

IRS e-file Signature Authorization

2017

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name CHAITANYA BONDALAPATI	Social security number 833-76-5540
Spouse's name SWATHI PARVATANENI	Spouse's social security number 891-77-7110

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	143,496.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	20,539.
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	25,377.
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	4,838.
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 as my signature on my tax year 2017 electronically filed income tax return.

6	5	5	4	0
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Enter five digits, but don't enter all zeros

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

7	7	1	1	0
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Enter five digits, but don't enter all zeros

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial CHAITANYA	Last name BONDALAPATI	Your social security number 833-76-5540
If a joint return, spouse's first name and initial SWATHI	Last name PARVATANENI	Spouse's social security number 891-77-7110
Home address (number and street). If you have a P.O. box, see instructions. 9222 DEERCROSS PKWY 2C		Apt. no. ▲ 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). Cincinnati OH 45236		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
SRI VIBHAV	BONDALAPATI	937-94-2019	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	7	144,982.
8a	Taxable interest. Attach Schedule B if required	8a	107.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	145,089.

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	1,593.
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	1,593.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	143,496.

38	Amount from line 37 (adjusted gross income)	38	143,496.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	130,796.
• All others: Single or Married filing separately, \$6,350	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.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	118,646.
Head of household, \$9,350	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	21,139.
	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	21,139.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	600.
	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	
	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	600.
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	20,539.
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	
	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 type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	20,539.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	25,377.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) NO	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	25,377.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	4,838.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	4,838.
Direct deposit? See instructions.	b Routing number 3 1 4 0 7 4 2 6 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 0 1 5 0 8 6 0 4 1 2		
	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	
	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	Daytime phone number
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
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.) <input type="text"/>
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>

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	05/22/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Firm's address	
GLOBAL TAXES LLC	30-1017196		2530 Pebble Creek Ln Cumming GA 30041	
Firm's address	Phone no.			
2530 Pebble Creek Ln Cumming GA 30041	(678) 965-9729			

Child and Dependent Care Expenses



▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form2441 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Your social security number

833-76-5540

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
BASIS San Antoni	8519 Floyd Curl Drive San Antonio TX 78240	45-4269957	661.
ZENITH LEARNING	9303 W Sam Houston Pkwy S. Houston TX 77099	81-4246173	930.

See Additional Child Care Providers

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

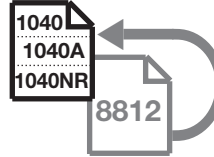
2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
SRI VIBHAV	BONDALAPATI	937-94-2019	3,836.

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000.																																																										
4	Enter your earned income . See instructions	4	82,280.																																																										
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	62,702.																																																										
6	Enter the smallest of line 3, 4, or 5	6	3,000.																																																										
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	143,496.																																																										
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	.20																																																										
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10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	21,139.																																																										
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	600.																																																										

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

CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Your social security number

833-76-5540

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
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
3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit				3
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	
-----------	--	-----------	--

1040
1040A
1040NR

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

Health Savings Accounts (HSAs)

▶ **Attach to Form 1040 or Form 1040NR.**
 ▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

Name(s) shown on Form 1040 or Form 1040NR
 CHAITANYA BONDALAPATI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 833-76-5540

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2017	9	548.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	548.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	6,202.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

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

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

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

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

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form3903 for the latest information.
► Attach to Form 1040 or Form 1040NR.

2017
Attachment
Sequence No. **170**

Name(s) shown on return

Your social security number

CHAITANYA BONDALAPATI & SWATHI PARVATANENI

833-76-5540

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	1,093.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	500.
3	Add lines 1 and 2	3	1,593.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,593.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**

REV 11/13/17 PRO

Form **3903** (2017)

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					145,089.
Adjustments to income					1,593.
Adjusted gross income					143,496.
Tax expense					1,315.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					12,150.
Taxable income					118,646.
Tax					21,139.
Alternative min tax . .					
Total credits					600.
Other taxes					
Payments					25,377.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					4,838.
Effective tax rate % . .					14.31
**Tax bracket %					25.0

**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 (CHAITANYA BONDALAPATI & SWATHI PARVATANENI) and Social Security Number (833-76-5540)

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) 65540 Spouse's PIN (5 numbers) 77110 Date 02/17/2018

