

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 SUDHAKAR REDDY ALAVALA	Social security number 751-03-0928
Spouse's name SHALINI BHIMAVARAPU	Spouse's social security number 671-48-9773

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	161,124.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	20,066.
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	23,225.
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	3,159.
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

3	0	9	2	8
---	---	---	---	---

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

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 SUDHAKAR REDDY	Last name ALAVALA	Your social security number 751-03-0928
If a joint return, spouse's first name and initial SHALINI	Last name BHIMAVARAPU	Spouse's social security number 671-48-9773
Home address (number and street). If you have a P.O. box, see instructions. 1505 APPLEWOOD ACRES		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CLARKS SUMMIT PA 18411		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

(1) First name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
First name	Last name			
SRICHARAN	ALAVALA	122-65-8771	Son	<input checked="" type="checkbox"/>
SRIANSH REDDY	ALAVALA	779-29-0631	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

No. of children on 6c who:

- lived with you **2**
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **4**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	163,124.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	163,124.

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	2,000.
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	2,000.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	161,124.

	38	Amount from line 37 (adjusted gross income)	38	161,124.
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— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	28,170.
	41	Subtract line 40 from line 38	41	132,954.
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	116,754.
	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	20,666.
	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	20,666.
	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
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	20,066.
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	20,066.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	23,225.
	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		
	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	23,225.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,159.
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,159.
	b	Routing number 0 8 1 9 0 4 8 0 8 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account number 0 0 2 9 1 0 5 2 4 9 4 6		
	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	05/25/2018	<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			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040.

2017

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

751-03-0928

Medical and Dental Expenses

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

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

Taxes You Paid

5	State and local (check only one box):	5	
a	<input checked="" type="checkbox"/> Income taxes, or		6,680.
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	
7	Personal property taxes	7	76.
8	Other taxes. List type and amount ▶	8	
9	Add lines 5 through 8	9	6,756.

Interest You Paid

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

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

Gifts to Charity

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

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

Casualty and Theft Losses

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

Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶ <u>Employee business expenses</u>	21	24,636.
22	Tax preparation fees	22	
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	24,636.
25	Enter amount from Form 1040, line 38 25 161,124.		
26	Multiply line 25 by 2% (0.02)	26	3,222.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	21,414.

Other Miscellaneous Deductions

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

Total Itemized Deductions

29	Is Form 1040, line 38, over \$156,900?	29	
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		28,170.
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

Your social security number

751-03-0928

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)
HELPING HANDS	423 Center Street CLARKS SUMMIT PA 18411	23-2918439	4,210.

Did you receive dependent care benefits? No Yes

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		
SRICHARAN	ALAVALA	122-65-8771	6,000.

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	105,949.																																																										
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	57,175.																																																										
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	161,124.																																																										
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	.20																																																										
<table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>		If line 7 is:	If line 7 is:	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20		
If line 7 is:	If line 7 is:																																																												
<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20						
Over	But not over	Decimal amount is																																																											
\$0—15,000		.35																																																											
15,000—17,000		.34																																																											
17,000—19,000		.33																																																											
19,000—21,000		.32																																																											
21,000—23,000		.31																																																											
23,000—25,000		.30																																																											
25,000—27,000		.29																																																											
27,000—29,000		.28																																																											
Over	But not over	Decimal amount is																																																											
\$29,000—31,000		.27																																																											
31,000—33,000		.26																																																											
33,000—35,000		.25																																																											
35,000—37,000		.24																																																											
37,000—39,000		.23																																																											
39,000—41,000		.22																																																											
41,000—43,000		.21																																																											
43,000—No limit		.20																																																											
9	Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions	9	600.																																																										
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	20,666.																																																										
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.																																																										

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.**

Your name SUDHAKAR REDDY ALAVALA	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 751-03-0928
--	---	--

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

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

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

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	3,852.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	16,800.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,584.
5 Meals and entertainment expenses: \$ <u>4,800.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	2,400.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	24,636.

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

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶ 01/01/2017
- 8** Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a** Business 7,200 **b** Commuting (see instructions) _____ **c** Other 2,800
- 9** Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a** Do you have evidence to support your deduction? **Yes** **No**
- b** If "Yes," is the evidence written? **Yes** **No**

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

SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

Your social security number

751-03-0928

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	1,500.
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	2,000.
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	2,000.

