Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

<u> </u>	0.3.	muividuai medi	iic ia	Retuiii		- OMB	NO. 154	45-0074 IRS	use Uni	y—D0	not write	or staple in th	is space.
For the year Jan. 1-De	ec. 31, 2017	7, or other tax year beginning			, 2017, er	nding		, 20			•	te instruct	
Your first name and	initial		Last nam	е						You	r social	security nu	mber
RAJU			DARA	DARAVATH						7	5 1 6	6 6 0 7	7 5 1
If a joint return, spouse's first name and initial			Last name						Spor	use's soc	ial security r	number	
•		street). If you have a P.O. be	ox, see inst	ructions.				Apt	. no.	lack		re the SSN(s	,
12610 RIATA TR								22	3		and on	line 6c are c	correct.
-		and ZIP code. If you have a for	eign address	s, also complete s	spaces below (se	e instructions	s).					l Election Ca	
AUSTIN, TX 7872											,	ı, or your spous o go to this func	
Foreign country nar	ne			Foreign pro	ovince/state/co	unty		Foreign posta	ai code	a box	below will r	not change you	ır tax or
										refund		You	Spouse
Filing Status		Single						ousehold (wit					
Observation	2	Married filing jointly (even if only one had income)  If the qualifying person is a character of the qualifying person is a ch								d but	not your	dependent,	enter this
Check only one box.	3								truot	riona)			
	0-	and full name here. ► 5 Qualifying widow(er) (see in 6a ✓ Yourself. If someone can claim you as a dependent, do not check box 6a							(566 1115	Truct		checked	
Exemptions	6a					o not cne	CK DOX	оа		. }	on 6a a	and 6b	1
	b	Spouse Dependents:	· · ·	(2) Dependent's		Dependent's	(4)	· · · ·	r age 17	- '	No. of on 6c v	children who:	
	(1) First	<u>-</u>	,	social security nun		onship to you		lifying for child t (see instructio	ax credit		<ul><li>lived</li></ul>	with you ot live with	
	(1) 11100	Than Last hame							110)	-	you due	e to divorce	
If more than four	-									-	or sepa (see ins	etructions)	
dependents, see instructions and										-		dents on 6c ered above	
check here ▶	-									_			
	d	Total number of exem	ptions cla	imed							lines al	ımbers on bove ▶	
Income	7	Wages, salaries, tips,	etc. Attac	h Form(s) W-2	2					7		5500	0
IIICOIII <del>C</del>	8a	Taxable interest. Atta	ch Sched	ule B if require	ed				. [	Ва			
	b	Tax-exempt interest.	<b>Do not</b> in	clude on line 8	8a	8b							
Attach Form(s) W-2 here. Al	9a	Ordinary dividends. At	ttach Sch	edule B if requ	uired				. 9	9a		2	22
attach Forms	b	Qualified dividends				9b							
W-2G a	10	Taxable refunds, cred	its, or offs	ets of state ar	nd local incor	ne taxes			. <u>L</u>	10			
1099-R if tax was withheld.	11	Alimony received .							. <u>L</u>	11			
was withheld.	12	Business income or (lo	′					_	<u>.</u> L'	12			$\perp$
If you did not	13	Capital gain or (loss).			•	required, c	check h	nere 🕨		13			
get a W-2,	14	Other gains or (losses)	´ I I	Form 4797 .						14			
see instructions.	15a	IRA distributions .	15a			<b>b</b> Taxable				5b			+
	16a	Pensions and annuities				<b>b</b> Taxable				6b			_
	17	Rental real estate, roy								17			+
	18 19	Farm income or (loss).								18			+
	20a	Unemployment compe Social security benefits						 nt		19 20b			+
	20a 21	Other income. List typ		ount						21			+
	22	Combine the amounts in			nes 7 through :	21. This is y	our <b>tot</b> a	al income ▶		22		5502	2
	23	Educator expenses				23							
Adjusted	24	Certain business expense											
Gross		fee-basis government off		, i	,	24							
Income	25	Health savings accour	nt deducti	on. Attach Fo	rm 8889 .	25							
	26	Moving expenses. Atta	ach Form	3903		26							
	27	Deductible part of self-en	mployment	t tax. Attach Sc	hedule SE .	27							
	28	Self-employed SEP, S	SIMPLE, a	nd qualified pl	ans	28							
	29	Self-employed health	insurance	deduction		29							
	30	Penalty on early withd				30							
	31a	Alimony paid <b>b</b> Recip				31a							
	32	IRA deduction				32							
	33	Student loan interest of				33							
	34	Tuition and fees. Attac				34							
	35	Domestic production ac				35				00			
	36 37	Add lines 23 through 3							. —	36 37		5502	2

