
| Exemption amount . . | | | | | 12,150. |
| Taxable income | | | | | 45,123. |
| Tax | | | | | 5,836. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | 1,000. |
| Other taxes | | | | | 579. |
| Payments | | | | | 5,703. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 288. |
| Effective tax rate % . . | | | | | 6.26 |
| **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 (BHANU PRATAP RE & KOVIDA MALIREDDY) and Social Security Number (771-39-6494)

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, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

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) 96494 Spouse's PIN (5 numbers) 93873 Date 04/03/2018

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

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name MALIREDDY
 First name BHANU PRATAP RE
 Middle initial Suffix
 Social security no. 771-39-6494
 Occupation PROGRAMMER ANALYST
 Date of birth 08/03/1977 (mm/dd/yyyy)
 Age as of 1-1-2018 40
 Date of death
 Legally blind
 E-mail address BHANUPRATAP.REDDY@GMAIL.COM
 Work phone Ext
 Cell phone (425)503-1352
 Home phone
 Fax number

Spouse:

Last name (if different) . MALIREDDY
 First name KOVIDA
 Middle initial Suffix
 Social security no. 949-99-3873
 Occupation HOMEMAKER
 Date of birth 07/20/1980 (mm/dd/yyyy)
 Age as of 1-1-2018 37
 Date of death
 Legally blind
 E-mail address BHANUPRATAP.REDDY@GMAIL.COM
 Work phone (425)657-8212 Ext
 Cell phone

Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (425)503-1352
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 6009 188TH LN NE Apt no. 102
 City REDMOND State WA ZIP code 98052

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

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

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

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

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

| First name Last name | MI Suff | Social security number *Relationship | Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)** | A G E E I C | Dependent Identity Protection PIN (see tax help) | | Qualified child and dependent care expenses incurred and paid in 2017 | |
|--------------------------------|------------|--|--|--------------------------------|---|--------------------------------|--|--|
| | | | | | Lived with taxpyr in U.S. | Educ Tuition and Fees | Code | Not qual for child tax credit Or non U.S.*** |
| HARSHA VARDHAN RE MALIREDDY | | 949-99-3899 Son | 05/21/2007 | 10 | 12 | | L | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

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

- | | |
|--|---|
| <input type="checkbox"/> Taxpayer | Note: Alabama does not allow this option |
| <input checked="" type="checkbox"/> Spouse | |

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Taxpayer | Note: Alabama, New Mexico, New York and Ohio do not allow this option |
| <input type="checkbox"/> Spouse | |

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

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

Driver's License Detail

Taxpayer:

Issuing state WA
 License number MALIRBP230NC
 Issue date 10/12/2017
 Expiration date 08/03/2021
 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

BHANU PRATAP RE & KOVIDA MALIREDDY

Social Security Number

771-39-6494

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

For returns that are marked as a "Non-Paid Preparer" (XNP) or "Self-Prepared" (XSP) enter a PIN for the ERO that is responsible for filing return ▶ _____

| | |
|-----------------------------|--|
| ERO Name | ERO Electronic Filers Identification Number (EFIN) |
| <u>GLOBAL TAXES LLC</u> | <u>587278</u> |
| ERO Address | ERO Employer Identification Number |
| <u>2530 Pebble Creek Ln</u> | <u>30-1017196</u> |
| City State ZIP Code | ERO Social Security Number or PTIN |
| <u>Cumming GA 30041</u> | _____ |
| Country | _____ |

Paid Preparer Information

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

Non Paid Preparer Information

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

IRS-reviewed ▶

IRS-prepared ▶

Prepared by taxpayer or other non-paid preparer ▶

Amended Returns

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

| State/City * | |
|--------------------------|-----------------|
| <input type="checkbox"/> | <u>New York</u> |
| <input type="checkbox"/> | <u>Vermont</u> |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

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".

Table with 3 columns: Check the applicable box(es) on forms to be attached and mail with form 8453, Transmit PDF, Print & Mail with 8453. Rows include Form 2848, Form 3468, Form 4136, Form 8283, Form 1098-C, Form 8332, Form 8885, Form 8949, and Form 3115.