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					163,124.
Adjustments to income					2,000.
Adjusted gross income					161,124.
Tax expense					6,756.
Interest expense . . .					
Contributions					
Miscellaneous deductions					21,414.
Other Itemized Deductions					
Total itemized/standard deduction . .					28,170.
Exemption amount . .					16,200.
Taxable income					116,754.
Tax					20,666.
Alternative min tax . .					
Total credits					600.
Other taxes					
Payments					23,225.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					3,159.
Effective tax rate % . .					12.45
**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, Social Security Number. Values: SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU, 751-03-0928

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

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

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

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

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last name ALAVALA
 First name SUDHAKAR REDDY
 Middle initial _____ Suffix _____
 Social security no. 751-03-0928
 Occupation SOFTWARE ENGINEER
 Date of birth 06/16/1981 (mm/dd/yyyy)
 Age as of 1-1-2018 36
 Date of death _____
 Legally blind
 E-mail address Sudhakar221@gmail.com
 Work phone _____ Ext _____
 Cell phone (214) 457-4275
 Home phone (630) 853-4563
 Fax number _____

Spouse:

Last name (if different) BHIMAVARAPU
 First name SHALINI
 Middle initial _____ Suffix _____
 Social security no. 671-48-9773
 Occupation SOFTWARE ENGINEER
 Date of birth 08/21/1984 (mm/dd/yyyy)
 Age as of 1-1-2018 33
 Date of death _____
 Legally blind
 E-mail address Bh.shalini@gmail.com
 Work phone _____ Ext _____
 Cell phone (214) 218-3090
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____ Taxpayer cell phone (214) 457-4275
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 1505 APPLEWOOD ACRES Apt no. _____
 City CLARKS SUMMIT State PA ZIP code 18411

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.***
SRICHARAN ALAVALA		122-65-8771 Son	05/18/2012	5	12		L	6,000.
SRIANSH REDDY ALAVALA		779-29-0631 Son	06/15/2017	0	7		L	
-----		-----	-----	-----				
-----		-----	-----	-----				

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU) and Social Security Number (751-03-0928)

Driver's License or State Id Information

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

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

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

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama does not allow this option

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

- Input boxes for Taxpayer and Spouse, with a note: Alabama, New Mexico, New York and Ohio do not allow this option

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

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

Driver's License Detail

Taxpayer:

Issuing state: PA, License number: 32443566, Issue date: 01/19/2018, Expiration date: 10/11/2018, Does not expire: [], NY Document number (first 3 chars)*: _____

Spouse:

Issuing state: PA, License number: 32444501, Issue date: 01/19/2018, Expiration date: 11/28/2019, Does not expire: [], NY Document number (first 3 chars)*: _____

State Identification Card Detail

Taxpayer:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], NY Document number (first 3 chars)*: _____

Spouse:

Issuing state: _____, Identification number: _____, Issue date: _____, Expiration date: _____, Does not expire: [], NY Document number (first 3 chars)*: _____

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

Additional Verification Information

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

Client Status:

- Input boxes for 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

SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

Social Security Number

751-03-0928

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

Date Form 1040-V was given to client ▶ _____

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Form with header 'State/City *' and checkboxes for New York, Vermont, and two blank rows.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
---	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
INFOSYS LIMITED		105,949.	12,873.	105,949.	3,252.
INFOSYS LIMITED	X	57,175.	10,352.	57,175.	1,755.
Totals		163,124.	23,225.	163,124.	5,007.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	105,949.	57,175.	163,124.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	12,873.	10,352.	23,225.
3 & 7	Total social security wages/tips	105,949.	57,175.	163,124.
4	Total social security tax withheld	6,569.	3,545.	10,114.
5	Total Medicare wages and tips	105,949.	57,175.	163,124.
6	Total Medicare tax withheld	1,536.	829.	2,365.
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		6,298.	6,298.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12		6,298.	6,298.
14 a	Total deductible mandatory state tax		42.	42.
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	105,949.	57,175.	163,124.
17	Total state tax withheld	3,252.	1,755.	5,007.
19	Total local tax withheld.	1,059.	572.	1,631.

