

Electronic Filing Instructions for your 2017 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Venkata R & Ratna S Akula
911 E Camelback Rd, Apt. 3080
Phoenix, AZ 85014

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$10,275.00. Your return shows you have elected to pay your balance due of \$10,275.00 by Direct Debit using the following information: - Amount Withdrawn: \$10,275.00 - Account Number: 11102928 - Routing Transit Number: 211391825 - Date of Withdrawal: 04/15/2018																								
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return																								
2017 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>244,524.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>223,724.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>48,153.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>38,019.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>10,134.00</td></tr><tr><td>Penalty/Interest</td><td>\$</td><td>141.00</td></tr><tr><td>Balance Due With Penalty/Interest</td><td>\$</td><td>10,275.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>19.69%</td></tr></table>	Adjusted Gross Income	\$	244,524.00	Taxable Income	\$	223,724.00	Total Tax	\$	48,153.00	Total Payments/Credits	\$	38,019.00	Payment Due	\$	10,134.00	Penalty/Interest	\$	141.00	Balance Due With Penalty/Interest	\$	10,275.00	Effective Tax Rate		19.69%
Adjusted Gross Income	\$	244,524.00																							
Taxable Income	\$	223,724.00																							
Total Tax	\$	48,153.00																							
Total Payments/Credits	\$	38,019.00																							
Payment Due	\$	10,134.00																							
Penalty/Interest	\$	141.00																							
Balance Due With Penalty/Interest	\$	10,275.00																							
Effective Tax Rate		19.69%																							
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2018 - Do not mail these vouchers with your 2017 income tax return. The estimated vouchers displayed below are used to prepay your 2018 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2018, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).</p> <p>Mail payments according to the schedule below:</p> <table><thead><tr><th>Voucher Number</th><th>Due Date</th><th>Amount</th></tr></thead><tbody><tr><td>1</td><td>04/17/2018</td><td>\$ 3,738.00</td></tr><tr><td>2</td><td>06/15/2018</td><td>\$ 3,738.00</td></tr><tr><td>3</td><td>09/17/2018</td><td>\$ 3,738.00</td></tr><tr><td>4</td><td>01/15/2019</td><td>\$ 3,738.00</td></tr></tbody></table> <p>Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.</p> <p>Mail payments to: Internal Revenue Service P.O. Box 510000 San Francisco, CA 94151-5100</p>	Voucher Number	Due Date	Amount	1	04/17/2018	\$ 3,738.00	2	06/15/2018	\$ 3,738.00	3	09/17/2018	\$ 3,738.00	4	01/15/2019	\$ 3,738.00									
Voucher Number	Due Date	Amount																							
1	04/17/2018	\$ 3,738.00																							
2	06/15/2018	\$ 3,738.00																							
3	09/17/2018	\$ 3,738.00																							
4	01/15/2019	\$ 3,738.00																							



Hi Venkata and Ratna,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Premier:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2017 taxes:

Your federal balance due is: \$ 10,275.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- If you sold investments, our Cost Basis Lookup calculated cost basis for those sales.
- We helped you out with extra guidance for rental property income, expenses, and refinancing.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/17/2018**

2018 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

3,738.

REV 11/13/17 TTO 1555

440-11-0155 277-06-3251
VENKATA R AKULA
RATNA S AKULA
911 E CAMELBACK RD APT 3080
PHOENIX AZ 85014

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

440110155 UW AKUL 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2018**

2018 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

3,738.

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SAN FRANCISCO CA 94151-5100

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▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/17/2018**

2018 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
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REV 11/13/17 TTO 1555

440-11-0155 277-06-3251
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PO BOX 510000
SAN FRANCISCO CA 94151-5100

440110155 UW AKUL 30 0 201812 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/15/2019**

2018 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2018 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

3,738.

REV 11/13/17 TTO 1555

440-11-0155 277-06-3251
VENKATA R AKULA
RATNA S AKULA
911 E CAMELBACK RD APT 3080
PHOENIX AZ 85014

INTERNAL REVENUE SERVICE
PO BOX 510000
SAN FRANCISCO CA 94151-5100

440110155 UW AKUL 30 0 201812 430

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

See separate instructions.

Your first name and initial Venkata R	Last name Akula	Your social security number 440-11-0155
If a joint return, spouse's first name and initial Ratna S	Last name Akula	Spouse's social security number 277-06-3251
Home address (number and street). If you have a P.O. box, see instructions. 911 E Camelback Rd		Apt. no. 3080
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Phoenix AZ 85014		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

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

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above **2**

d Total number of exemptions claimed

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	233,278.
8a	Taxable interest. Attach Schedule B if required	8a	129.
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	10,579.
b	Qualified dividends	9b	9,858.
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	538.
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	244,524.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	244,524.

Table with columns for line number, description, and amount. Includes sections for Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), Refund (lines 75-77), and Amount You Owe (lines 78-79).

Tax and Credits

Standard Deduction for—

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

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Main form area containing input fields, checkboxes, and text boxes for each line item, including a signature area and a preparer information section.

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2017
Attachment
Sequence No. **08**

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.**

Name(s) shown on return: **Venkata R & Ratna S Akula**
Your social security number: **440-11-0155**

Part I
Interest

(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 shown on that form.

- 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 ▶
DIGITAL FEDERAL CREDIT UNION
NATIONAL FINANCIAL SERVICES LLC
- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

		Amount
1		116.85
		12.52
2		129.37
3		
4		129.37

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

(See instructions and the instructions for Form 1040A, or Form 1040, line 9a.)

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 dividends shown on that form.

- 5** List name of payer ▶ NATIONAL FINANCIAL SERVICES LLC
- 6** Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

		Amount
5		10,578.57
6		10,578.57

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

(See instructions.)

- 7a** 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
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2017, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

	Yes	No
	X	
		X
		X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2017
Attachment
Sequence No. **12**

Name(s) shown on return

Venkata R & Ratna S Akula

Your social security number

440-11-0155

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	39,747.	38,035.		1,712.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (3,316.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -1,604.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	30,514.	28,512.		2,002.
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13 140.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 2,142.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	16	538.
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2017
Attachment
Sequence No. **12A**

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Venkata R & Ratna S Akula

440-11-0155

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	AES CORP 71	05/24/17	09/26/17	797.22	835.39			-38.17
	AES CORP 124	05/24/17	09/26/17	1,392.32	1,447.89			-55.57
	ALLISON TRANSMISSIONHLDGS INC CO 32	05/24/17	08/16/17	1,177.80	1,229.95			-52.15
	ALLISON TRANSMISSIONHLDGS INC CO 46	10/27/16	08/16/17	1,693.08	1,321.04			372.04
	AMERICAN FINL GRP INC HOLDING CO 23	05/24/17	08/16/17	2,409.18	2,269.36			139.82
	AMERICAN FINL GRP INC HOLDING CO 9	05/24/17	07/11/17	897.46	888.01			9.45
	BRIGHTHOUSE FINL INCCOM 3.364	05/24/17	08/16/17	193.02	193.96			-0.94
	CRANE CO COM 14	05/24/17	06/27/17	1,111.61	1,083.95			27.66
	EXELON CORP 74	01/30/17	05/24/17	2,641.36	2,586.49			54.87
	FIDELITY NATIONAL INFORMATION SE 46	03/15/16	02/27/17	3,810.84	2,870.40			940.44
	FIRSTENERGY CORP 46	05/24/17	08/16/17	1,501.87	1,316.93			184.94
	GENERAL ELECTRIC CO 29	10/24/17	11/13/17	561.12	637.98			-76.86
	GENERAL ELECTRIC CO 154	05/24/17	11/13/17	2,979.71	4,283.56			-1,303.85
	INTL PAPER CO 52	03/15/16	01/30/17	2,934.03	2,056.60			877.43
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				24,100.62	23,021.51			1,079.11