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 BONDALAPATI
 First name CHAITANYA
 Middle initial _____ Suffix _____
 Social security no. 833-76-5540
 Occupation SOFTWARE ENGINEER
 Date of birth 08/12/1979 (mm/dd/yyyy)
 Age as of 1-1-2018 38
 Date of death _____
 Legally blind
 E-mail address Cb45803@gmail.com
 Work phone _____ Ext _____
 Cell phone (201) 777-1791
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) PARVATANENI
 First name SWATHI
 Middle initial _____ Suffix _____
 Social security no. 891-77-7110
 Occupation SOFTWARE ENGINEER
 Date of birth 05/10/1983 (mm/dd/yyyy)
 Age as of 1-1-2018 34
 Date of death _____
 Legally blind
 E-mail address Swathip378@gmail.com
 Work phone _____ Ext _____
 Cell phone (201) 777-1791
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (201) 777-1791
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 9222 DEERCROSS PKWY 2C Apt no. _____
 City Cincinnati State OH ZIP code 45236

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.***
SRI VIBHAV BONDALAPATI		937-94-2019 Son	04/06/2011	6	11		L	3,836.

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

Part-Year Resident State Allocation Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips	82,280.	OH	OH	33,630.
		TX	TX	48,650.
		—	—	
S Wages, salaries, tips	62,702.	TX	TX	62,702.
		—	—	
		—	—	
		—	—	

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

INCOME	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest	107.	01/01	08/27	TX		0.
		08/28	12/31	OH		0.
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

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

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

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

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T	82,387.				
S	62,702.				

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 T Certain business expenses					
S Certain business expenses					
19 T Health savings account deduction . . .	0.	01/01	08/27	TX	0.
		08/28	12/31	OH	0.
S Health savings account deduction . . .					
20 T Moving expenses	1,593.	01/01	08/27	TX	0.
		08/28	12/31	OH	0.
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

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

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
26 T Self-employment tax						
S Self-employment tax						
27 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
28 T Self-employed health insurance . .						
S Self-employed health insurance . .						
29 T Domestic production activities . . .						
S Domestic production activities . . .						
30 Other adjustments T						
S						
31 Total adjustments T						1,593.
S						
32 Adjusted gross income T						80,794.
S						62,702.

Identity Verification Worksheet

2017

▶ See tax help for more information on identity verification

Name(s) Shown on Return CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
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Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Taxpayer: Issuing state OH License number UV927148 Issue date 11/04/2017 Expiration date 09/12/2018 Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____	Spouse: Issuing state OH License number UW357194 Issue date 12/26/2017 Expiration date 10/27/2018 Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____
---	---

State Identification Card Detail

Taxpayer: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> NY Document number (first 3 chars)* _____	Spouse: Issuing state _____ Identification number _____ Issue date _____ Expiration date _____ Does not expire <input type="checkbox"/> 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: CHAITANYA BONDALAPATI & SWATHI PARVATANENI; Social Security Number: 833-76-5540

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City selection and list of states: New York, Vermont

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable _____

Name of personal representative for deceased returns . . . _____

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return
 CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Social Security Number
 833-76-5540

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
AMERITAS LIFE INSURANCE CORP		33,630.	6,008.	33,630.	1,085.
HCL AMERICA INC		48,650.	7,234.		
HCL AMERICA INC	X	62,702.	12,135.		
Totals		144,982.	25,377.	33,630.	1,085.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	82,280.	62,702.	144,982.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	13,242.	12,135.	25,377.
3 & 7	Total social security wages/tips	84,407.	62,702.	147,109.
4	Total social security tax withheld	5,233.	3,888.	9,121.
5	Total Medicare wages and tips	84,407.	62,702.	147,109.
6	Total Medicare tax withheld	1,223.	909.	2,132.
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	15,909.	79.	15,988.
b	Elective deferrals to qualified plans	2,127.		2,127.
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	13,782.	79.	13,861.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	33,630.		33,630.
17	Total state tax withheld	1,085.		1,085.
19	Total local tax withheld.			

► Keep for your records

Name as shown on return CHAITANYA BONDALAPATI	Social Security Number 833-76-5540
--	---------------------------------------

Employer EIN 47-0098400
Employer Name AMERITAS LIFE INSURANCE CORP
 Name (cont.) _____
Street Address or P. O. Box 5900 O STREET
City Lincoln **State** NE **ZIP** 68510
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	33,630.	2 Federal tax withheld	6,008.
3 Social security wages	35,757.	4 Social sec tax withheld	2,217.
5 Medicare wages and tips	35,757.	6 Medicare tax withheld	518.
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:	
C	13.	A: Enter amount attributable to RRTA Tier 2 tax . . .	_____
D	2,127.	M: Enter amount attributable to RRTA Tier 2 tax . . .	_____
W	548.	P: Double click to link to Form 3903, line 4	_____
DD	5,588.	R: Enter MSA contribution for Taxpayer	_____
		Spouse	_____
		W: Enter HSA contribution for Taxpayer	548.
		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
OH	52-2247642	33,630.	1,085.