► Keep for your records

Name as shown on return
SUDHAKAR REDDY ALAVALA

Social Security Number
751-03-0928

Employer EIN 58-1760235
Employer Name INFOSYS LIMITED
 Name (cont.) _____
Street Address or P. O. Box 6100 TENNYSON PKWY 200
City PLANO **State** TX **ZIP** 75024
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	105,949.	2 Federal tax withheld	12,873.
3 Social security wages	105,949.	4 Social sec tax withheld	6,569.
5 Medicare wages and tips	105,949.	6 Medicare tax withheld	1,536.
7 Social security tips		8 Allocated tips	

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

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

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
PA	58176023500	105,949.	3,252.
_____	_____	_____	_____
_____	_____	_____	_____

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
350108	105,922.	1,059.	PA
_____	_____	_____	_____
_____	_____	_____	_____

9 Verification Code		9 36ad-8a60-3c27-b266
10 Dependent care benefits (Check if employer furnished care at work) <input type="checkbox"/>		10 _____
Dependent care benefits - Amount forfeited from flexible spending account		_____
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.)		11 _____

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

Keep for your records

SUDHAKAR REDDY ALAVALA

751-03-0928 Page 2

Employer Name INFOSYS LIMITED

Part I Statutory employees

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

C

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

Clergy only:

- D Designated housing or parsonage allowance
- 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 Pay self-employment tax on housing or parsonage allowance only
 - 2 Pay self-employment tax on W-2 income only
 - 3 Pay self-employment tax on W-2 income and housing allowance
 - 4 Exempt from self-employment tax and has approved Form 4361

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

- H 1 Tips \$20 or more in a month which were not reported to employer
- 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 Employer is a federal, state, or local government and tips are only subject to Medicare tax

H1

H2

H3

H4

H5

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. 751-03-0928

First name SUDHAKAR REDDY M.I. Last name ALAVALA Suff.

Address 1505 APPLEWOOD ACRES City CLARKS SUMMIT St PA ZIP code 18411

Foreign Province/County Foreign Postal Code

Foreign Country

Name as shown on return SHALINI BHIMAVARAPU	Social Security Number 671-48-9773
--	---------------------------------------

Employer EIN 58-1760235
Employer Name INFOSYS LIMITED
 Name (cont.) _____
Street Address or P. O. Box 6100 TENNYSON PKWY 200
City PLANO **State** TX **ZIP** 75024
Foreign Province/County _____
Foreign Postal Code _____
Foreign Country _____

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

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

1 Wages, tips, other comp	57,175.	2 Federal tax withheld	10,352.
3 Social security wages	57,175.	4 Social sec tax withheld	3,545.
5 Medicare wages and tips	57,175.	6 Medicare tax withheld	829.
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	21.	A: Enter amount attributable to RRTA Tier 2 tax
DD	6,277.	M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
PA	58176023500	57,175.	1,755.

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
350108	57,175.	572.	PA

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

Box 14 Description or Code on Actual Form W-2	Amount	ProSeries Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
SUI	42.	PA Unemployment tax

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
---	---------------------------------------

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

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			23,225.	5,007.	1,631.
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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			23,225.	5,007.	1,631.
20	Total Tax Payments for 2017			23,225.	5,007.	1,631.

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

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
---	---------------------------------------

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	5,007.
2 2017 state estimated taxes paid in 2017	2	
3 2016 state estimated taxes paid in 2017	3	
4 Amount paid with 2016 state application for extension	4	
5 Amount paid with 2016 state income tax return	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	1,631.
10 2017 local estimated taxes paid in 2017	10	
11 2016 local estimated taxes paid in 2017	11	
12 Amount paid with 2016 local application for extension	12	
13 Amount paid with 2016 local income tax return	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17 <u>State mandatory taxes</u>	17	42.
18 Total Add lines 1 through 17	18	6,680.
19 State and local refund allocated to 2017	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20	21	
22 Total state and local income tax deduction Line 18 less line 21	22	6,680.

Nondeductible State Income Tax (Hawaii Only)

23 Nontaxable federal employee cost of living allowance	23	
24 Adjusted gross income	24	
25 Add lines 23 and 24	25	
26 Nondeductible percent. Line 23 divided by line 25	26	%
27 Hawaii state income tax included in line 18	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27	28	

Earned Income Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
---	---------------------------------------

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	105,949.	57,175.	163,124.
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	105,949.	57,175.	163,124.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	105,949.	57,175.	163,124.
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	105,949.	57,175.	163,124.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	105,949.	57,175.	163,124.
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.	105,949.	57,175.	163,124.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	105,949.	57,175.	163,124.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	105,949.	57,175.	163,124.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
---	---------------------------------------

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		28,170.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		161,124.
6	Tax liability for Form 2210 or Form 2210-F		20,066.
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
 SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU

Filing status Married Filing Jointly Number of exemptions 4

Gross Income

Wages and salaries	163,124.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	163,124.

Adjustments to Income 2,000.

Adjusted Gross Income (Last year's AGI) _____ 161,124.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	6,756.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	21,414.
Phaseout of itemized deductions	_____
Total Itemized Deductions	28,170.
Standard deduction	_____
Exemption amount	16,200.

Taxable Income 116,754.