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

Social security number or taxpayer identification number

Venkata R & Ratna S Akula

440-11-0155

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	KIMBERLY CLARK CORP 4	10/24/17	12/28/17	484.20	449.30			34.90
	KIMBERLY CLARK CORP 20	05/24/17	12/28/17	2,421.02	2,558.92			-137.90
	NORFOLK SOUTHERN CRP 5	10/24/17	10/25/17	635.87	664.97			-29.10
	NORFOLK SOUTHERN CRP 24	05/24/17	10/25/17	3,052.19	2,757.94			294.25
	RAYONIER INC COM 7	10/24/17	11/13/17	218.71	204.35			14.36
	RAYONIER INC COM 34	05/24/17	11/13/17	1,062.28	955.62			106.66
	STAPLES INC *CASH MERGER AT \$10. 231	12/29/16	07/11/17	2,328.45	2,108.39			220.06
	STAPLES INC *CASH MERGER AT \$10. 142	05/24/17	07/11/17	1,431.34	1,243.92			187.42
	XEROX CORP COM NEW 0.15905	03/28/17	06/15/17	4.40	4.63			-0.23
	XEROX CORP COM NEW 9	10/24/17	11/13/17	257.49	300.15			-42.66
	XEROX CORP COM NEW 47.65905	05/24/17	11/13/17	1,363.55	1,338.27			25.28
	XEROX CORP COM NEW 0.09095	05/24/17	06/15/17	2.52	2.55			-0.03
	XEROX CORP COM NEW 83.34095	03/28/17	11/13/17	2,384.42	2,424.34			-39.92
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				15,646.44	15,013.35			633.09

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side Venkata R & Ratna S Akula	Social security number or taxpayer identification number 440-11-0155
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Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ABBVIE INC COM USD0.01 4	03/15/16	10/24/17	369.57	223.24			146.33
	AMERICAN FINL GRP INC HOLDING CO 14	03/15/16	07/11/17	1,396.04	990.15			405.89
	AMERICAN FINL GRP INC HOLDING CO 34	03/15/16	06/27/17	3,371.30	2,404.64			966.66
	BRIGHTHOUSE FINL INCCOM 4.636	03/15/16	08/16/17	266.01	230.60			35.41
	CME GROUP INC COM CLA 20	03/15/16	04/25/17	2,393.11	1,932.			461.11
	CME GROUP INC COM CLA 22	03/15/16	03/28/17	2,594.93	2,125.20			469.73
	CRANE CO COM 20	04/14/16	06/27/17	1,588.02	1,104.04			483.98
	EATON CORP PLC COM 15	03/15/16	10/24/17	1,192.89	847.35			345.54
	FIRSTENERGY CORP 83	03/15/16	08/16/17	2,709.89	2,960.36			-250.47
	GALLAGHER ARTHUR J & CO ISIN #US3 4	03/15/16	10/24/17	252.14	170.27			81.87
	GENERAL ELECTRIC CO 213	03/15/16	11/13/17	4,121.29	6,468.79			-2,347.50
	KAR AUCTION SERVICES INC COM USD0 3	03/15/16	10/24/17	142.41	110.42			31.99
	KIMBERLY CLARK CORP 35	03/15/16	12/28/17	4,236.79	4,709.25			-472.46
	NORFOLK SOUTHERN CRP 32	05/26/16	10/25/17	4,069.58	2,677.40			1,392.18
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				28,703.97	26,953.71			1,750.26

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side
Venkata R & Ratna S Akula

Social security number or taxpayer identification number
440-11-0155

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	QUALCOMM INC 4	03/15/16	10/24/17	216.17	195.96			20.21
	RAYONIER INC COM 51	10/27/16	11/13/17	1,593.42	1,362.07			231.35

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►					1,809.59	1,558.03		251.56
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Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Health Savings Accounts (HSAs)

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

Name(s) shown on Form 1040 or Form 1040NR Venkata R Akula	Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 440-11-0155
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Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

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

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
2 HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.		
3 If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	2,250.		
4 Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.		
5 Subtract line 4 from line 3. If zero or less, enter -0-	5	2,250.		
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	1,066.		
7 If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7			
8 Add lines 6 and 7	8	1,066.		
9 Employer contributions made to your HSAs for 2017	9	1,066.		
10 Qualified HSA funding distributions	10			
11 Add lines 9 and 10	11	1,066.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12	0.		
13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.		

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

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

14a Total distributions you received in 2017 from all HSAs (see instructions)	14a	41.		
b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b			
c Subtract line 14b from line 14a	14c	41.		
15 Qualified medical expenses paid using HSA distributions (see instructions)	15	41.		
16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.		
17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>	17a			
b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b			

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

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

Health Savings Accounts (HSAs)

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

Name(s) shown on Form 1040 or Form 1040NR: **Ratna S Akula**
 Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶: **277-06-3251**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	5,684.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	5,684.
9	Employer contributions made to your HSAs for 2017	9	4,512.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	4,512.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,172.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.

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

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

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

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

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

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Venkata

Akula

Please type the date below:

04/15/2018

Date

Ratna

Akula

04/15/2018



Electronic Filing Instructions for your 2017 Arizona Tax Return

Important: Your taxes are not finished until all required steps are completed.



Venkata R & Ratna S Akula
911 E Camelback Rd Apt 3080
Phoenix, AZ 85014

Balance Due/Refund	<p>Your Arizona state tax return (Form 140) shows a balance due of \$3,330.00.</p> <p>Your return shows you have elected to pay your balance due of \$3,330.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$3,330.00- Account Number: 11102928- Routing Transit Number: 211391825- Date of Withdrawal: 04/15/2018												
What You Need to Sign	<p>Sign and date E-File Signature Authorization within 1 day(s) of acceptance. Since you are filing married filing jointly, your spouse must also sign and date the form.</p>												
What You Need to Keep	<p>Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns</p>												
2017 Arizona Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>229,853.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>7,332.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,002.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>3,330.00</td></tr></table>	Taxable Income	\$	229,853.00	Total Tax	\$	7,332.00	Total Payments/Credits	\$	4,002.00	Payment Due	\$	3,330.00
Taxable Income	\$	229,853.00											
Total Tax	\$	7,332.00											
Total Payments/Credits	\$	4,002.00											
Payment Due	\$	3,330.00											

Your First Name and Initial Venkata R	Last Name Akula	Enter your SSN(s).	Your Social Security Number* 440 11 0155
Your Spouse's First Name and Initial (if filed joint) Ratna S	Last Name Akula		Spouse's Social Security No.* 277 06 3251

***Do Not Truncate**

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	244,489	00
2 Balance Of Tax	7,332	00
3 Arizona Income Tax Withheld ...	4,002	00

Check box 4 or box 5:

4 **REFUND:** Enter the amount of refund..... 00

5 **AMOUNT YOU OWE:** Enter the amount owed..... 3,330 00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 2 1 1 3 9 1 8 2 5

ACCOUNT NUMBER

1 1 1 0 2 9 2 8

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

0 4 1 5 2 0 1 8 \$ 3 3 3 0 .00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b I do not want direct deposit of my refund or I am not receiving a refund.
- 6c I authorize the Arizona Department of Revenue (DOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize Self-Prepared
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→ _____	_____
	YOUR PEN AND INK SIGNATURE	DATE
→ _____	_____	
SPOUSE'S PEN AND INK SIGNATURE	DATE	

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], [Y,Y]. 66F

Your First Name and Middle Initial: Venkata R, Last Name: Akula, Your Social Security Number: 440-11-0155
Spouse's First Name and Middle Initial (if box 4 or 6 checked): Ratna S, Last Name: Akula, Spouse's Social Security No.: 277-06-3251

Current Home Address - number and street, rural route: 911 E Camelback Rd, Apt. No.: 3080, Daytime Phone (with area code): (859) 283-2211
City, Town or Post Office: Phoenix, State: AZ, ZIP Code: 85014, Last Names Used in Last Four Prior Year(s) (if different): [97]

FILING STATUS: 4 Married filing joint return, 5 Head of household, 6 Married filing separate return, 7 Single
EXEMPTIONS: 8 Age 65 or over, 9 Blind, 10 Dependents, 11 Qualifying parents and grandparents
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88, 81 PM, 80 RCVD

Table for Dependents (Box 10) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if this person did not qualify as a dependent, (f) if you did not claim this person.