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 d488-8c28-d7f1-12e9
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>		
Dependent care benefits - Amount forfeited from flexible spending account		
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11

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

Keep for your records

CHAITANYA BONDALAPATI	833-76-5540 Page 2
Employer Name AMERITAS LIFE INSURANCE CORP	

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. 833-76-5540

First name M.I. Last name Suff.

CHAITANYA BONDALAPATI

Address City St ZIP code

9222 DEERCROSS PKWY 2C Cincinnati OH 45236

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return: CHAITANYA BONDALAPATI
Social Security Number: 833-76-5540

Employer EIN: 77-0205035
Employer Name: HCL AMERICA INC
Street Address: 330 Potrero Ave
City: Sunnyvale State: CA ZIP: 94085-4194

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

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

Table with 2 columns: Description and Amount. Rows include Wages, tips, other comp (48,650), Federal tax withheld (7,234), Social security wages (48,650), Social sec tax withheld (3,016), Medicare wages and tips (48,650), Medicare tax withheld (705), Social security tips, and Allocated tips.

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

Table for Box 12: Code and Amount. Includes instructions for codes C, DD, M, P, R, W, G and a checkbox for 'Employer is not a state or local government'.

Table for Boxes 15, 16, and 17: State, Employer's state I.D. no., State wages, tips, etc., and State income tax.

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

Table for Boxes 20, 18, 19, and Associated State: Locality name, Local wages, tips, etc., Local income tax, and Associated State.

9 Verification Code
10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans

Table for Box 14: Description or Code on Actual Form W-2, Amount, and ProSeries Identification of Description or Code.

Keep for your records

CHAITANYA BONDALAPATI	833-76-5540 Page 2
Employer Name HCL AMERICA INC	

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. 833-76-5540

First name CHAITANYA M.I. Last name BONDALAPATI Suff. _____

Address 9222 DEERCROSS PKWY 2C City Cincinnati St OH ZIP code 45236

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Table with 2 columns: Name as shown on return (SWATHI PARVATANENI) and Social Security Number (891-77-7110)

Employer EIN 77-0205035
Employer Name HCL AMERICA INC
Street Address or P. O. Box 330 Potrero Ave
City Sunnyvale State CA ZIP 94085-4194

Spouse's W-2 (checked) Do not transfer this W-2 to next year (unchecked)
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 62,702.
2 Federal tax withheld 12,135.
3 Social security wages 62,702.
4 Social sec tax withheld 3,888.
5 Medicare wages and tips 62,702.
6 Medicare tax withheld 909.
7 Social security tips
8 Allocated tips

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

Table for Box 12: Code, Amount, and description of code (A, M, P, R, W, G).

Table for Boxes 15, 16, and 17: State, Employer's state I.D. no., State wages, tips, etc., State income tax.

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

Table for Boxes 20, 18, 19, and Associated State: Locality name, Local wages, tips, etc., Local income tax.

9 Verification Code
10 Dependent care benefits (checked)
11 Distributions from Section 457 and other nonqualified plans

Table for Box 14: Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

<u>SWATHI PARVATANENI</u>	<u>891-77-7110</u> Page 2
Employer Name <u>HCL AMERICA INC</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	
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			E
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		
2 Tips less than \$20 in a month which were not required to be reported		H2	
3 Value of non-cash tips, such as tickets or passes, not reported		H3	
4 Actual amount of allocated tips if different than the amount in box 8		H4	
5 Tips paid out through a tip-sharing arrangement		H5	
6 <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. 891-77-7110

First name SWATHI M.I. Last name PARVATANENI Suff. _____

Address 9222 DEERCROSS PKWY 2C City Cincinnati St OH ZIP code 45236

Foreign Province/County _____ Foreign Postal Code _____

Foreign Country _____

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Interest and Dividends Summary

2017

▶ Keep for your records

Name(s) Shown on Return

CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Social Security Number

833-76-5540

Interest Summary	Total Interest	Tax-Exempt	U.S. Government	Priv Actvy Bond
1 Seller-financed mortgage				
2 From Schedule B, Part I	107.			
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	107.			
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 ▶	107.			
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 ▶		

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
--	--

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 . . .								

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

	Federal	State	Local
Taxes Withheld From:			
10 Forms W-2	25,377.	1,085.	
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	25,377.	1,085.	
20 Total Tax Payments for 2017	25,377.	1,085.	