Income tax	20,666.
Alternative minimum tax	_____
Total Taxes before Credits	20,666.
Nonbusiness credits	600.
Business credits	_____
Total Credits	600.
Self-employment tax	_____
Other taxes	_____

Total Tax 20,066.

Withholding	23,225.
Estimated tax payments	_____
Other payments	_____
Total Payments	23,225.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 3,159.

Refund 3,159.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	25.0 %
Effective tax rate	12.45 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>20,666.</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>20,666.</u>

SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

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

A Income from Form 1040, line 38 161,124.
B Nontaxable income entered elsewhere on return _____
C Available income: 2016 refundable credits in excess of tax 0.
D **Enter** any additional nontaxable income _____
E Total available income for sales taxes 161,124.
F Sales tax table information:
 Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
 If AZ, CO, LA, MS, NY or SC column (a):
QuickZoom to Misc Global Options to enter default locality ► _____
or Double-click in column (d) to select your locality for each state entered.

(a) ST	(b) Lived in State From	(c) Lived in State To	(d) Enter Total Tax Rate	(e) State Tax Rate (%)	(f) Local Tax Rate (%)	(g) State Table Amount	(h) Local Sales Taxes	(i) Prorated or Total Amount
PA	01/01/17	12/31/17	6.0000	6.0000	0.0000	1,091.	0.	1,091.

Total general sales taxes from table 1,091.
H **Enter** additions to table amount (motor vehicle, boat) _____
I Total sales taxes from table plus additions to table amount 1,091.
J **Enter** actual sales taxes paid (in lieu of table amount) _____
K Total income taxes paid 6,680.

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. 20,666.
B Enter the amount from Form 1040, line 48; or Form 1040NR, line 46. Form 1040A filers, enter -0- _____

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** 400 miles

E Enter the number of miles from your **old home** to your **old workplace** 20 miles

F Subtract line E from line D. If zero or less, enter -0- 380 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 _____

PA-40 - 2017
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (03-17)

751030928 671489773

ALAVALA

SUDHAKAR REDDY Occupation SOFTWARE E

SHALINI Occupation SOFTWARE E

BHIMAVARAPU

1505 APPLEWOOD ACRES

CLARKS SUMMIT PA 18411
66500

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name LACKAWANNA TRA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and
qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c,
2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction.
See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows 1a-11 with values: 1a: 163124, 1b: 0, 1c: 163124, 2: 0, 3: 0, 4: 0, 5: 0, 6: 0, 7: 0, 8: 0, 9: 163124, 10: 0, 11: 163124



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2017

Social Security Number

751030928 Name(s) SUDHAKAR REDDY ALAVALA

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2016 PA Income Tax return.
- 15 2017 Estimated Installment Payments. REV-459B included. N
- 16 2017 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Part B, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.

- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2018 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		5008
13		5007
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		5007
25		0
26		1
27		0
28		1
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date
APPANA RUPA VENKATA SATYA SAI MANI 6789659729	052518

E-File Opt Out N

Firm FEIN 301017196

Preparer's PTIN P02090332



PA SCHEDULE W-2S
Wage Statement Summary

1701910026

PA-40 W-2S 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) SUDHAKAR REDDY ALAVALA	Social Security Number (shown first) 751-03-0928
--	--

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2		SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2			
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	58-1760235	105,949	105,949	105,949	3,252
S	58-1760235	57,175	57,175	57,175	1,755
Total Part A- Add the Pennsylvania columns				163,124	5,007

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	163,124	5,007
Enter the TOTALS on your PA tax return on:		Line 1a
		Line 13

- Payment type:**
- A. Executor fee
 - B. Jury duty pay
 - C. Director's fee
 - D. Expert witness fee
 - E. Honorarium
 - F. Covenant not to compete
 - G. Damages or settlement for lost wages, other than personal injury
 - H. Other nonemployee compensation. Describe: _____
 - I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 - J. Distribution from IRA (Traditional or Roth)
 - K. Distribution from Life Insurance, Annuity or Endowment Contracts
 - L. Distribution from Charitable Gift Annuities
 - M. Distribution from Employee Stock Ownership Plan
- Describe: _____



1555
REV 11/13/17 PRO

1701910026

PA SCHEDULE UE
Allowable Employee Business Expenses

1701710020

PA-40 UE 03-17 (I)
PA Department of Revenue **2017**

OFFICIAL USE ONLY

Name of taxpayer claiming expenses SUDHAKAR REDDY ALAVALA		Social Security Number (shown first) 751-03-0928
Employer's Name INFOSYS LIMITED	Employer's address 6100 TENNYSON PKWY 200 PLANO TX 75024	Employer Identification Number 58-1760235
Describe the duties of the job in which you incurred these expenses SOFTWARE ENGINEER		Employer's Telephone Number

CAUTION: You must complete a separate schedule for each job or position. Spouses may not file joint PA Schedule(s) UE.