Table with 3 columns: 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. Rows include Form 5713, Form 8858, and Form 8864.

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------------|----|---------|-------------|-------------|-----------|
| Konkasoft LLC | | 77,188. | 5,703. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 77,188. | 5,703. | | |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 77,188. | | 77,188. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 5,703. | | 5,703. |
| 3 & 7 | Total social security wages/tips | 77,188. | | 77,188. |
| 4 | Total social security tax withheld | 4,786. | | 4,786. |
| 5 | Total Medicare wages and tips | 77,188. | | 77,188. |
| 6 | Total Medicare tax withheld | 1,119. | | 1,119. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | Total deductible employee expenses | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | 108. | | 108. |
| 16 | Total state wages and tips | | | |
| 17 | Total state tax withheld | | | |
| 19 | Total local tax withheld. | | | |

| | |
|--|---------------------------------------|
| Name as shown on return BHANU PRATAP RE MALIREDDY | Social Security Number 771-39-6494 |
|--|---------------------------------------|

Employer EIN 27-2784777
Employer Name Konkasoft LLC
 Name (cont.) _____
Street Address or P. O. Box 2018 156Th Ave NE
City BELLEVUE **State** WA **ZIP** 98007
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.

| | | | |
|--|----------------|--|---------------|
| 1 Wages, tips, other comp | <u>77,188.</u> | 2 Federal tax withheld | <u>5,703.</u> |
| 3 Social security wages | <u>77,188.</u> | 4 Social sec tax withheld | <u>4,786.</u> |
| 5 Medicare wages and tips | <u>77,188.</u> | 6 Medicare tax withheld | <u>1,119.</u> |
| 7 Social security tips | _____ | 8 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: |
|-------------|---------------|--|
| _____ | _____ | A: Enter amount attributable to RRTA Tier 2 tax |
| _____ | _____ | 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 not 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 |
|--------------|---------------------------|--------------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 | _____ |
| 10 Dependent care benefits (Check if employer furnished care at work) | <input type="checkbox"/> | 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). |
|---|--------|---|
| SDI | 108. | Other (not classified) |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Keep for your records

| | |
|---|--------------------|
| BHANU PRATAP RE MALIREDDY | 771-39-6494 Page 2 |
| Employer Name <u>Konkasoft LLC</u> | |

Part I Statutory employees

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

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

| | | |
|---|----------------------|--|
| Clergy only: | D E | |
| D Designated housing or parsonage allowance | | |
| E Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value | | |
| F If no FICA was withheld , check the applicable box below | | |
| 1 <input type="checkbox"/> Pay self-employment tax on housing or parsonage allowance only | | |
| 2 <input type="checkbox"/> Pay self-employment tax on W-2 income only | | |
| 3 <input type="checkbox"/> Pay self-employment tax on W-2 income and housing allowance | | |
| 4 <input type="checkbox"/> 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 <input type="checkbox"/> Pay self-employment tax on this W-2 income | | |
| 2 <input type="checkbox"/> 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 H2 H3 H4 H5 | |
| 2 Tips less than \$20 in a month which were not required to be reported | | |
| 3 Value of non-cash tips, such as tickets or passes, not reported | | |
| 4 Actual amount of allocated tips if different than the amount in box 8 | | |
| 5 Tips paid out through a tip-sharing arrangement | | |
| 6 <input type="checkbox"/> Employer is a federal, state, or local government and tips are only subject to Medicare tax | | |

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852 ▶ _____

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

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

d **QuickZoom** to completed Form 4852 for reference ▶ _____

Part V Inmate In a Penal Institution

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

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

13 c Third-party sick pay

Non-standard W-2 (handwritten, typewritten, or altered in any way)