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

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
--	--

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	82,280.	62,702.	144,982.
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	82,280.	62,702.	144,982.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	82,280.	62,702.	144,982.
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	82,280.	62,702.	144,982.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	82,280.	62,702.	144,982.
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, ln 2.	82,280.	62,702.	144,982.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	82,280.	62,702.	144,982.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	82,280.	62,702.	144,982.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
---	---------------------------------------

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		1,315.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		143,496.
6	Tax liability for Form 2210 or Form 2210-F		20,539.
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
 CHAITANYA BONDALAPATI & SWATHI PARVATANENI

Filing status Married Filing Jointly Number of exemptions 3

Gross Income

Wages and salaries	144,982.
Interest and dividend income	107.
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	145,089.

Adjustments to Income 1,593.

Adjusted Gross Income (Last year's AGI) _____ 143,496.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	1,315.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	1,315.
Standard deduction	12,700.
Exemption amount	12,150.

Taxable Income 118,646.

Income tax	21,139.
Alternative minimum tax	_____
Total Taxes before Credits	21,139.
Nonbusiness credits	600.
Business credits	_____
Total Credits	600.
Self-employment tax	_____
Other taxes	_____

Total Tax 20,539.

Withholding	25,377.
Estimated tax payments	_____
Other payments	_____
Total Payments	25,377.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 4,838.

Refund 4,838.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	14.31 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>21,139.</u>
	Check if from:
1	Tax table <input type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input checked="" 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>21,139.</u>

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet	
Note: Line 10 is presently calculated by subtracting line B from line A. If zero or less, stop ; you cannot take the credit.	
A	The amount from Form 1040, line 47; Form 1040A, line 28; or Form 1040NR, line 45. <u>21,139.</u>
B	Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- _____

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

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

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

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

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

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	548.
B Enter employer contributions made in 2017 for the tax year 2016	
C Subtract line B from line A	548.
D Enter employer contributions made in 2018 for the tax year 2017	
E Other employer contributions for 2017 not reported above	
F Employer contributions for 2017. Add lines C, D and E. Enter on line 9	548.

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

Line 18 Smart Worksheet

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

A

1 Total HSA contribution in 2016 _____

2 Excess contribution in 2016 _____

3 Net HSA contribution in 2016 0.

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

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

C

1 Total maximum allowable contribution for 2016 _____

2 Amount allocated to spouse in 2016 _____

3 Net maximum allowable contribution for 2016 _____

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . _____

B Total reimbursements entered on Form W-2 with an amount in Box 12 and code P that are linked to this form _____

C Other allowance or reimbursements not on Form W-2 _____

D Enter the number of miles from your **old home** to your **new workplace** 500 miles

E Enter the number of miles from your **old home** to your **old workplace** 30 miles

F Subtract line E from line D. If zero or less, enter -0- 470 miles

Is line F at least 50 miles?

Yes ▶ You meet this test.

No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

G For **foreign** moves check here **only** if **all** the following apply

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
 Enter storage fees applicable to foreign move _____
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 : Moving Expenses

Travel Expenses Smart Worksheet

Enter your travel expenses:

- A** Travel and lodging expenses for this move (excluding auto expenses) 500.
- B** Parking fees and tolls _____
- C** Gasoline and oil _____
- D** Miles driven traveling to new home _____

Additional information from your 2017 Federal Tax Return**Form 2441: Child and Dependent Care Expenses****Additional Child Care Providers****Continuation Statement**

Name	Address	City, State, ZIP	ID No.	Amount Paid
Grace Point Daycare	9650 Huebner Rd	San Antonio TX 78240	74-2837171	1,869.
Mi Casa Center	8601 Cinnamon Creek	San Antonio TX 78240	20-8827599	376.
			Total	2,245.



Department of Taxation Rev. 9/17

2017 Ohio IT 1040 Individual Income Tax Return



17000133

05 22 18

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required) 833 76 5540 If deceased check box Spouse's SSN (if filing jointly) 891 77 7110 If deceased check box Enter school district # for this return (see instructions). SD# 3109

First name CHAITANYA M.I. Last name BONDALAPATI Spouse's first name (only if married filing jointly) SWATHI M.I. Last name PARVATANENI

Address line 1 (number and street) or P.O. Box 9222 DEERCROSS PKWY 2C Address line 2 (apartment number, suite number, etc.)

City CINCINNATI State OH ZIP code 45236 Ohio county (first four letters) MEDI Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident X Part-year resident Nonresident Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident X Part-year resident Nonresident Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er) X Married filing jointly Married filing separately

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

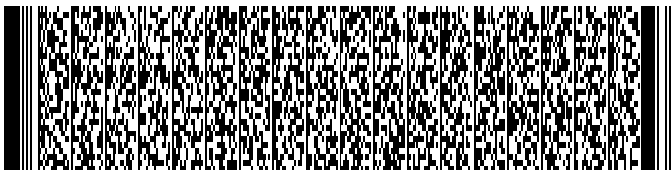
Ohio Political Party Fund

Check here if you want \$1 to go to this fund. Check here if your spouse wants \$1 to go to this fund (if filing jointly).