Part A. Direct Employee Business Expenses.

1. **Union dues.** List union name(s) and amount(s) paid. Enter the total. Submit additional sheets, if needed.
Name of union(s) and amount(s). _____ 1.
2. **Work clothes and uniforms.** Needed for your employment and not suitable for everyday use.
Description: _____ 2.
3. **Small tools and supplies.** Needed for your employment and not provided by your employer.
Description: _____ 3.
4. **Professional license fees, malpractice insurance and fidelity bond premiums.** Required as a condition of your employment.
Description: _____ 4.
5. **Total Direct Employee Business Expenses.** Add Lines 1 through 4. 5.

Part B. Business Travel Expenses. You may only use the amounts from Line 1 of federal Forms 2106 or 2106EZ. **CAUTION:** You may not use the vehicle expense amounts from federal Forms 2106 or 2106-EZ if you include commuting miles between jobs for different employers.

Vehicle Expenses: Standard Mileage Rate.

6. Enter the amount from your Form 2106 or 2106-EZ, **OR**
Enter your total business miles 0 and multiply by the federal standard mileage rate. 6.

Vehicle Expenses: Actual Travel and Mileage Expenses.

7. Enter the amount from your Form 2106. Make the following adjustments: 7.
8. Add back the "Inclusion Amount" from Form 2106. This adjustment does not apply for PA purposes. 8.
9. **Optional Depreciation.** You may use any generally accepted method. If not using your Form 2106, enter your allowable depreciation expenses and the method you use _____ . 9.
10. **Actual Travel and Mileage Expenses for PA Purposes.** Total Lines 7 through 9. 10.

Other Business Travel Expenses.

11. **Parking fees, tolls and transportation.** 11.
12. **Travel expenses while away from home overnight.** 12.
13. **Meals and entertainment expenses.** 13.
14. **Total Business Travel Expenses.** Add Lines 6 or 10 and Lines 11, 12 and 13. 14.

Part C. Miscellaneous Expenses. Itemize your additional expenses.

15. **Total Miscellaneous Expenses.** 15.

Total Allowable PA Employee Business Expenses. You must account for reimbursements, if any.

- | | | |
|---|----|--------------------------------|
| A. Direct Expenses from Line 5. | A. | <input type="text" value="0"/> |
| B. Business Travel Expenses from Line 14. | B. | <input type="text" value="0"/> |
| C. Miscellaneous Expenses from Line 15. | C. | <input type="text" value="0"/> |
| D. Office or Work Area Expenses from Line 16, on Side 2. | D. | <input type="text" value="0"/> |
| E. Moving Expenses from Line 19, on Side 2. | E. | <input type="text" value="0"/> |
| F. Education Expenses from Line 23, on Side 2. | F. | <input type="text" value="0"/> |
| G. Total Depreciation Expenses from Line 24, on Side 2. | G. | <input type="text" value="0"/> |
| H. Total Allowable Employee Business Expenses. Add Lines A through G. | H. | <input type="text" value="0"/> |
| I. Reimbursements. See the instructions. | I. | <input type="text" value="0"/> |
| J. Net expense or reimbursement. Subtract Line I from Line H. Enter the difference, and: | J. | <input type="text" value="0"/> |

If Line H is **MORE** than Line I, include on Line 1b, on your PA-40.

If Line I is **MORE** than Line H, include the excess on Line 1a, on your PA-40.

Nonresidents and part-year residents may also need to complete PA Schedule NRH. See instructions.

Side 1

1555
REV 11/13/17 PRO



1701710020

PA SCHEDULE UE
Allowable Employee Business Expenses

1701810028

PA-40 UE 03-17 (I)
PA Department of Revenue **2017**

OFFICIAL USE ONLY

Name of taxpayer claiming expenses SUDHAKAR REDDY ALAVALA	Social Security Number (shown first) 751-03-0928
---	--

Part D. Office or Work Area Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- D1. Does your employer require you to maintain a suitable work area away from the employer's premises? Yes No
- D2. Is this work area the principal place where you perform the duties of your employment? Yes No
- D3. Do you use this work area regularly and exclusively to perform the duties of your employment? Yes No

If you answer YES to ALL three questions, continue. If you answer NO to ANY question, you may not claim office or work area expenses.