Corrected W-2

Income from Paid Family Leave

Control number (optional) _____

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

Employee's SSN. 771-39-6494

First name BHANU PRATAP RE M.I. Last name MALIREDDY Suff. _____

Address 6009 188TH LN NE, Apt. 102 City REDMOND St WA ZIP code 98052

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):

| | | | <i>Short Gap Eligible*</i> | | | | | | | | | | | | | |
|----------------------------------|----------------------------|--------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| | | | 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 | BHANU PRATAP REMALIREDDY | | Short gap: | Yes | | | | | | | | | | | | |
| | 771-39-6494 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | HARSHA VARDHAN REMALIREDDY | | Short gap: | Yes | | | | | | | | | | | | |
| | 949-99-3899 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | KOVIDA MALIREDDY | | Short gap: | Yes | | | | | | | | | | | | |
| | 949-99-3873 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4 | | | Short gap: | Yes | | | | | | | | | | | | |
| | | | <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 | | | Short gap: | Yes | | | | | | | | | | | | |
| | | | <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 | | | Short gap: | Yes | | | | | | | | | | | | |
| | | | <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. ▶ _____

Interest and Dividends Summary

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

| Interest Summary | Total Interest | Tax-Exempt | U.S. Government | Priv Actvy Bond |
|---|----------------|------------|-----------------|-----------------|
| 1 Seller-financed mortgage . . . | | | | |
| 2 From Schedule B, Part I. . . . | 4 . | | | |
| 3 From Schedule B, Part II | | | | |
| 4 From K-1 Worksheets | | | | |
| 5 Exempt-int.divs (net of adj.) . . | | | | |
| 6 From Forms 6252 | | | | |
| 7 From Forms 8814 | | | | |
| 8 Subtotal | 4 . | | | |
| Less Adjustments: | | | | |
| 9 U.S. savings bond interest previously reported | | | | |
| 10 Nominee distribution | | | | |
| 11 OID adjustment | | | | |
| 12 ABP adjustment | | | | |
| 13 Accrued interest | | | | |
| 14 Other adjustment | | | | |
| 15 Series EE & I bond exclusion . | | | | |
| 16 Total Adjustments | | | | |
| 17 Total to Schedule B, line 2 ▶ | 4 . | | | |
| 18 Total to Form 1040, line 8b ▶ | | | | |
| 19 Total U.S. govt. interest . . ▶ | | | | |
| 20 Total to Form 6251, line 12 ▶ | | | | |

| Dividends Summary | Ordinary | Qualified | Capital Gains | Nontaxable |
|--------------------------------------|----------|-----------|---------------|------------|
| 1 From Schedule B | | | | |
| 2 From K-1 Worksheets | | | | |
| Subtotal | | | | |
| Less Adjustments: | | | | |
| 4 Nominee distribution | | | | |
| 5 Other adjustment | | | | |
| 6 Total Adjustments | | | | |
| 7 Total to Schedule B, line 6 ▶ | | | | |
| 8 Total qualified dividends. . ▶ | | | | |
| 9 Total capital gains ▶ | | | | |
| 10 Total nontaxable dividends ▶ | | | | |

| Capital Gains Summary | 28% rate | Sec. 1250 | Sec. 1202 50% | Sec. 1202 60% |
|--------------------------------------|----------|-----------|---------------|---------------|
| 1 From Schedule B | | | | |
| Less Adjustments: | | | | |
| 2 Nominee distribution | | | | |
| 3 Other adjustment | | | | |
| 4 Total Adjustments | | | | |
| 5 Total to Schedule D ▶ | | | | |

| Capital Gains Summary | Sec. 1202 75% | Sec. 1202 100% |
|--------------------------------------|---------------|----------------|
| 1 From Schedule B | | |
| Less Adjustments: | | |
| 2 Nominee distribution | | |
| 3 Other adjustment | | |
| 4 Total Adjustments | | |
| 5 Total to Schedule D ▶ | | |

| | |
|---|------------------------------------|
| Name as Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security No. 771-39-6494 |
|---|------------------------------------|