Note: Checking this box will not increase your tax or decrease your refund.

Table with 2 columns: Description and Amount. Rows include Federal adjusted gross income, Additions, Deductions, Ohio adjusted gross income, Exemption amount, Ohio income tax base, Taxable business income, and Line 5 minus line 6.

Do not staple or paper clip.



Postmark date Code



2017 Ohio IT 1040 Individual Income Tax Return



SSN 833 76 5540

17000233

7a. Amount from line 7 on page 1	7a.	138096	00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables).....	8a.	4719	00
8b. Business income tax liability – Ohio Schedule IT BUS, line 14 (include schedule)	8b.		00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	4719	00
9. Ohio nonrefundable credits – Ohio Schedule of Credits, line 33 (include schedule).....	9.	3668	00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero).....	10.	1051	00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210).....	11.		00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due.....	<input checked="" type="checkbox"/> 12.		00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12).....	13.	1051	00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return	14.	1085	00
15. Estimated (2017 Ohio IT 1040ES) and extension (2017 Ohio IT 40P) payments and credit carryforward from previous year return	15.		00
16. Refundable credits – Ohio Schedule of Credits, line 40 (include schedule)	16.		00
17. Amended return only – amount previously paid with original and/or amended return	17.		00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17).....	18.	1085	00
19. Amended return only – overpayment previously requested on original and/or amended return.....	19.		00
20. Line 18 minus line 19.....	20.	1085	00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13.....	21.		00
22. Interest and penalty due on late filing or late payment of tax (see instructions).....	22.		00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State"	AMOUNT DUE ▶ 23.		00
24. Overpayment (line 20 minus line 13)	24.	34	00
25. Original return only – amount of line 24 to be credited toward 2018 income tax liability.....	25.		00
26. Original return only – amount of line 24 to be donated:			
a. Wishes for Sick Children b. Wildlife species c. Military injury relief		00	00
d. Ohio History Fund e. State nature preserves f. Breast / cervical cancer		00	00
Total	26g.		00
27. REFUND (line 24 minus lines 25 and 26g).....	YOUR REFUND ▶ 27.	34	00

<p>Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.</p> <p>▶ Your signature _____ Date (MM/DD/YY) _____</p> <p>▶ Spouse's signature _____ Phone number _____</p> <p>Check here to authorize your preparer to discuss this return with Taxation</p> <p>Preparer's printed name <u>APPANA RUPA VENKATA SATYA SAI MANI K</u></p> <p>Phone number <u>(678) 965-9729</u> Preparer's TIN (PTIN) <u>P02090332</u></p>	<p>If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.</p>
	<p>NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2679 Columbus, OH 43270-2679</p> <p>Payment Included – Mail to: Ohio Department of Taxation P.O. Box 2057 Columbus, OH 43270-2057</p>



2017 Ohio Schedule of Credits

Nonrefundable and Refundable



17280133

SSN of primary filer

05 22 18

833 76 5540

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c).....	1.	4719 00
2. Retirement income credit (limit \$200 per return) (see instructions for table).....	2.	00
3. Lump sum retirement credit – Ohio LS WKS, Section III, line 6 (include worksheet).....	3.	00
4. Senior citizen credit (must be 65 or older to claim this credit; limit \$50 per return).....	4.	00
5. Lump sum distribution credit – Ohio LS WKS, Section IV, line 3 (include worksheet).....	5.	00
6. Child care and dependent care credit (see instructions for worksheet).....	6.	0 00
7. Displaced worker training credit (see instructions for worksheet) (limit \$500 per taxpayer).....	7.	00
8. Campaign contribution credit for Ohio statewide office or General Assembly (limit \$50 per taxpayer).....	8.	0 00
9. Income-based exemption credit (\$20 times the number of exemptions).....	9.	0 00
10. Total (add lines 2 through 9).....	10.	0 00
11. Tax less credits (line 1 minus line 10; if less than -0-, enter -0-).....	11.	4719 00
12. Joint filing credit (see instructions), <u>5</u> % times the amount on line 11 (limit \$650).....	12.	236 00
13. Earned income credit.....	13.	00
14. Ohio adoption credit (limit \$10,000 per adopted child).....	14.	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate).....	15.	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate).....	16.	00
17. Credit for purchases of grape production property.....	17.	00
18. Invest Ohio credit (include a copy of the credit certificate).....	18.	00
19. Technology investment credit carryforward (include a copy of the credit certificate).....	19.	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate).....	20.	00
21. Research and development credit (include a copy of the credit certificate).....	21.	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate).....	22.	00
23. Total (add lines 12 through 22).....	23.	236 00
24. Tax less additional credits (line 11 minus line 23; if less than -0-, enter -0-).....	24.	4483 00

Do not staple or paper clip.