Actual Office or Work Area Expenses. Enter expenses for the entire year and then calculate the business portion.

a. Depreciation expense (homeowners only)	a.	0
b. Real estate taxes.	b.	0
c. Mortgage interest (homeowners only)	c.	0
d. Utilities.	d.	0
e. Property insurance.	e.	0
f. Property maintenance expenses from statement. See the instructions.	f.	0
g. Other apportionable expenses from statement. See the instructions.	g.	0
h. Rent (renters only).	h.	0
i. Total. Add Lines a through h. Enter the total here.	i.	0
j. Business percentage of property. Divide the total square footage of your work area by the total square footage of your entire property. Round to 2 decimal places.	j.	_____ %
k. Apportioned expenses. Multiply Line i by the percentage on Line j.	k.	0
l. Total office supplies from statement. See the instructions.	l.	0
16. Total Office or Work Area Expenses. Add Lines k and l.	16.	0

Part E. Moving Expenses.

Distance Test.

- E1. Enter the number of miles from your old home to your new workplace. _____ miles
- E2. Enter the number of miles from your old home to your old workplace. _____ miles
- E3. Subtract Line E2 from Line E1 and enter the difference. _____ miles

If Line E3 is 35 miles or more, continue. If it is not at least 35 miles, you may not claim any moving expenses.

17. Transportation expenses in moving household goods and personal effects.	17.	0
18. Travel, meals, and lodging expenses during the actual move from your old home to your new home.	18.	0
19. Total Moving Expenses. Add Lines 17 and 18.	19.	0

Part F. Education Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- F1. Did your employer (or law) require that you obtain this education to retain your present position or job? YES NO
- If you answer YES, continue. If you answer NO, you may not claim education expenses.
- F2. Did you need this education to meet the entry level or minimum requirements to obtain your job? YES NO
- F3. Will this education, program or course of study qualify you for a new business or profession? YES NO

If you answer NO to questions F2 and F3, continue. If you answer YES to either question, you may not claim education expenses.

Name of college, university or educational institution: _____ Course of study: _____

20. Tuition or fees.	20.	0
21. Course materials.	21.	0
22. Travel expenses.	22.	0
23. Total Education Expenses. Add Lines 20 through 22.	23.	0

Part G. Depreciation Expenses. PA law does not allow any federal bonus depreciation and limits IRC Section 179 expensing to \$25,000.

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation method	(e) Section 179 expense	(f) Depreciation expenses

24. Total Depreciation Expenses. Add the amounts from columns (e) and (f).	24.	0
---	-----	---





Pennsylvania e-file Signature Authorization

2017

PA-8879 (EX) 05-17

Declaration Control Number/Submission ID

Primary Taxpayer's Name SUDHAKAR REDDY ALAVALA	Social Security Number 751-03-0928
Secondary Taxpayer's Name SHALINI BHIMAVARAPU	Social Security Number 671-48-9773

PART I Tax Return Information – Tax Year Ending Dec. 31, 2017 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	163,124
2. PA Tax Liability (Form PA-40, Line 12)	2.	5,008
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	5,007
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	1

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2017 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 30928 as my signature on my tax year 2017 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return.

Signature _____ Date _____

Secondary Taxpayer's PIN: (check one box only)

- I authorize GLOBAL TAXES LLC to enter my PIN 89773 as my signature on my tax year 2017 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return.

Signature _____ Date _____

Practitioner PIN Program Participants Only – Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN _____ / 587278

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

Pennsylvania Information Worksheet

2017

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name SUDHAKAR REDDY
Middle Initial _____ Suffix _____
Last Name ALAVALA
Social Security No. 751-03-0928
Occupation SOFTWARE E
Date of Birth 06/16/81
Date of Death _____
Daytime phone _____ *
Home phone 630-853-4563 *

Spouse:

First Name SHALINI
Middle Initial _____ Suffix _____
Last Name BHIMAVARAPU
Social Security No. . 671-48-9773
Occupation SOFTWARE E
Date of Birth 08/21/84
Date of Death _____
Daytime phone _____ *

* Check one of these boxes to print daytime phone number on the state government forms.