Table for Qualifying parents and grandparents (Box 11) with columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017, (e) if age 65 or over, (f) if died in 2017.

Table for Additions (lines 12-17) including Federal adjusted gross income, Non-Arizona municipal interest, Partnership Income adjustment, Total federal depreciation, Other Additions to Income, and Subtotal.

Table for Subtractions (lines 18-25) including Total net capital gain or (loss), Total net short-term capital gain or (loss), Total net long-term capital gain or (loss), Net long-term capital gain from assets acquired after December 31, 2011, Multiply line 21 by 25%, Net capital gain derived from investment in qualified small business, Recalculated Arizona depreciation, and Partnership Income adjustment.

Table for Subtractions (lines 26-36) including Reserved, Interest on U.S. obligations, Exclusion for fed., AZ state or local govt. pensions, Arizona state lottery winnings on federal return, U.S. Social Security or Railroad Retirement Act, Certain wages of American Indians, Pay received for being an active service member, Net operating loss adjustment, Contributions to 529 College Savings Plans, Other Subtractions, and Subtract lines 22 through 35 from line 17.

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **Venkata R & Ratna S Akula** Your Social Security Number **440-11-0155**

Exemptions	37	Enter the amount from page 1, line 36	37	244,489	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100	38		00
	39	Blind: Multiply the number in box 9 by \$1,500	39		00
	40	Dependents: Multiply the number in box 10 by \$2,300	40		00
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference	42	244,489	00
Balance of Tax	43	Deductions: Check box and enter amount. See instructions 43I <input type="checkbox"/> ITEMIZED 43S <input checked="" type="checkbox"/> STANDARD	43	10,336	00
	44	Personal exemptions: See instructions	44	4,300	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter "0"	45	229,853	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables	46	8,527	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total	48	8,527	00
	49	Family income tax credit (from the worksheet - see instructions)	49		00
	50	Credits from Arizona Form 301, Part 2, line 76	50	1,195	00
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is greater than line 48, enter "0"	51	7,332	00
Total Payments and Refundable Credits	52	2017 AZ income tax withheld	52	4,002	00
	53	2017 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b.. 53c	53		00
	54	2017 AZ extension payment (Form 204)	54		00
	55	Increased Excise Tax Credit (from the worksheet - see instructions)	55		00
	56	Property Tax Credit from Form 140PTC	56		00
	57	Other refundable credits: Check the box(es) and enter the total amount.. 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total	58	4,002	00
Tax Due or Overpayment	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62	59	3,330	00
	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment	60		00
	61	Amount of line 60 to be applied to 2018 estimated tax	61		00
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference	62		00
Voluntary Gifts	63 - 73 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools	63	<input type="text" value="00"/>	
		Arizona Wildlife	64	<input type="text" value="00"/>	
	65	Child Abuse Prevention		<input type="text" value="00"/>	
		Domestic Violence Shelter	66	<input type="text" value="00"/>	
		Political Gift	67	<input type="text" value="00"/>	
		Neighbors Helping Neighbors	68	<input type="text" value="00"/>	
	Special Olympics	69	<input type="text" value="00"/>		
	Veterans' Donations Fund	70	<input type="text" value="00"/>		
	I Didn't Pay Enough Fund	71	<input type="text" value="00"/>		
	Sustainable State Parks and Road Fund	72	<input type="text" value="00"/>		
	Spay/Neuter of Animals	73	<input type="text" value="00"/>		
	74	Political Party (if amount is entered on line 67 - check only one): 741 <input type="checkbox"/> Democratic 742 <input type="checkbox"/> Green Party 743 <input type="checkbox"/> Libertarian 744 <input type="checkbox"/> Republican			
Penalty	75	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	75		00
	76	761 <input type="checkbox"/> Annualized/Other 762 <input type="checkbox"/> Farmer or Fisherman 763 <input type="checkbox"/> Form 221 included 764 <input type="checkbox"/> AZLTHSA Penalty			
	77	Add lines 63 through 73 and 75; enter the total	77		00
Refund or Amount Owed	78	REFUND: Subtract line 77 from line 62. If less than zero, enter amount owed on line 79 Direct Deposit of Refund: Check box 78A if your deposit will be ultimately placed in a foreign account; see instructions. 78A <input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER ACCOUNT NUMBER <input type="text" value="98"/> <input type="checkbox"/> S <input type="checkbox"/> Savings <input type="text" value=""/> <input type="text" value=""/>	78		00
	79	AMOUNT OWED: Add lines 59 and 77. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return	79	3,330	00

Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION Principal Enterprise App.

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION Software Engineer

Self Prepared
PAID PREPARER'S SIGNATURE _____ DATE _____ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED) _____

PAID PREPARER'S STREET ADDRESS _____ PAID PREPARER'S TIN _____

PAID PREPARER'S CITY _____ STATE _____ ZIP CODE _____ PAID PREPARER'S PHONE NUMBER _____

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Include with your return.

For the calendar year 2017 or fiscal year beginning MM,DD,YY 2,0,1,7 and ending MM,DD,YY 2,0,Y,Y.

Your Name as shown on Form 140, 140PY, 140NR or 140X Venkata R Akula	Your Social Security Number 440 11 0155
Spouse's Name as shown on Form 140, 140PY, 140NR or 140X (if a joint return) Ratna S Akula	Spouse's Social Security Number 277 06 3251

Part 1 Nonrefundable Individual Tax Credits Available: Enter total available tax credits.

	(a) Current Year Credit	(b) Available Carryover	(c) Total Available Credit (a) + (b)
1 Enterprise Zone Credit Form 304 ▶			00
2 Environmental Technology Facility Credit..... Form 305 ▶			00
3 Military Reuse Zone Credit..... Form 306 ▶			00
4 Recycling Equipment Credit Form 307 ▶			00
5 Credit for Increased Research Activities – Individuals..... Form 308-I ▶			00
6 Credit for Taxes Paid to Another State or Country..... Form 309 ▶	1,195		1,195 00
7 Credit for Solar Energy Devices Form 310 ▶			00
8 Agricultural Water Conservation System Credit Form 312 ▶			00
9 Pollution Control Credit..... Form 315 ▶			00
10 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets Form 319 ▶			00
11 Credit for Employment of TANF Recipients..... Form 320 ▶			00
12 Credit for Contributions to Qualifying Charitable Organizations.. Form 321 ▶			00
13 Credit for Contributions Made or Fees Paid to Public Schools.... Form 322 ▶			00
14 Credit for Contributions to Private School Tuition Organizations Form 323 ▶			00
15 Agricultural Pollution Control Equipment Credit Form 325 ▶			00
16 Credit for Donation of School Site Form 331 ▶			00
17 Credits for Healthy Forest Enterprises Form 332 ▶			00
18 Credit for Employing National Guard Members..... Form 333 ▶			00
19 Credit for Business Contributions by an S Corporation to School Tuition Organization - Individual Form 335-I ▶			00
20 Credit for Solar Energy Devices – Commercial and Industrial Applications..... Form 336 ▶			00
21 Credit for Investment in Qualified Small Businesses..... Form 338 ▶			00
22 Credit for Donations to the Military Family Relief Fund Form 340 ▶			00
23 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual Form 341-I ▶			00
24 Renewable Energy Production Tax Credit..... Form 343 ▶			00
25 Solar Liquid Fuel Credit..... Form 344 ▶			00
26 Credit for New Employment..... Form 345 ▶			00
27 Additional Credit for Increased Research Activities for Basic Research Payments Form 346 ▶			00
28 Credit for Qualified Health Insurance Plans Form 347 ▶			00
29 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the allowable credit on Arizona Form 323). Form 348 ▶			00
30 Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers and International Operations Centers Form 351 ▶			00
31 Credit for Contributions to Qualifying Foster Care Charitable Organizations Form 352 ▶			00
32 Reserved.....			
33 Total available nonrefundable tax credits: Add lines 1 through 32.....			1,195 00

Continued on page 2 →



You must include Form 301 and the corresponding credit forms on which you computed your credit(s) with your individual income tax return.