2017 Ohio Schedule of Credits

Nonrefundable and Refundable

SSN of primary filer

833 76 5540



17280233

Nonresident Credit

Date of nonresidency 01/01/17 to 08/16/17 State of residency TX

25. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned or received in Ohio. Include Ohio IT NRC if required.....25.	109866 00
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3).....26.	143496 00
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). .7656	
Multiply this factor by the amount on line 24 to calculate your nonresident credit.....27.	3432 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident (limits apply).....28.	00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3).....29.	00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here.....30.	00
31. Enter the 2017 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia (limits apply).....31.	00
32. Enter the smaller of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....32.	00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9) ..33.	3668 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate).....34.	00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate)...35.	00
36. Pass-through entity credit (include a copy of the Ohio K-1s).....36.	00
37. Motion picture production credit (include a copy of the credit certificate).....37.	00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio K-1s).....38.	00
39. Venture capital credit (include a copy of the credit certificate).....39.	00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16).....40.	00



Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



17230133

05 22 18
Tax Year
2017

SSN of primary filer (required)
833 76 5540

Do not list below the primary filer and/or spouse reported on Ohio IT 1040. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

Do not staple or paper clip.

- | | | |
|---|---|---|
| 1. Dependent's SSN (required)
937 94 2019
Dependent's first name (required)
SRI VIBHAV | Dependent's date of birth (MM DD YYYY - Required)
04 06 2011
M.I. Dependent's Last name (required)
BONDALAPATI | Dependent's relationship to you (required)
SON |
| 2. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 3. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 4. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 5. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 6. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |
| 7. Dependent's SSN (required)

Dependent's first name (required) | Dependent's date of birth (MM DD YYYY - Required)

M.I. Dependent's Last name (required) | Dependent's relationship to you (required) |





2017 Ohio IT NRC – Income Allocation and Apportionment Nonresident Credit and Part-Year Resident Credit

Include this three-page form with the Ohio IT 1040 (individuals).

Important: This form is for taxpayers claiming the nonresident credit on the Ohio IT 1040 for tax years 2015 and forward. Taxpayers completing the Ohio IT 1041 for trusts and taxpayers completing the Ohio IT 1040 for tax years 2014 and prior should not use this form and should refer to the instructions for those tax years.

Table with 2 columns: Taxpayer name (CHAITANYA BONDALAPATI & SWATHI PARVATANENI) and SSN (833 76 5540)

Note: In Part I, Part IV and Part V, the amount shown in column C for all lines must equal column A plus column B.

Part I – Nonbusiness Income and Deductions (See definitions and discussion in the instructions.)

Allocate in Part I all items of income and/or deduction included in federal adjusted gross income that constitute nonbusiness income. See Ohio Revised Code (R.C.) section 5747.01(C). Only include the nonbusiness portion of the noted federal schedules. Note: Do not include on line 1 any guaranteed payments or compensation you received from a pass-through entity in which you have at least a 20% direct or indirect ownership interest. Show any such payments in Part II, A, line 5.

Main table with 3 columns: (A) Ohio Portion, (B) Non-Ohio Portion, (C) Total. Rows include A. Nonbusiness Income (lines 1-12) and B. Deductions From Income (lines 13-27).



10211411

Taxpayer name CHAITANYA BONDALAPATI & SWATHI PARVATANENI	SSN 833 76 5540
---	--------------------

Part IV – Summary of Business Income from All Entities

From each Part II, section C that was completed, enter line 18 in column A, line 19 in column B and line 12 in column C. Enter each entity in the same order that you assigned them in Part II. If you have more than 16 entities, include additional Part IV(s) as needed. Total the additional entities on line 17.

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Apportionable income from Entity # _____ 1. _____	00	00	00
2. Apportionable income from Entity # _____ 2. _____	00	00	00
3. Apportionable income from Entity # _____ 3. _____	00	00	00
4. Apportionable income from Entity # _____ 4. _____	00	00	00
5. Apportionable income from Entity # _____ 5. _____	00	00	00
6. Apportionable income from Entity # _____ 6. _____	00	00	00
7. Apportionable income from Entity # _____ 7. _____	00	00	00
8. Apportionable income from Entity # _____ 8. _____	00	00	00
9. Apportionable income from Entity # _____ 9. _____	00	00	00
10. Apportionable income from Entity # _____ 10. _____	00	00	00
11. Apportionable income from Entity # _____ 11. _____	00	00	00
12. Apportionable income from Entity # _____ 12. _____	00	00	00
13. Apportionable income from Entity # _____ 13. _____	00	00	00
14. Apportionable income from Entity # _____ 14. _____	00	00	00
15. Apportionable income from Entity # _____ 15. _____	00	00	00
16. Apportionable income from Entity # _____ 16. _____	00	00	00
17. Enter the totals of all additional entities from included Part IV(s), if any17. _____	00	00	00
18. Total apportionable income from all entities (sum of lines 1 through 17 by column).....18. _____	00	00	00