Apt. No., Suite, RR No., etc. _____
Address 1505 APPLEWOOD ACRES
City CLARKS SUMMIT State . . PA ZIP Code 18411
Foreign country _____

Prior Year Filing:

- The tax booklet label is not correct
 Taxpayer did not file a 2016 Pennsylvania return.
 Taxpayer filed a 2016 Pennsylvania return as a part-year resident

School Code:

As of December 31, 2017 enter where taxpayer lived:
School district Lackawanna Trail School code 66500
County Lackawanna County code 35

Underpayment Penalty:

- Allow the Pennsylvania Treasury to figure the interest and penalty
Farmers Only:
 At least 2/3 of gross income was from farming
 This tax return will be filed and all tax paid by March 1, 2018
 This final PA tax return will be filed and all tax paid by February 1, 2018

Military:

- Served in a combat zone or qualified hazardous duty area

Special Tax Forgiveness:

Yes No

Was the taxpayer or spouse claimed as a dependent on a parent's, grandparent's, 2017 Federal tax return?

- Taxpayer**
 Spouse

- Does the person on whose return the taxpayer is a dependent qualify for tax forgiveness?

Part II — Resident Status

- Form PA-40: Full-Year resident ► _____
 Form PA-40: Nonresident ► _____
 Form PA-40: Part-Year resident ► _____
Part-Year residency dates From _____ To _____
Nonresidents and Part-Year residents (while nonresident in Pennsylvania) who earn compensation both within and outside Pennsylvania may need to complete and file Schedule NRH Compensation Apportionment ► _____
 Taxpayer or spouse is a resident of the City of Philadelphia for School Income Tax ► _____

Part III – Filing Status

- S** Single
- J** Married, filing joint
- M** Married, filing separate
- F** Final return. Indicate reason _____
- D** Deceased

Part IV – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer and software to prepare and transmit my client’s return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client’s return and to the electronic transmission of my client’s tax return to the Pennsylvania Department of Revenue, as applicable by the 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 PA-V was given to client _____
 QuickZoom to PA-8453 Additional Information SmartWorksheet ► _____

Part V – Paid Preparer Information

Check the box if a certification of REV-677-LE, Power of Attorney and Declaration of Representative, is on file giving the Pennsylvania Department of Revenue permission to discuss this return and attachments with the preparer.

Enter the preparer’s assigned code from Preparer/ERO Information Worksheet 1

Part VI – Extension Status

Yes No
 Has the tax return due date been extended?
 Extended due date _____

QuickZoom to Rev 276: Application for Extension of Time to File ► _____

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

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)?
 Do you want to elect direct deposit of Property Tax or Rent Rebate (PA-1000 only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:

Name of Financial Institution (optional) BANK OF AMERICA

Check the appropriate box:

Checking Routing number . . . 081904808
 Savings Account number . . . 002910524946

Enter the payment date to withdraw from the account above _____
 State balance-due amount from this return _____

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Amended Return

This is an amended Pennsylvania tax return (See Tax Help)
 Tax year being amended _____ QuickZoom to Form PA-40X . . . ► _____

QuickZoom to Form PA-40, Income Tax Return ► _____

QuickZoom to Form PA-1000, Property Tax or Rent Rebate Claim ► _____

Pennsylvania School District Code Selection Worksheet

2017

▶ Keep for your records

Name as Shown on Return SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security No. 751-03-0928
---	------------------------------------

Listed below are the counties in Pennsylvania. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code. Please select a school district from one county only.

School district code selected 66500

QuickZoom to Information Worksheet ➔

Pennsylvania Counties

Adams	Elk	Montour
Allegheny	Erie	Northampton
Armstrong	Fayette	Northumberland
Beaver	Forest	Perry
Bedford	Franklin	Philadelphia
Berks	Fulton	Pike
Blair	Greene	Potter
Bradford	Huntingdon	Schuylkill
Bucks	Indiana	Snyder
Butler	Jefferson	Somerset
Cambria	Juniata	Sullivan
Cameron	Lackawanna <u>Lackawanna Trail</u>	Susquehanna
Carbon	Lancaster	Tioga
Centre	Lawrence	Union
Chester	Lebanon	Venango
Clarion	Lehigh	Warren
Clearfield	Luzerne	Washington
Clinton	Lycoming	Wayne
Columbia	McKean	Westmoreland
Crawford	Mercer	Wyoming
Cumberland	Mifflin	York
Dauphin	Monroe	
Delaware	Montgomery	

Tax Payments Worksheet

2017

▶ Keep for your records

Name SUDHAKAR REDDY ALAVALA & SHALINI BHIMAVARAPU	Social Security Number 751-03-0928
--	---------------------------------------

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	1,755.		3,252.
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	1,755.		3,252.
15 Date return will be filed and balance paid		15	