Your Name (as shown on page 1) Venkata R & Ratna S Akula	Your Social Security Number 440-11-0155
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Part 2 Application of Tax Credits and Recapture: Enter tax, recapture tax, and tax credits used this taxable year.

34 Tax from Form 140, line 46; or Form 140PY, line 58; or Form 140NR, line 56; or Form 140X, line 34	34	8,527	00
35 Tax from recapture of Environmental Technology Facility Credit from Form 305, Part 5, line 21	35		00
36 Tax from recapture of Credits for Healthy Forest Enterprises from Form 332, Part 11, line 47, and Part 12, line 53	36		00
37 Tax from recapture of Credit for Renewable Energy Industry from Form 342, Part 5, line 14.	37		00
38 Tax from recapture of Credit for Qualified Facilities from Form 349, Part 7, line 19	38		00
39 Tax from recapture of Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers and International Operations Centers from Form 351, Part 2, line 24	39		00
40 Recapture Total: Add lines 35 through 39. Enter here and on Form 140, line 47; or Form 140PY, line 59; or Form 140NR, line 57; or Form 140X, line 35	40		00
41 Subtotal: Add lines 34 and 40	41	8,527	00
42 Family Income Tax Credit from Form 140, line 49; or Form 140PY, line 61; or Form 140X, line 37	42		00
43 Subtract line 42 from line 41. Enter the difference. If less than zero, enter "0"	43	8,527	00

Nonrefundable Tax Credits Used This Taxable Year: Enter amounts actually used from Part 1.

44 Enterprise Zone Credit Form 304	44		00
45 Environmental Technology Facility Credit (not to exceed 75% of line 41) Form 305	45		00
46 Military Reuse Zone Credit Form 306	46		00
47 Recycling Equipment Credit (not to exceed the lesser of 25% of line 41 or \$5,000) Form 307	47		00
48 Credit for Increased Research Activities – Individuals Form 308-I	48		00
49 Credit for Taxes Paid to Another State or Country Form 309	49	1,195	00
50 Credit for Solar Energy Devices Form 310	50		00
51 Agricultural Water Conservation System Credit Form 312	51		00
52 Pollution Control Credit Form 315	52		00
53 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets Form 319	53		00
54 Credit for Employment of TANF Recipients Form 320	54		00
55 Credit for Contributions to Qualifying Charitable Organizations Form 321	55		00
56 Credit for Contributions Made or Fees Paid to Public Schools Form 322	56		00
57 Credit for Contributions to Private School Tuition Organizations Form 323	57		00
58 Agricultural Pollution Control Equipment Credit Form 325	58		00
59 Credit for Donation of School Site Form 331	59		00
60 Credits for Healthy Forest Enterprises Form 332	60		00
61 Credit for Employing National Guard Members Form 333	61		00
62 Credit for Business Contribution by an S Corporation to School Tuition Organization - Individual Form 335-I	62		00
63 Credit for Solar Energy Devices – Commercial and Industrial Applications Form 336	63		00
64 Credit for Investment in Qualified Small Businesses Form 338	64		00
65 Credit for Donations to the Military Family Relief Fund: Enter the smaller of Form 301, Part 1, line 22 or Part 2, line 41 Form 340	65		00
66 Credit for Business Contributions by an S Corporation to School Tuition Organizations for Displaced Students or Students with Disabilities - Individual Form 341-I	66		00
67 Renewable Energy Production Tax Credit Form 343	67		00
68 Solar Liquid Fuel Credit Form 344	68		00
69 Credit for New Employment Form 345	69		00
70 Additional Credit for Increased Research Activities for Basic Research Payments Form 346	70		00
71 Credit for Qualified Health Insurance Plans Form 347	71		00
72 Credit for Contributions to Certified School Tuition Organization (for contributions that exceed the maximum allowable credit on Arizona Form 323) Form 348	72		00
73 Credit for Renewable Energy Investment and Production for Self-Consumption by Manufacturers and International Operations Centers Form 351	73		00
74 Credit for Contributions to Qualifying Foster Care Charitable Organizations Form 352	74		00
75 Reserved	75		
76 Total Tax Credits Used: Add lines 44 through 75. Total cannot be more than line 43. Enter this amount on Form 140, line 50; or Form 140PY, line 62; or Form 140NR, line 59; or Form 140X, line 38	76	1,195	00

Include with your return. A separate form must be filed for each state or country for which a credit is claimed.

For the calendar year 2017 or fiscal year beginning (M,M,D,D) and ending (M,M,D,D) (Y,Y).

Your Name as shown on Form 140, 140NR, 140PY or 140X Venkata R Akula	Your Social Security Number 440 11 0155
Spouse's Name as shown on Form 140, 140NR, 140PY or 140X (if joint return) Ratna S Akula	Spouse's Social Security Number 277 06 3251

Part 1 Computation of Income Subject to Tax by Both Arizona and the Other State or Country During 2017

Other State: If claiming a credit for taxes paid to another state, enter the two-letter abbreviation for that state.

See last page of the instructions for a list of state abbreviations [P A]

Other Country: If claiming a credit for taxes paid to another country, enter the name of that other country _____

	(a)	(b)	(c)
1 Description of income item(s). List each income item separately.	Salary	CAPITAL GAINS	

	(a)	(b)	(c)
2 Amount of income from item listed on line 1 reportable to both Arizona and the other state or country.....	2 \$ 38,914 00	\$ 3,714 00	\$ 00 00
3 Portion of income on line 2 included in Arizona adjusted gross income	3 \$ 126,388 00	\$ 3,714 00	\$ 00 00
4 Portion of income on line 2 included in the other state or country's equivalent of Arizona adjusted gross income.....	4 \$ 38,914 00	\$ 0 00	\$ 00 00
5 Income subject to tax by both Arizona and the other state or country. Enter the smaller of the amount entered on line 3 or line 4	5 \$ 38,914 00	\$ 0 00	\$ 00 00
6 Total income subject to tax in both Arizona and the other state or country. Add line 5, columns (a), (b), and (c). Include total from additional schedules. If less than zero, enter "0". See instructions. .	6 \$ 38,914 00		

Part 2 Computation of Other State or Country Tax Credit

(Read specific line instructions for Part 2 before completing this part.)

7 Arizona tax liability less any credits (except other state tax credit)	7	8,527	00
8 Amount from Part 1, line 6.....	8	38,914	00
9 Entire income upon which Arizona tax is imposed. See instructions.....	9	244,489	00
10 Divide the amount on line 8 by the amount on line 9 (cannot be greater than one).....	10	0.1592	
11 Multiply the amount on line 7 by the decimal on line 10.....	11	1,357	00
12 Income tax paid to: Name of other state or country. See Instructions <u>PENNSYLVANIA</u>	12	1,309	00
13 Amount from Part 1, line 6.....	13	38,914	00
14 Entire income upon which other state or country's income tax is imposed. See instructions.....	14	42,628	00
15 Divide the amount on line 13 by the amount on line 14 (cannot be greater than one).....	15	0.9129	
16 Multiply the amount on line 12 by the decimal on line 15.....	16	1,195	00
17 Allowable credit for taxes paid to the above named other state or country: If claiming a credit from more than one state or country, see instructions. Enter the smaller of line 11 or line 16, and on <i>Arizona Form 301, Part 1, line 6, column (a)</i>	17	1,195	00

Schedule of Income Allocation

Complete this schedule only if you are an Arizona resident who is also considered to be a resident of another state under the laws of that other state (dual resident); otherwise skip this schedule. See pages 2 and 9 of the instructions.

