

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, ending _____ See separate instructions.

Your first name and initial **Ramesh** Last name **Komakula** Your social security number **146-06-4466**

If a joint return, spouse's first name and initial **Swaroopa Rani** Last name **Komakula** Spouse's social security number **469-51-9189**

Home address (number and street). If you have a P.O. box, see instructions. **Plumstone Dr** Apt. no. **15206** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Eden Prairie, MN 55347** Presidential Election Campaign

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____ 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 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. 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) (see instructions) 3 Married filing separately. Enter spouse's SSN above and full name here.

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b **2**
 b Spouse. } No. of children on 6c who:
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instr.)
 If more than four dependents, see instructions and check here **VIEW ONLY**

ALEKYA KOMAKULA	468-53-2506	Daughter	<input type="checkbox"/>
AKHILA KOMAKULA	468-53-4191	Daughter	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

 • lived with you **2**
 • did not live with you due to divorce or separation (see instructions) **0**
 Dependents on 6c not entered above **0**
 Add numbers on lines above **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7** **130,209.**
 8a Taxable interest. Attach Schedule B if required. **8a**
 b Tax-exempt interest. Do not include on line 8a. **8b**
 9a Ordinary dividends. Attach Schedule B if required. **9a**
 b Qualified dividends. **9b**
 10 Taxable refunds, credits, or offsets of state and local income taxes. **10** **532.**
 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** **121,329.** b Taxable amount ROLLOVER. **16b** **18,009.**
 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 **See Attached** **21** **2,212.**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** **22** **150,962.**

Adjusted Gross Income 23 Educator expenses. **23** **500.**
 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** **500.**
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶** **37** **150,462.**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	150,462.
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 0		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	34,584.
	41	Subtract line 40 from line 38	41	115,878.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions.	42	16,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	99,678.
	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	16,396.
	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	16,396.	
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	3,000.	
51	Retirement savings contributions credit. Attach Form 8880	51		
52	Child tax credit. Attach Schedule 8812, if required	52		
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	3,000.	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	13,396.	

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	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	1,801.
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input checked="" type="checkbox"/> Instructions; enter code(s) <u>See Attached</u>	62	42.
	63	Add lines 56 through 62. This is your total tax	63	15,239.

Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	12,329.
	65	2017 estimated tax payments and amount applied from 2016 return	65	
	66a	Earned income credit (EIC). NO	66a	
	b	Nontaxable combat pay election. <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	2,000.
	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"/> 2439b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,329.	

If you have a qualifying child, attach Schedule EIC.

Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	0.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	0.
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2018 estimated tax	77		

Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	910.
	79	Estimated tax penalty (see instructions)	79	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Software Engineer	Daytime phone number (952)941-8191
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Assembler	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				