Name
SUDHAKAR REDDY ALAVALA

Social Security Number
751-03-0928

Federal Forms W-2

# of W2	* N T / T X B L	TS	N R H	Employer Name Employer identification number from box B	Federal wages from box 1 Medicare wages from box 5	Pennsylvania (state) compensation from box 16 (See Tax Help) Pennsylvania (state) income tax withheld from box 17	ST ID
1	<input type="checkbox"/>	T	<input type="checkbox"/>	INFOSYS LIMITED 58-1760235	105,949.	105,949.	PA
2	<input type="checkbox"/>	S	<input type="checkbox"/>	INFOSYS LIMITED 58-1760235	57,175.	57,175.	PA
	<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"/>				

	Taxpayer	Spouse
Pennsylvania W-2	105,949.	57,175.
Pennsylvania W-2 to Schedule NRH, line 9		
Federal Form 4137, Unreported Tips, line 6		
Non-Pennsylvania W-2 to Schedule SP, line 6		
Withholding	3,252.	1,755.

Federal Forms W-2: Local Tax

# of W2	* N T / T X B L	TS	Employer identification number from box B	Locality name	Local wages, tips, etc. (local) from box 18	Local income tax (local) from box 19	ST ID
1	<input type="checkbox"/>	T	58-1760235	350108	105,922.	1,059.	PA
2	<input type="checkbox"/>	S	58-1760235	350108	57,175.	572.	PA
	<input type="checkbox"/>						
	<input type="checkbox"/>						
	<input type="checkbox"/>						

	Taxpayer	Spouse
Pennsylvania Local W-2	105,922.	57,175.
Federal Form 4137, Unreported Tips, line 6		
Withholding	1,059.	572.

Excess Reimbursements

*	Description	T/S	Amount
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

	Taxpayer	Spouse
Excess Reimbursements		

Miscellaneous Compensation from Federal Forms 1099MISC and other statements

*	Payer Name	T/S	Code	PA Taxable Comp.	PA Tax Withheld	Fed. Income
[]						
[]						
[]						

Pennsylvania Payment type:

- | | |
|---|---|
| <p>A Executor fee
 B Jury duty pay
 C Director's fee
 D Expert witness fee
 E Honorarium
 F Covenant not to compete</p> | <p>G Damages or settlement for lost wages, other than personal injury
 H Other nonemployee compensation.
 Describe: _____
 I Employer sponsored retirement/pension/deferred compensation plan
 J Distribution from IRA (Traditional or Roth)
 K Distribution from Life Insurance, Annuity or Endowment Contracts
 L Distribution from Charitable Gift Annuities
 M Distribution from Employee Stock Ownership Plan.
 Describe: _____</p> |
|---|---|

	Taxpayer	Spouse
Miscellaneous Compensation from Form 1099MISC/1099K.	_____	_____
Withholding	_____	_____

Compensation from Federal Forms 1099R

*	Payer's Name	T S	Fed #	PA Type	Gross Distribution	Basis	PA Taxable	PA Tax Withheld
[]								
[]								
[]								

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax - PA Part-Year and Nonresidents Only.

Pennsylvania Distribution type:

- N** No entry
- I31** PA school, state, or municipal employee plan
- I11** United Mine Workers pension
- I32** Military pension
- I33** U.S. Civil service retirement/disability/annuity
- K1** Annuity or Non-civil service disability
- I21** Early distribution from a retirement plan
- I12** Rollover
- I13** I'm eligible; plan is eligible (no PA tax)
- I22** I'm not eligible yet; plan is eligible in PA
- J1** Traditional or Roth IRA; I'm over 59.5
- J2** Traditional or Roth IRA; I'm under 59.5
- K2** Non-qualified deferred compensation plan
- K3** Life insurance or endowment
- L** Distribution from Charitable Gift Annuities
- H1** ESOP: Allocated ESOP Stock Dividend
- H2** ESOP: Non-Allocated ESOP Stock Dividend

	Taxpayer	Spouse
Distribution from Life Insurance, Annuity, Endowment Contracts or ineligible retirement plans (see Tax Help FAQ's for more info)	_____	_____
Distribution from Charitable Gift Annuities	_____	_____
Compensation from Form 1099R (eligible retirement plans)	_____	_____
Withholding	_____	_____

Total Gross Compensation

	Taxpayer	Spouse
Total gross compensation to Form PA-40 line 1a.	105,949.	57,175.
Total Schedule NRH gross compensation to PA-40, line 12.	_____	_____
Withholding to Form PA-40 line 13.	3,252.	1,755.

Total gross compensation to Form PA-40 line 1a	163,124.
--	----------

* Enter an 'X' if this income is **Not** subject to Pennsylvania tax.