		(a)		(b)		(c)		(d)
		Amount reported on your 2017 federal return		Amount entered in column (a) reported on your 2017 Form 140		Amount entered in column (a) reported on your 2017 return filed to your statutory state of residence		Amount entered in column (c) that would be sourced to your statutory state of residence as income of a nonresident of that state
1 Wages, salaries, tips, etc.....	\$	00	\$	00	\$	00	\$	00
2 Interest.....	\$	00	\$	00	\$	00	\$	00
3 Dividends.....	\$	00	\$	00	\$	00	\$	00
4 Business income or (loss) from federal Schedule C.....	\$	00	\$	00	\$	00	\$	00
5 Gains or (losses) from federal Schedule D.....	\$	00	\$	00	\$	00	\$	00
6 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E	\$	00	\$	00	\$	00	\$	00
7 Other income reported on your federal return	\$	00	\$	00	\$	00	\$	00
8 Total Income: Add lines 1 through 7 .	\$	00	\$	00	\$	00	\$	00
9 Other federal adjustments: List on lines 9a through 9c:								
9a	\$	00	\$	00	\$	00	\$	00
9b	\$	00	\$	00	\$	00	\$	00
9c	\$	00	\$	00	\$	00	\$	00
9d Total adjustments: Add lines 9a through 9c for each column.....	\$	00	\$	00	\$	00	\$	00
10 Adjusted Gross Income: Subtract line 9d from line 8 for each column....	\$	00	\$	00	\$	00	\$	00

**Worksheet for Net Long-Term Capital Gain
Subtraction for Assets Acquired After
December 31, 2011**

► Keep for your records

Name as Shown on Return Venkata R & Ratna S Akula	Social Security Number 440-11-0155
--	---------------------------------------

2017 Original Return **2017 Amended Return**

	(a) Total net long-term capital gains or (losses) from all assets	(b) Net long-term capital gains or (losses) included in column (a) from assets acquired before January 1, 2012	(c) Net long-term capital gains or (losses) included in column (a) from assets acquired after December 31, 2011
<p>Long-Term Capital Gain or (loss) as reported on Federal Schedule D (or other form/schedule) and included in computation of federal adjusted gross income.</p> <p><i>Enter the total net long-term capital gains or (losses) from the following forms in each applicable column. See instructions.</i></p>			
1 Form(s) 8949 <i>Sales and Other Dispositions of Capital Assets; and Form(s) 1099-B, Proceed from Broker and Barter Exchange Transactions, for long-term transactions directly reported on Federal Schedule D.</i>	2,002.	2,002.	0.
2 Form(s) 4797 <i>Sales of Business Property.</i>			
3 Form(s) 2439 <i>Notice to Shareholder of Undistributed Long-Term Capital Gains.</i>			
4 Form(s) 6252 <i>Installment Sale Income.</i>			
5 Form(s) 4684 <i>Casualties and Thefts.</i>			
6 Form(s) 6781 <i>Gains and Losses from Sec. 1256 Contracts and Straddles.</i>			
7 Form(s) 8824 <i>Like-Kind Exchanges.</i>			
8 Partnerships, S corporations, estates, and trusts - from AZ 120S Schedule K-1; AZ 165 Schedule K-1; and AZ 141 Schedule K-1.			
9 Form(s) 1099-DIV <i>Dividends and Distributions.</i>	140.	0.	140.
10 Subtotal: for each column, combine the amounts and enter the total.	2,142.	2,002.	140.
11 Long-term capital loss carryover. See the instructions for the amount(s) to amount, if any, in each applicable column			
12 Subtract line 11 from line 10 and enter the difference in each applicable column	2,142.	2,002.	140.
13 For amount to enter on line 13, column (c), see the worksheet instructions.			
14 Net long-term capital gain or (loss) included in computation of your federal adjusted gross income. Subtract line 13 from line 12 and enter the difference in each applicable column. <ul style="list-style-type: none"> ● If the amount on line 14, column (c) is a net capital (loss), you do not qualify to take the subtraction. ● If the amount on line 14, column (c) is a net capital gain, enter the result on Form 140, page 1, line 21. Also enter the amount from line 14, column (a) on Form 140, page 1, line 20 	2,142.	2,002.	140.

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

440110155 277063251
AKULA
VENKATA R Occupation PRINCIPAL
RATNA S Occupation SOFTWARE E
AKULA
APT 3080
911 E CAMELBACK RD
PHOENIX AZ 85014
859-283-2211 99999

N Extension. N Amended Return.
N 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 NOT IN PA

- 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 and Amount. Rows include 1a (38914), 1b (0), 1c (38914), 2 (0), 3 (0), 4 (0), 5 (3714), 6 (0), 7 (0), 8 (0), 9 (42628), 10 (0), 11 (42628).



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

PA-40 - 2017

Social Security Number

440110155 Name(s) VENKATA R & RATNA S AKULA

- 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		1309
13		1194
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1194
25		0
26		115
27		0
28		115
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 SELF-PREPARED	Date

E-File Opt Out N

Firm FEIN
Preparer's PTIN



PA SCHEDULE D
Sale, Exchange or Disposition of Property

1701310029

PA-40 D 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule Venkata R Akula	Social Security Number (shown first) 440-11-0155
---	--

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. AES CORP 71	05/24/17	09/26/17	399.	417.	<input checked="" type="radio"/> LOSS 18.
AES CORP 124	05/24/17	09/26/17	696.	724.	<input checked="" type="radio"/> LOSS 28.
ALLISON TRANSMISSION	05/24/17	08/16/17	589.	615.	<input checked="" type="radio"/> LOSS 26.
ALLISON TRANSMISSION	10/27/16	08/16/17	847.	660.	<input type="radio"/> 187.
AMERICAN FINL GRP IN	05/24/17	08/16/17	1,205.	1,134.	<input type="radio"/> 71.
AMERICAN FINL GRP IN	05/24/17	07/11/17	449.	444.	<input type="radio"/> 5.
BRIGHTHOUSE FINL INC	05/24/17	08/16/17	97.	97.	<input type="radio"/> 0.
CRANE CO COM 14	05/24/17	06/27/17	556.	542.	<input type="radio"/> 14.
EXELON CORP 74	01/30/17	05/24/17	1,321.	1,293.	<input type="radio"/> 28.
FIDELITY NATIONAL IN	03/15/16	02/27/17	1,906.	1,435.	<input type="radio"/> 471.
FIRSTENERGY CORP 46	05/24/17	08/16/17	751.	658.	<input type="radio"/> 93.
GENERAL ELECTRIC CO	10/24/17	11/13/17	281.	319.	<input type="radio"/> 38.
GENERAL ELECTRIC CO	05/24/17	11/13/17	1,490.	2,142.	<input type="radio"/> 652.
INTL PAPER CO 52	03/15/16	01/30/17	1,467.	1,028.	<input type="radio"/> 439.
KIMBERLY CLARK CORP	10/24/17	12/28/17	242.	224.	<input type="radio"/> 18.
KIMBERLY CLARK CORP	05/24/17	12/28/17	1,211.	1,279.	<input type="radio"/> 68.
NORFOLK SOUTHERN CRP	10/24/17	10/25/17	318.	332.	<input type="radio"/> 14.
NORFOLK SOUTHERN CRP	05/24/17	10/25/17	1,526.	1,379.	<input type="radio"/> 147.
See Disposition of Property			19,788.	18,541.	<input type="radio"/>
2. Net gain (loss) from above sales.				<input checked="" type="radio"/> LOSS	2. 1,876.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution					
. Minus adjusted basis					
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.				<input type="radio"/> LOSS	5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1				<input type="radio"/> LOSS	6.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).				<input checked="" type="radio"/> LOSS	11. 1,876.