Form 1040 (2017	")			Page <b>2</b>		
	38	Amount from line 37 (adjusted gross income)	38	55022		
Tay and	39a	Check \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Tax and		if: Spouse was born before January 2, 1953, ☐ Blind. checked ▶ 39a				
Credits	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b				
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6350		
Deduction	41			48672		
for—			41			
<ul> <li>People who check any</li> </ul>	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4050		
box on line	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	44622		
39a or 39b <b>or</b> who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c L	44	6895		
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45			
dependent, see	46	Excess advance premium tax credit repayment. Attach Form 8962	46			
instructions.	47	Add lines 44, 45, and 46	47	6895		
All others:	48	Foreign tax credit. Attach Form 1116 if required 48				
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49				
separately,	50	Education credits from Form 8863, line 19				
\$6,350 Married filing	51	Retirement savings contributions credit. Attach Form 8880 51				
jointly or						
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required				
\$12,700	53	Residential energy credit. Attach Form 5695				
Head of	54	Other credits from Form: a 3800 b 8801 c 54				
household, \$9,350	55	Add lines 48 through 54. These are your <b>total credits</b>	55			
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	56	6895		
	57	Self-employment tax. Attach Schedule SE	57			
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58			
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59			
Taxes	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	61			
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	6905		
	63	Add lines 56 through 62. This is your <b>total tax</b>	63	6895		
Payments <b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099 64 9720				
If you have a	65	2017 estimated tax payments and amount applied from 2016 return 65				
qualifying	66a	Earned income credit (EIC)				
child, attach	b	Nontaxable combat pay election 66b				
Schedule EIC.	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				
	71	Excess social security and tier 1 RRTA tax withheld 71				
	72	Credit for federal tax on fuels. Attach Form 4136				
	73	Credits from Form: a				
		Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	74	0720		
Def:!	74	• • • • • • • • • • • • • • • • • • • •	74	9720		
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	75	2825		
	76a	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here .	76a	2825		
Direct deposit?	► b	Routing number 1 1 1 0 0 0 6 1 4 ▶ c Type:   Checking Savings				
See instructions.	► d	Account number 1 5 1 6 9 3 3 1 1				
	77	Amount of line 75 you want applied to your 2018 estimated tax ▶ 77				
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78			
You Owe	79	Estimated tax penalty (see instructions)				
Third Party	Do	you want to allow another person to discuss this return with the IRS (see instructions)?	. Com	plete below. No		
Designee		signee's Phone Personal iden	tificatio	n <u> </u>		
		ne ► number (PIN)				
Sign	Under po	enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowle ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all infor	dge and b	belief, they are true, correct, and which preparer has any knowledge.		
Here		ur signature Date Your occupation	ı	ne phone number		
Joint return? See	10.	an organization Pour Goodparion	Daytime phone number			
instructions.	ctions					
Keep a copy for your records.	Spo	ouse's signature. If a joint return, <b>both</b> must sign.  Date  Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it			
			here (se	ee inst.)		
Paid	Prir	nt/Type preparer's name Preparer's signature Date	Check	∢ ☐ if PTIN		
Preparer				mployed		
Use Only	Firr	m's name 🕨	Firm's EIN ▶			
Coc Only	Firr	m's address ▶	Phone no.			

## SCHEDULE B (Form 1040A or 1040)

## **Interest and Ordinary Dividends**

Department of the Treasury Internal Revenue Service (99)

► Attach to Form 1040A or 1040. ► Go to www.irs.gov/ScheduleB for instructions and the latest information. OMB No. 1545-0074

2017 Attachment Sequence No. 08

Name(s) shown on return					Your social security number					
RAJU DARAVA	TH			7516607	51					
Part I Interest	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶		Ame	ount					
(See instructions and the instructions for Form 1040A, or Form 1040, line 8a.)										
Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest			1							
shown on that form.	2	Add the amounts on line 1	2			+				
Tomi.	2 3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.  Attach Form 8815	3		0					
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	4		0					
	Note:	If line 4 is over \$1,500, you must complete Part III.		Amo	ount					
Part II	5	List name of payer ► Raju Daravath			22	!				
Ordinary Dividends (See instructions and the instructions for Form 1040A, or										
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary			5							
dividends shown	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6		22	,				
on that form.	Note:	If line 6 is over \$1,500, you must complete Part III.				·—				
Part III		ust complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (la account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign			Yes	No				
Foreign Accounts and Trusts (See instructions.)		At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions								
(230 11011401101101101)		and its instructions for filing requirements and exceptions to those requirements								
	8	financial account is located ▶  During 2017, did you receive a distribution from, or were you the grantor of, or t foreign trust? If "Yes," you may have to file Form 3520. See instructions	ransfe	eror to, a						