Part V – Summary of Business and Nonbusiness Income

	(A) Ohio Portion	(B) Non-Ohio Portion	(C) Total
1. Total business income from Part IV, line 18 (enter in A, B and C respectively).....1. _____	00	00	00
2. Total nonbusiness income from Part I, line 27 (enter in A, B and C respectively).....2. _____	33630 00	109866 00	143496 00
3. Total business and nonbusiness income (add lines 1 and 2, by column).....3. _____	33630 00	109866 00	143496 00
4. Total Ohio Schedule A additions from Ohio IT 1040, line 2a (see Note #3 below).....4. _____	00	00	00
5. Total Ohio Schedule A deductions from Ohio IT 1040, line 2b (see Note #3 below).....5. _____	00	00	00
6. Line 3 plus line 4 minus line 5, by column (see Notes #1 and #2 below).....6. _____	33630 00	109866 00	143496 00

Note 1: Enter the amount shown on line 6, column B on the Ohio Schedule of Credits. The amount shown on line 6, column B is the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) that was not earned in or received in Ohio.

Note 2: The amount shown on line 6, column C should be the same amount shown on line 3 of Ohio IT 1040.

Note 3: Exclude from lines 4 and 5 the depreciation adjustment(s) and miscellaneous federal income tax adjustments, if any, reported in Part II of this worksheet.

Ohio Information Worksheet

2017

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

Last Name BONDALAPATI
First Name CHAITANYA
Middle Initial Suffix
Social Security No. . . 833-76-5540
Date of Birth 08/12/79
Date of Death
Work Phone

Spouse:

Last Name PARVATANENI
First Name SWATHI
Middle Initial Suffix
Social Security No. . . . 891-77-7110
Date of Birth 05/10/83
Date of Death
Work Phone

Home Phone
Print this phone number on the forms [] Home [] Taxpayer work [] Spouse work

Street Address 9222 DEERCROSS PKWY 2C Apartment
City Cincinnati State . OH ZIP Code 45236
County Medina School District Number 3109

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [X]

Foreign country Foreign postal code
Foreign code
E-Mail address . . CB45803@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

[X] Form IT 1040: Individual Income Tax Return (Long form)
[] Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse
[] Form IT DA: Affidavit of Non-Ohio Residency/Domicile
NOTE: Form IT DA must be mailed separately and will not be filed with the above forms.
DO NOT ENCLOSE OR ATTACH IT DA with any other form/affidavit, it must be mailed separately.

Ohio School District Tax Return

Form SD 100: School District Tax Return

Ohio Commercial Activity Tax (CAT) Return

[] Form CAT 1: Commercial Activity Tax Registration

Ohio Municipal Tax Return

[] Akron, Form IR
[] Canton
[] CCA - Exemption Certificate, Form 120-16-EC
[] CCA - City Tax Form, Form 120-16-IR
[] Cincinnati
[] Columbus, Form IR-25
[] Dayton, Form R-I
[] Generic City, Form R
[] R.I.T.A., Individual Declaration of Exemption
[] R.I.T.A., Form 37

Part III — Resident Status

TP SP (TP - Taxpayer, SP - Spouse)
[] [] Full-Year Resident of OH
[] [] Nonresident of OH State of Residency, or TP SP
Country of Residency TP SP
[X] [X] Part-Year Resident of OH From: 08/17 To: 12/31

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC

Part IV – Filing Status

- 1 Single or head of household or qualifying widow(er)
- 2 Married filing joint (even if only had one income)
- 3 Married filing separate returns

Part V – Lump Sum Distribution and Retirement Credits

- TP SP** (TP - Taxpayer, SP - Spouse)
- Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?
 - Are claiming the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?
 - Claim the the Ohio Lump Sum **Retirement** Credit in a prior year?

Part VI – Other Information

Ohio Political Party Fund (Note: Checking 'Yes' will not increase your tax or decrease your refund.)

- Yes No**
- Do you want \$1 to go to this fund?
 - If filing a joint return, does your spouse want \$1 to go to this fund?

Farmer/Fisherman

- At least 2/3 of your current year gross income was from farming or fishing
- Above farmer box is checked and return will be filed and tax due paid by: March 1, 2018.