1555
REV 11/13/17 TTO



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1701310029

PA SCHEDULE D
Sale, Exchange or Disposition of Property

1701310029

PA-40 D 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule
Ratna S Akula

Social Security Number (shown first)
440-11-0155

Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. AES CORP 71	05/24/17	09/26/17	398.	418.	LOSS 20.
AES CORP 124	05/24/17	09/26/17	696.	724.	LOSS 28.
ALLISON TRANSMISSION	05/24/17	08/16/17	589.	615.	LOSS 26.
ALLISON TRANSMISSION	10/27/16	08/16/17	846.	661.	LOSS 185.
AMERICAN FINL GRP IN	05/24/17	08/16/17	1,204.	1,135.	LOSS 69.
AMERICAN FINL GRP IN	05/24/17	07/11/17	448.	444.	LOSS 4.
BRIGHTHOUSE FINL INC	05/24/17	08/16/17	96.	97.	LOSS 1.
CRANE CO COM 14	05/24/17	06/27/17	556.	542.	LOSS 14.
EXELON CORP 74	01/30/17	05/24/17	1,320.	1,293.	LOSS 27.
FIDELITY NATIONAL IN	03/15/16	02/27/17	1,905.	1,435.	LOSS 470.
FIRSTENERGY CORP 46	05/24/17	08/16/17	751.	659.	LOSS 92.
GENERAL ELECTRIC CO	10/24/17	11/13/17	280.	319.	LOSS 39.
GENERAL ELECTRIC CO	05/24/17	11/13/17	1,490.	2,142.	LOSS 652.
INTL PAPER CO 52	03/15/16	01/30/17	1,467.	1,029.	LOSS 438.
KIMBERLY CLARK CORP	10/24/17	12/28/17	242.	225.	LOSS 17.
KIMBERLY CLARK CORP	05/24/17	12/28/17	1,210.	1,280.	LOSS 70.
NORFOLK SOUTHERN CRP	10/24/17	10/25/17	318.	333.	LOSS 15.
NORFOLK SOUTHERN CRP	05/24/17	10/25/17	1,526.	1,379.	LOSS 147.
See Disposition of Property			19,777.	18,551.	LOSS
2. Net gain (loss) from above sales.					LOSS 2. 1,838.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution					
. Minus adjusted basis					= 4.
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.					LOSS 5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1					LOSS 6.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).					LOSS 11. 1,838.

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REV 11/13/17 TTO



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Additional information from your 2017 Arizona Tax Return Attachment

PA Sch D: Sale/Exchange of Property (Taxpayer) Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L O S	Gain or Loss
RAYONIER INC COM 7	10/24/17	11/13/17	110.	102.		8.
RAYONIER INC COM 34	05/24/17	11/13/17	531.	478.		53.
STAPLES INC *CASH ME	12/29/16	07/11/17	1,164.	1,054.		110.
STAPLES INC *CASH ME	05/24/17	07/11/17	716.	622.		94.
XEROX CORP COM NEW 0	03/28/17	06/15/17	2.	2.		0.
XEROX CORP COM NEW 9	10/24/17	11/13/17	129.	150.	X	21.
XEROX CORP COM NEW 4	05/24/17	11/13/17	682.	669.		13.
XEROX CORP COM NEW 0	05/24/17	06/15/17	2.	1.		1.
XEROX CORP COM NEW 8	03/28/17	11/13/17	1,192.	1,212.	X	20.
ABBVIE INC COM USD0.	03/15/16	10/24/17	185.	111.		74.
AMERICAN FINL GRP IN	03/15/16	07/11/17	698.	495.		203.
AMERICAN FINL GRP IN	03/15/16	06/27/17	1,686.	1,202.		484.
BRIGHTHOUSE FINL INC	03/15/16	08/16/17	133.	115.		18.
CME GROUP INC COM CL	03/15/16	04/25/17	1,197.	966.		231.
CME GROUP INC COM CL	03/15/16	03/28/17	1,298.	1,062.		236.
CRANE CO COM 20	04/14/16	06/27/17	794.	552.		242.
EATON CORP PLC COM 1	03/15/16	10/24/17	597.	423.		174.
FIRSTENERGY CORP 83	03/15/16	08/16/17	1,355.	1,480.	X	125.
GALLAGHER ARTHUR J &	03/15/16	10/24/17	126.	85.		41.
GENERAL ELECTRIC CO	03/15/16	11/13/17	2,061.	3,234.	X	1,173.
KAR AUCTION SERVICES	03/15/16	10/24/17	71.	55.		16.
KIMBERLY CLARK CORP	03/15/16	12/28/17	2,119.	2,354.	X	235.
NORFOLK SOUTHERN CRP	05/26/16	10/25/17	2,035.	1,338.		697.
QUALCOMM INC 4	03/15/16	10/24/17	108.	98.		10.
RAYONIER INC COM 51	10/27/16	11/13/17	797.	681.		116.
Total			19,788.	18,541.		

PA Sch D: Sale/Exchange of Property (Spouse) Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L O S	Gain or Loss
RAYONIER INC COM 7	10/24/17	11/13/17	109.	102.		7.
RAYONIER INC COM 34	05/24/17	11/13/17	531.	478.		53.
STAPLES INC *CASH ME	12/29/16	07/11/17	1,164.	1,054.		110.

PA Sch D: Sale/Exchange of Property (Spouse)
Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L o s s	Gain or Loss
STAPLES INC *CASH ME	05/24/17	07/11/17	715.	622.		93.
XEROX CORP COM NEW 0	03/28/17	06/15/17	2.	3.	X	1.
XEROX CORP COM NEW 9	10/24/17	11/13/17	128.	150.	X	22.
XEROX CORP COM NEW 4	05/24/17	11/13/17	682.	669.		13.
XEROX CORP COM NEW 0	05/24/17	06/15/17	1.	2.	X	1.
XEROX CORP COM NEW 8	03/28/17	11/13/17	1,192.	1,212.	X	20.
ABBVIE INC COM USD0.	03/15/16	10/24/17	185.	112.		73.
AMERICAN FINL GRP IN	03/15/16	07/11/17	698.	495.		203.
AMERICAN FINL GRP IN	03/15/16	06/27/17	1,685.	1,203.		482.
BRIGHTHOUSE FINL INC	03/15/16	08/16/17	133.	116.		17.
CME GROUP INC COM CL	03/15/16	04/25/17	1,196.	966.		230.
CME GROUP INC COM CL	03/15/16	03/28/17	1,297.	1,063.		234.
CRANE CO COM 20	04/14/16	06/27/17	794.	552.		242.
EATON CORP PLC COM 1	03/15/16	10/24/17	596.	424.		172.
FIRSTENERGY CORP 83	03/15/16	08/16/17	1,355.	1,480.	X	125.
GALLAGHER ARTHUR J &	03/15/16	10/24/17	126.	85.		41.
GENERAL ELECTRIC CO	03/15/16	11/13/17	2,060.	3,235.	X	1,175.
KAR AUCTION SERVICES	03/15/16	10/24/17	71.	55.		16.
KIMBERLY CLARK CORP	03/15/16	12/28/17	2,118.	2,355.	X	237.
NORFOLK SOUTHERN CRP	05/26/16	10/25/17	2,035.	1,339.		696.
QUALCOMM INC 4	03/15/16	10/24/17	108.	98.		10.
RAYONIER INC COM 51	10/27/16	11/13/17	796.	681.		115.
Total			19,777.	18,551.		

Electronic Filing Instructions for your 2017 Pennsylvania Tax Return

Important: Your taxes are not finished until all required steps are completed.