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

Part 1

| | | | |
|---|--|---|----------|
| 1 | Number of qualifying children: <u>1</u> X \$1,000. Enter the result | 1 | 1,000. |
| 2 | Enter the amount from Form 1040, line 38, or Form 1040A, line 22 | 2 | 77,192. |
| 3 | 1040 filers: enter the total of any — <ul style="list-style-type: none"> • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15. | 3 | 0. |
| 4 | 1040A filers: Enter -0-. | 4 | 77,192. |
| 5 | Add lines 2 and 3. Enter the total | 5 | 110,000. |
| 6 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 | 6 | |
| 7 | <input checked="" type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> Yes. Subtract line 5 from line 4 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. | 7 | 0. |
| 8 | Multiply the amount on line 6 by 5% (.05). Enter the result. <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> | 8 | 1,000. |

Part 2

| | | | |
|----|--|----|--------|
| 9 | Enter the amount from Form 1040, line 47, or Form 1040A, line 30 | 9 | 5,836. |
| 10 | Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total | 10 | 0. |
| 11 | Are you claiming any of the following credits? <ul style="list-style-type: none"> • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. | 11 | 0. |
| 12 | Subtract line 11 from line 9. Enter the result. | 12 | 5,836. |
| 13 | Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below. | 13 | 1,000. |

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

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

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

| | | | |
|----|---|----|--------|
| 1 | Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. | 1 | |
| 2 | Enter earned income from the Earned Income Worksheet that applies to you | 2 | |
| 3 | Is the amount on line 2 more than \$3,000? <input type="checkbox"/> No. Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 2. Enter the result | 3 | |
| 4 | Multiply the amount on line 3 by 15% (.15) and enter the result | 4 | |
| 5 | Is the amount on line 1 of the Child Tax Credit Worksheet \$3,000 or more? <input type="checkbox"/> No. If line 4 above is: • Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit Worksheet and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13. • More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. <input type="checkbox"/> Yes. If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7. | | |
| 6 | Enter the total of the following amounts from Form(s) W-2: • Social security taxes from box 4, and • Medicare taxes from box 6. Railroad employees, see Note below. | 6 | 5,905. |
| 7 | 1040 filers: Enter the total of any — • Amounts from Form 1040, line 27 and 58, and • Any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-. | 7 | |
| 8 | Add lines 6 and 7. Enter the total | 8 | |
| 9 | 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of any — • Amount from Form 1040A, line 42a, and • Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46. | 9 | |
| 10 | Subtract line 9 from line 8. If zero or less, enter -0- | 10 | |
| 11 | Enter the larger of line 4 or line 10 | 11 | |
| 12 | Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 11 from line 1. Enter the result <input type="checkbox"/> Yes. Enter -0-. | 12 | |
| 13 | Next, figure the amount of any of the following credits that you are claiming. • Mortgage interest credit, Form 8396 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 <i>Then, go to line 13.</i> Enter the total of the amounts from — • Form 8396, line 9, and • Form 8839, line 16 and • Form 5695, line 15, and • Form 8859, line 3. | 13 | |
| 14 | Enter the amount from line 10 of the Child Tax Credit Worksheet | 14 | |
| 15 | Add lines 13 and 14. Enter the total | 15 | |

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

Note: Railroad Employees

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

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 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

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

| Taxes Withheld From: | Federal | State | Local |
|--|---------|-------|-------|
| 10 Forms W-2 | 5,703. | | |
| 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 Total Withholding Lines 10 through 18d | 5,703. | | |
| 20 Total Tax Payments for 2017 | 5,703. | | |

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

Earned Income Worksheet

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

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

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 | 77,188 . | | 77,188 . |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 77,188 . | | 77,188 . |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 | 77,188 . | | 77,188 . |
| 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 | 77,188 . | | 77,188 . |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|----------|--|----------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 77,188 . | | 77,188 . |
| 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. | 77,188 . | | 77,188 . |

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

| | | | |
|---|----------|--|----------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 77,188 . | | 77,188 . |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 77,188 . | | 77,188 . |

Federal Carryover Worksheet

2017

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return BHANU PRATAP RE & KOVIDA MALIREDDY | Social Security Number 771-39-6494 |
|---|---------------------------------------|

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 |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2016 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2016 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2016 State Estimates Information

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

2016 Locality Estimates Information

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

2016 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2016 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2016 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2016 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2016 State Tax Refund Information

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

2016 Locality Tax Refund Information

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

| Other Tax and Income Information | | 2016 | 2017 |
|----------------------------------|---|--------------------------|--------------------------|
| 1 | Filing status | | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | | 19,919. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | | 77,192. |
| 6 | Tax liability for Form 2210 or Form 2210-F | | 4,836. |
| 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
 BHANU PRATAP RE & KOVIDA MALIREDDY

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

| | |
|---|---------|
| Wages and salaries | 77,188. |
| Interest and dividend income | 4. |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | _____ |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 77,192. |

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 77,192.