Pay by Credit Card - You have paid or will pay with a credit card:

- Form IT 1040
- Form SD 100

Filing Requirement

- Yes No**
- File Form IT 1040 even if not required (based on federal AGI and filing status)
 - Note:** Select Yes if filing federal 1040NR and claiming a state refund on Form IT-1040

Sales/Use Tax

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax ▶ _____

County use tax percentage rate _____

Amount of tax that you owe on out-of-state purchases. _____

Nonresidents: Use Tax County _____

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

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

- The state return will be filed electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled _____

Date return was accepted by the state _____

Enter the date Form IT 40P was given to client _____

Perjury Statement Acceptance

Before you can transmit the return to the Intuit Electronic Filing Center, the taxpayer and spouse (if a joint return) must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

- Taxpayer's acceptance of the above Perjury Statement
- Spouse's acceptance of the above Perjury Statement

Non Paid Preparer Information

Name _____

Enter one of the following identification numbers:

SSN . _____ PTIN . _____ Site ID # _____

Address

Street Address _____

City _____ State _____ ZIP code _____

Non Paid Preparer Phone Number _____

Foreign address information

Foreign Province _____

Foreign Country _____ Foreign Postal Code _____

Part VIII — Direct Deposit Information or Electronic Funds Withdrawal Information

Form IT 1040, Income Tax Return

Yes No

- Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of state tax payment (EF Only)?

Enter the following information if your client requests direct deposit of a **state tax** refund:

Name of Financial Institution (optional) USAA Federal Savings Bank
Account type Checking Savings
Routing number 314074269
Account number 0150860412

International ACH Transaction:

Yes No

- Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

Enter an amount to withdraw from the account above _____

If partial payment is made, the remaining balance due _____

Form SD 100, School District Income Tax Return(s)

Yes No

- Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?
- Do you want electronic funds withdrawal of SD tax payment (EF Only)?

International ACH Transaction:

Yes No

- Will the funds for this refund (or payment) go to (or come from) and account outside the U.S.?

Enter the following information if your client requests direct deposit of a **school district tax** refund:

Name of Financial Institution (optional)
Account type Checking Savings
Routing number _____
Account number _____

Enter the payment date to withdraw from the account above _____

Form(s) SD 100, School District number

Form(s) SD 100, Balance-due amount from this return

Enter an amount to withdraw from the account above

If partial payment is made, the remaining balance due

Part IX — Paid Preparer Information

Enter preparer Code from Firm/Preparer Info (See Help) 1

Yes No

- Authorize preparer to contact the Ohio Department of Taxation regarding this return

Part X — Extension Status

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

Form IT 1040, Income Tax Return

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No

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

Extended due date _____

Form IT 40P, Extension Payment Voucher

Form SD 100, School District Income Tax Return

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No

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

Extended due date _____

Form SD 40P, School Extension Payment Voucher

Tax Payments Worksheet

2017

▶ Keep for your records

Name CHAITANYA BONDALAPATI & SWATHI PARVATANENI	Social Security Number 833-76-5540
--	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

		Spouse		Taxpayer
9	State withholding on Forms W-2			1,085.
10	State withholding on Forms W-2G			
11	State withholding on Forms 1099-R			
12 a	State withholding on Forms 1099-MISC			
b	State withholding on Forms 1099-G			
c	State withholding on Forms 1099-K			
13	Other state tax withholding			
14	Total income tax withheld			1,085.
15	Date return will be filed and balance paid		15	

Smart Worksheets from your 2017 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Form IT 1040, Tax Smart Worksheet	
<input type="checkbox"/>	Use tax table 1 only (for less than \$100,000 taxable income on line 7a)
<input type="checkbox"/>	Use tax table 2 only
a	Tax from tax table 1 (if line 7a is less than \$100,000 only) _____
b	Tax from tax table 2 <u>4,719.</u>
c	Smaller of line a and line b <u>4,719.</u>

SMART WORKSHEET FOR: Ohio Schedule of Credits

Ohio Adoption Credit Smart Worksheet for 2017 and 5 Year Carryforward	
Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:	
<ol style="list-style-type: none"> 1. \$1,500, or 2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C). 	
	Child's Name
	Expenses
Number of children adopted in 2017 ▶ <u>0</u>	
Ohio adoption credit carryover from 2014 (5 year carryforward) _____	
Ohio adoption credit carryover from 2015 (5 year carryforward) _____	
Ohio adoption credit carryover from 2016 (5 year carryforward) _____	
Total adoption credit available _____	
Total adoption credit claimed in 2017 _____	
2014 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2015 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2016 Ohio adoption credit carryforward to next year (5 year carryforward) _____	
2017 Ohio adoption credit carryforward to next year (5 year carryforward) _____	