Venkata R & Ratna S Akula
911 E CAMELBACK RD , APT 3080
Phoenix, AZ 85014

Balance Due/Refund	<p>Your Pennsylvania state tax return (Form PA-40) shows a balance due of \$115.00.</p> <p>Your return shows you have elected to pay your balance due of \$115.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$115.00- Account Number: 11102928- Routing Transit Number: 211391825- Date of Withdrawal: 04/15/2018 <p>To inquire about the status of your Direct Debit call the Pennsylvania Department of Revenue directly at 1-717-787-8201.</p>												
What You Need to Sign	<p>Sign and date Form PA-8453 within 1 day of acceptance. Since you are married filing jointly, your spouse must also sign and date the form.</p>												
Do Not Mail	<p>Do not mail a paper copy of your tax return. Since you filed electronically, the Pennsylvania Department of Revenue already has your return.</p>												
What You Need to Keep	<p>Your Electronic Filing Instructions (this form)</p> <ul style="list-style-type: none">- Form PA-8453 and attachment(s) <p>Printed copy of your state and federal returns</p>												
2017 Pennsylvania Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>42,628.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>1,309.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>1,194.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>115.00</td></tr></table>	Taxable Income	\$	42,628.00	Total Tax	\$	1,309.00	Total Payments/Credits	\$	1,194.00	Payment Due	\$	115.00
Taxable Income	\$	42,628.00											
Total Tax	\$	1,309.00											
Total Payments/Credits	\$	1,194.00											
Payment Due	\$	115.00											

Form **PA-8453**
(EX) 05-17

**PENNSYLVANIA INDIVIDUAL INCOME TAX
DECLARATION FOR ELECTRONIC FILING**

2017

For the year Jan. 1 - Dec. 31, 2017

**Print
or
Type**

Primary Taxpayer's Social Security Number 440-11-0155		Secondary Taxpayer's Social Security Number 277-06-3251	
Last Name Primary Taxpayer's Name, Initial; Secondary Taxpayer's First Name, Initial; Secondary Taxpayer's Last Name (only if different) AKULA, VENKATA R & RATNA S			
Home Address (Number and Street including Rural Route or P.O. Box) 911 E CAMELBACK RD APT 3080			
City, Town or Post Office PHOENIX		State AZ	ZIP Code 85014

The above information must match that on the electronic return exactly.

Check Proper Filing Status

<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Married, Filing Jointly	<input type="checkbox"/> Deceased	Daytime Telephone Number (859) 283-2211
<input type="checkbox"/> Married, Filing Separately		<input type="checkbox"/> Final Return	

Part I Tax Return Information (Enter whole dollars only.)

1. Adjusted PA taxable income (Form PA-40, Line 11)	1.	42,628
2. PA tax liability (Form PA-40, Line 12)	2.	1,309
3. Total PA tax withheld (Form PA-40, Line 13)	3.	1,194
4. Amount to be refunded (Form PA-40, Line 30)	4.	
5. Total payment (tax due) (Form PA-40, Line 28)	5.	115

Part II Direct Deposit of Refund or Electronic Funds Withdrawal of Tax Due (Optional - See instructions.)

STAPLE COPY OF STATE W-2(s), W-2G and 1099(s) HERE

6. Routing transit number (RTN)	<u>2 1 1 3 9 1 8 2 5</u>	The first two numbers of the RTN must be 01 through 12 or 21 through 32.
7. Depositor account number (DAN)	<u>1 1 1 0 2 9 2 8</u>	
8. Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
9. Debit date	<u>04/15/2018</u>	

Part III Declaration of Taxpayers (Sign only after Part I is complete.)

10. a. I consent for my refund to be directly deposited as designated in Part II and declare all information shown on Lines 6 through 8 is correct. I certify the ultimate destination of the funds is within the U.S. or one of its territories. If I have filed a joint return, this is an irrevocable appointment of the other Taxpayer as an agent to receive the refund.
- b. I am not receiving a refund or I do not want direct deposit of my refund.
- c. I authorize the Pennsylvania Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal 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 my payment. I certify the funds for this withdraw are originating from an account within the U.S. or one of its territories. I may revoke this authorization by notifying the Pennsylvania Department of Revenue no later than two business days prior to the payment (settlement) date. I understand notification must be made in writing by email to ra-achrevok@pa.gov or fax to 717-772-9310.

If I have filed a balance-due return, I understand that if the PA Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my state return, I understand my federal return will be rejected.

I declare under penalties of perjury that I have compared the information on my return with the information I provided to my electronic return originator and the amounts match those on my 2017 PA Tax Return (PA-40). To the best of my knowledge, my return is true and complete. I authorize my electronic return originator to send my return and accompanying schedules and statements to the Internal Revenue Service (IRS) and the IRS to subsequently send them to the PA Department of Revenue. 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. If I am filing from a home computer, I understand that I am required to keep this form and supporting documents for three years.

Sign Here

Primary Taxpayer	Date	Secondary Taxpayer	Date
------------------	------	--------------------	------

Part IV Declaration of Electronic Return Originator (ERO) and Paid Preparer (See instructions.)

I declare that I have received the above-named taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I obtained the taxpayer's signature on this form before submitting this return to the PA Department of Revenue. I provided the taxpayer with a copy of all forms and information to be filed with the IRS and the PA Department of Revenue and followed all other requirements specified by the PA Department of Revenue and described in the IRS Publication 1345, Handbook for Electronic Filers of Individual Tax Returns (Tax Year 2017). If I am the preparer, under penalty of perjury, I declare that I examined the above-named taxpayer's return and accompanying schedules and statements, and to the best of my knowledge, they are true and complete. I understand that I am required to keep this form and supporting documents for three years.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	EIN/SSN or PTIN
	Firm's name (or yours, if self-employed) and address				Daytime Telephone Number
Paid Preparer's Use Only	Preparer's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	EIN/SSN or PTIN
	Firm's name (or yours, if self-employed) and address				Daytime Telephone Number

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

440110155 277063251
AKULA
VENKATA R Occupation PRINCIPAL
RATNA S Occupation SOFTWARE E
AKULA
APT 3080
911 E CAMELBACK RD
PHOENIX AZ 85014
859-283-2211 99999

N Extension. N Amended Return.
N 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 NOT IN PA

- 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 include 1a (38914), 1b (0), 1c (38914), 2 (0), 3 (0), 4 (0), 5 (3714), 6 (0), 7 (0), 8 (0), 9 (42628), 10 (0), 11 (42628).



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

PA-40 - 2017

Social Security Number

440110155 Name(s) VENKATA R & RATNA S AKULA

- 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		1309
13		1194
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1194
25		0
26		115
27		0
28		115
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 SELF-PREPARED	Date

E-File Opt Out N

Firm FEIN
Preparer's PTIN



PA SCHEDULE D
Sale, Exchange or Disposition of Property

1701310029

PA-40 D 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule Venkata R Akula	Social Security Number (shown first) 440-11-0155
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Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. AES CORP 71	05/24/17	09/26/17	399.	417.	LOSS 18.
AES CORP 124	05/24/17	09/26/17	696.	724.	LOSS 28.
ALLISON TRANSMISSION	05/24/17	08/16/17	589.	615.	LOSS 26.
ALLISON TRANSMISSION	10/27/16	08/16/17	847.	660.	LOSS 187.
AMERICAN FINL GRP IN	05/24/17	08/16/17	1,205.	1,134.	LOSS 71.
AMERICAN FINL GRP IN	05/24/17	07/11/17	449.	444.	LOSS 5.
BRIGHTHOUSE FINL INC	05/24/17	08/16/17	97.	97.	LOSS 0.
CRANE CO COM 14	05/24/17	06/27/17	556.	542.	LOSS 14.
EXELON CORP 74	01/30/17	05/24/17	1,321.	1,293.	LOSS 28.
FIDELITY NATIONAL IN	03/15/16	02/27/17	1,906.	1,435.	LOSS 471.
FIRSTENERGY CORP 46	05/24/17	08/16/17	751.	658.	LOSS 93.
GENERAL ELECTRIC CO	10/24/17	11/13/17	281.	319.	LOSS 38.
GENERAL ELECTRIC CO	05/24/17	11/13/17	1,490.	2,142.	LOSS 652.
INTL PAPER CO 52	03/15/16	01/30/17	1,467.	1,028.	LOSS 439.
KIMBERLY CLARK CORP	10/24/17	12/28/17	242.	224.	LOSS 18.
KIMBERLY CLARK CORP	05/24/17	12/28/17	1,211.	1,279.	LOSS 68.
NORFOLK SOUTHERN CRP	10/24/17	10/25/17	318.	332.	LOSS 14.
NORFOLK SOUTHERN CRP	05/24/17	10/25/17	1,526.	1,379.	LOSS 147.
See Disposition of Property			19,788.	18,541.	LOSS
2. Net gain (loss) from above sales.				LOSS	2. 1,876.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution					
. Minus adjusted basis					= 4.
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.				LOSS	5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1				LOSS	6.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).				LOSS	11. 1,876.