Itemized/Standard Deductions

| | |
|--|---------|
| Medical and dental | _____ |
| Taxes | 981. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | 18,938. |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 19,919. |
| Standard deduction | _____ |
| Exemption amount | 12,150. |

Taxable Income 45,123.

| | |
|---|--------|
| Income tax | 5,836. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 5,836. |
| Nonbusiness credits | 1,000. |
| Business credits | _____ |
| Total Credits | 1,000. |
| Self-employment tax | _____ |
| Other taxes | 579. |

Total Tax 5,415.

| | |
|---|--------|
| Withholding | 5,703. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 5,703. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 288.

Refund 288.

Amount Applied to Estimate _____

Amount Due 0.

| | |
|------------------------------|--------|
| Tax bracket | 15.0 % |
| Effective tax rate | 6.26 % |

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| Tax Smart Worksheet | |
|----------------------------|--|
| A | Tax <u>5,836.</u> |
| | Check if from: |
| 1 | Tax table <input checked="" type="checkbox"/> |
| 2 | Tax Computation Worksheet (see instructions) <input type="checkbox"/> |
| 3 | Schedule D Tax Worksheet <input type="checkbox"/> |
| 4 | Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/> |
| 5 | Schedule J <input type="checkbox"/> |
| 6 | Form 8615 <input type="checkbox"/> |
| 7 | Foreign Earned Income Tax Worksheet <input type="checkbox"/> |
| B | Additional tax from Form 8814 _____ |
| C | Additional tax from Form 4972 _____ |
| D | Tax from additional Form(s) 4972 _____ |
| E | Recapture tax from Form 8863 _____ |
| F | IRC Section 197(f)(9)(B)(ii) election for an additional tax _____ |
| G | Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____ |
| H | Tax. Add lines A through G. Enter the result here and on line 44 <u>5,836.</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 77,192.
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 77,192.
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) Enter Total Tax Rate | (e) State Tax Rate (%) | (f) Local Tax Rate (%) | (g) State Table Amount | (h) Local Sales Taxes | (i) Prorated or Total Amount |
|-----------|----------------------------------|--------------------------------|--|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| WA | 01/01/17 | 12/31/17 | 6.5000 | 6.5000 | 0.0000 | 981. | 0. | 981. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Total general sales taxes from table 981.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 981.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid _____

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

Paid Preparer Smart Worksheet

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

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

SMART WORKSHEET FOR: Child Tax Credit Worksheet

| Line 6 Smart Worksheet | |
|---|--------|
| If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6. | |
| Social security tax, Medicare tax, and Additional Medicare Tax on Wages. | |
| A Enter the social security tax withheld (Form(s) W-2, box 4) | 4,786. |
| B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. | 1,119. |
| C Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) | 0. |
| D Add line A, B, and C | 5,905. |
| E Enter the Additional Medicare Tax withheld (Form 8959 line 22) | 0. |
| F Subtract line E from line D. | 5,905. |
| Additional Medicare Tax on Self-Employment Income. | |
| G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) _____ | _____ |
| Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax. | |
| H Enter the Tier 1 tax (Form(s) W-2, box 14). | 0. |
| I Enter the Medicare Tax (Form(s) W-2, box 14) | 0. |
| J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. | _____ |
| K Add lines H, I, and J | 0. |
| L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) | _____ |
| M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) | _____ |
| N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J | _____ |
| O Add line L, M, and N | _____ |
| Line 6 Amount | |
| P Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 _____ | 5,905. |