1555
REV 11/13/17 TTO



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PA SCHEDULE D
Sale, Exchange or Disposition of Property

1701310029

PA-40 D 03-17 (I)
PA Department of Revenue

2017

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule Ratna S Akula	Social Security Number (shown first) 440-11-0155
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Taxpayer Spouse Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

(a) Describe the property: 100 shares of XYZ stock, or 10 acres in Dauphin County	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e) (If a loss, fill in the oval).
1. AES CORP 71	05/24/17	09/26/17	398.	418.	LOSS 20.
AES CORP 124	05/24/17	09/26/17	696.	724.	LOSS 28.
ALLISON TRANSMISSION	05/24/17	08/16/17	589.	615.	LOSS 26.
ALLISON TRANSMISSION	10/27/16	08/16/17	846.	661.	LOSS 185.
AMERICAN FINL GRP IN	05/24/17	08/16/17	1,204.	1,135.	LOSS 69.
AMERICAN FINL GRP IN	05/24/17	07/11/17	448.	444.	LOSS 4.
BRIGHTHOUSE FINL INC	05/24/17	08/16/17	96.	97.	LOSS 1.
CRANE CO COM 14	05/24/17	06/27/17	556.	542.	LOSS 14.
EXELON CORP 74	01/30/17	05/24/17	1,320.	1,293.	LOSS 27.
FIDELITY NATIONAL IN	03/15/16	02/27/17	1,905.	1,435.	LOSS 470.
FIRSTENERGY CORP 46	05/24/17	08/16/17	751.	659.	LOSS 92.
GENERAL ELECTRIC CO	10/24/17	11/13/17	280.	319.	LOSS 39.
GENERAL ELECTRIC CO	05/24/17	11/13/17	1,490.	2,142.	LOSS 652.
INTL PAPER CO 52	03/15/16	01/30/17	1,467.	1,029.	LOSS 438.
KIMBERLY CLARK CORP	10/24/17	12/28/17	242.	225.	LOSS 17.
KIMBERLY CLARK CORP	05/24/17	12/28/17	1,210.	1,280.	LOSS 70.
NORFOLK SOUTHERN CRP	10/24/17	10/25/17	318.	333.	LOSS 15.
NORFOLK SOUTHERN CRP	05/24/17	10/25/17	1,526.	1,379.	LOSS 147.
See Disposition of Property			19,777.	18,551.	LOSS
2. Net gain (loss) from above sales.				LOSS	2. 1,838.
3. Gain from installment sales from PA Schedule D-1.					3.
4. Taxable distributions from C corporations. Enter total distribution					
. Minus adjusted basis					= 4.
5. Net gain (loss) from the sale of 6-1-71 property from PA Schedule D-71.				LOSS	5.
6. Net PA S corporation and partnership gain (loss) from your PA Schedule(s) RK-1 or NRK-1				LOSS	6.

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19.** Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).				LOSS	11. 1,838.

1555
REV 11/13/17 TTO



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Additional information from your 2017 Pennsylvania Tax Return

PA Sch D: Sale/Exchange of Property (Taxpayer) Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L O S S	Gain or Loss
RAYONIER INC COM 7	10/24/17	11/13/17	110.	102.		8.
RAYONIER INC COM 34	05/24/17	11/13/17	531.	478.		53.
STAPLES INC *CASH ME	12/29/16	07/11/17	1,164.	1,054.		110.
STAPLES INC *CASH ME	05/24/17	07/11/17	716.	622.		94.
XEROX CORP COM NEW 0	03/28/17	06/15/17	2.	2.		0.
XEROX CORP COM NEW 9	10/24/17	11/13/17	129.	150.	X	21.
XEROX CORP COM NEW 4	05/24/17	11/13/17	682.	669.		13.
XEROX CORP COM NEW 0	05/24/17	06/15/17	2.	1.		1.
XEROX CORP COM NEW 8	03/28/17	11/13/17	1,192.	1,212.	X	20.
ABBVIE INC COM USD0.	03/15/16	10/24/17	185.	111.		74.
AMERICAN FINL GRP IN	03/15/16	07/11/17	698.	495.		203.
AMERICAN FINL GRP IN	03/15/16	06/27/17	1,686.	1,202.		484.
BRIGHTHOUSE FINL INC	03/15/16	08/16/17	133.	115.		18.
CME GROUP INC COM CL	03/15/16	04/25/17	1,197.	966.		231.
CME GROUP INC COM CL	03/15/16	03/28/17	1,298.	1,062.		236.
CRANE CO COM 20	04/14/16	06/27/17	794.	552.		242.
EATON CORP PLC COM 1	03/15/16	10/24/17	597.	423.		174.
FIRSTENERGY CORP 83	03/15/16	08/16/17	1,355.	1,480.	X	125.
GALLAGHER ARTHUR J &	03/15/16	10/24/17	126.	85.		41.
GENERAL ELECTRIC CO	03/15/16	11/13/17	2,061.	3,234.	X	1,173.
KAR AUCTION SERVICES	03/15/16	10/24/17	71.	55.		16.
KIMBERLY CLARK CORP	03/15/16	12/28/17	2,119.	2,354.	X	235.
NORFOLK SOUTHERN CRP	05/26/16	10/25/17	2,035.	1,338.		697.
QUALCOMM INC 4	03/15/16	10/24/17	108.	98.		10.
RAYONIER INC COM 51	10/27/16	11/13/17	797.	681.		116.
Total			19,788.	18,541.		

PA Sch D: Sale/Exchange of Property (Spouse) Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L O S S	Gain or Loss
RAYONIER INC COM 7	10/24/17	11/13/17	109.	102.		7.
RAYONIER INC COM 34	05/24/17	11/13/17	531.	478.		53.
STAPLES INC *CASH ME	12/29/16	07/11/17	1,164.	1,054.		110.

PA Sch D: Sale/Exchange of Property (Spouse)
Disposition of Property

Continuation Statement

Description	Date Acquired	Date Sold	Gross Sale Price	Cost	L o s s	Gain or Loss
STAPLES INC *CASH ME	05/24/17	07/11/17	715.	622.		93.
XEROX CORP COM NEW 0	03/28/17	06/15/17	2.	3.	X	1.
XEROX CORP COM NEW 9	10/24/17	11/13/17	128.	150.	X	22.
XEROX CORP COM NEW 4	05/24/17	11/13/17	682.	669.		13.
XEROX CORP COM NEW 0	05/24/17	06/15/17	1.	2.	X	1.
XEROX CORP COM NEW 8	03/28/17	11/13/17	1,192.	1,212.	X	20.
ABBVIE INC COM USD0.	03/15/16	10/24/17	185.	112.		73.
AMERICAN FINL GRP IN	03/15/16	07/11/17	698.	495.		203.
AMERICAN FINL GRP IN	03/15/16	06/27/17	1,685.	1,203.		482.
BRIGHTHOUSE FINL INC	03/15/16	08/16/17	133.	116.		17.
CME GROUP INC COM CL	03/15/16	04/25/17	1,196.	966.		230.
CME GROUP INC COM CL	03/15/16	03/28/17	1,297.	1,063.		234.
CRANE CO COM 20	04/14/16	06/27/17	794.	552.		242.
EATON CORP PLC COM 1	03/15/16	10/24/17	596.	424.		172.
FIRSTENERGY CORP 83	03/15/16	08/16/17	1,355.	1,480.	X	125.
GALLAGHER ARTHUR J &	03/15/16	10/24/17	126.	85.		41.
GENERAL ELECTRIC CO	03/15/16	11/13/17	2,060.	3,235.	X	1,175.
KAR AUCTION SERVICES	03/15/16	10/24/17	71.	55.		16.
KIMBERLY CLARK CORP	03/15/16	12/28/17	2,118.	2,355.	X	237.
NORFOLK SOUTHERN CRP	05/26/16	10/25/17	2,035.	1,339.		696.
QUALCOMM INC 4	03/15/16	10/24/17	108.	98.		10.
RAYONIER INC COM 51	10/27/16	11/13/17	796.	681.		115.
Total			19,777.	18,551.		