

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name RAMESH KONGARA	Social security number 662-04-8754
Spouse's name VEDA BRAHMINI MADALA	Spouse's social security number 650-61-6122

Part I Tax Return Information – Tax Year Ending December 31, 2017 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	76,751.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	7,464.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	14,358.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	6,894.
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

4	8	7	5	4
---	---	---	---	---

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

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

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

1	6	1	2	2
---	---	---	---	---

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

See separate instructions.

Your first name and initial RAMESH	Last name KONGARA	Your social security number 662-04-8754
If a joint return, spouse's first name and initial VEDA BRAHMINI	Last name MADALA	Spouse's social security number 650-61-6122
Home address (number and street). If you have a P.O. box, see instructions. 5013 Towergate Dr		Apt. no. 4
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). WINSTON SALEM NC 27106		▲ 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	

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

d Total number of exemptions claimed

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

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	76,751.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	76,751.

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	76,751.

38	Amount from line 37 (adjusted gross income)	38	76,751.
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input type="checkbox"/>		
Standard Deduction for—	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,700.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	64,051.
• All others: Single or Married filing separately, \$6,350	42 Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100.
Married filing jointly or Qualifying widow(er), \$12,700	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	55,951.
Head of household, \$9,350	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,464.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	7,464.
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55 Add lines 48 through 54. These are your total credits	55	
	56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,464.
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63 Add lines 56 through 62. This is your total tax	63	7,464.
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	14,358.
	65 2017 estimated tax payments and amount applied from 2016 return	65	
	66a Earned income credit (EIC) NO	66a	
	b Nontaxable combat pay election 66b	66b	
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,358.
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	6,894.
	76a Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	6,894.
Direct deposit? See instructions.	b Routing number 0 4 4 0 0 0 0 3 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 1 0 3 9 3 8 0 7 0		
	77 Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	

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

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

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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	SOFTWARE ENGINEER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	HOME MAKER	<input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
APPANA RUPA VENKATA SATYA SAI MANI KUMAR	APPANA RUPA VENKATA SATYA SAI MANI KUMAR	05/22/2018	<input type="checkbox"/>	P02090332
Firm's name	Firm's EIN		Phone no.	
GLOBAL TAXES LLC	30-1017196		(678)965-9729	
Firm's address	2530 Pebble Creek Ln Cumming GA 30041			

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

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

2017
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR
RAMESH KONGARA

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

662-04-8754

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2017 (see instructions) ▶		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2017 (or those made on your behalf), including those made from January 1, 2018, through April 17, 2018, that were for 2017. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2017, and on the first day of every month during 2017, you were, or were considered, an eligible individual with the same coverage, enter \$3,400 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2017 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2017, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2017, see the instructions for the amount to enter	6	6,750.
7	If you were age 55 or older at the end of 2017, married, and you or your spouse had family coverage under an HDHP at any time during 2017, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2017	9	1,916.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,916.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	4,834.
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	

Tax History Report

2017

▶ Keep for your records

Name(s) Shown on Return

RAMESH KONGARA & VEDA BRAHMINI MADALA

Five Year Tax History:					
	2013	2014	2015	2016	2017
Filing status					MFJ
Total income					76,751.
Adjustments to income					
Adjusted gross income					76,751.
Tax expense					3,804.
Interest expense . . .					
Contributions					
Miscellaneous deductions					
Other Itemized Deductions					
Total itemized/standard deduction . .					12,700.
Exemption amount . .					8,100.
Taxable income					55,951.
Tax					7,464.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					14,358.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					6,894.
Effective tax rate % . .					9.72
**Tax bracket %					15.0

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2017

Keep for your records

Table with 2 columns: Name(s) Shown on Return (RAMESH KONGARA & VEDA BRAHMINI MADALA) and Social Security Number (662-04-8754)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Table with 2 columns: Description (Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN, ERO entered Secondary Taxpayer's PIN, ERO entered PIN(s) on behalf of taxpayer(s)) and Input field (checkboxes, with 'X' in the last one)

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) 48754 Spouse's PIN (5 numbers) 16122 Date 02/10/2018

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) Date

Federal Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

Last name KONGARA
 First name RAMESH
 Middle initial _____ Suffix _____
 Social security no. 662-04-8754
 Occupation SOFTWARE ENGINEER
 Date of birth 04/23/1988 (mm/dd/yyyy)
 Age as of 1-1-2018 29
 Date of death _____
 Legally blind
 E-mail address Abap.kongara@gmail.com
 Work phone _____ Ext _____
 Cell phone (316) 200-2576
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) MADALA
 First name VEDA BRAHMINI
 Middle initial _____ Suffix _____
 Social security no. 650-61-6122
 Occupation HOME MAKER
 Date of birth 06/21/1991 (mm/dd/yyyy)
 Age as of 1-1-2018 26
 Date of death _____
 Legally blind
 E-mail address Abap.kongara@gmail.com
 Work phone _____ Ext _____
 Cell phone (316) 200-2576
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number Taxpayer cell phone (316) 200-2576
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work

US Address:

Address 5013 Towergate Dr Apt no. 4
 City WINSTON SALEM State NC ZIP code 27106

Foreign Address: Check this box to use foreign address . . .

Address _____ Apt no. _____
 City _____
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____

APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 - Taxpayer did **not** live with spouse at any time during year
 - Taxpayer eligible to claim spouse's exemption (see Help)
- 4 Head of household
 - If qualifying person is child but not dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____
- 5 Qualifying widow(er)
 - Year spouse died 2015 2016
 - If the 'qualifying person' is your child but **not** your dependent:
 - Child's First name _____ MI _____ Last Name _____ Suff _____
 - Child's social security number _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

First name Last name	MI Suff	Social security number *Relationship	Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)**	A G E E I C	Dependent Identity Protection PIN (see tax help)		Qualified child and dependent care expenses incurred and paid in 2017		
					Lived with taxpyr in U.S.	Educ Tuition and Fees	Code	Not qual for child tax credit Or non U.S.***	

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

Identity Verification Worksheet

2017

See tax help for more information on identity verification

Table with 2 columns: Name(s) Shown on Return (RAMESH KONGARA & VEDA BRAHMINI MADALA) and Social Security Number (662-04-8754)

Driver's License or State Id Information

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

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

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

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

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

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

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

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

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

Driver's License Detail

Taxpayer:

Issuing state: NC
License number: 43102693
Issue date: 08/08/2017
Expiration date: 12/16/2018
Does not expire: []
NY Document number (first 3 chars)*: _____

Spouse:

Issuing state: NC
License number: 40302693
Issue date: 11/08/2016
Expiration date: 09/01/2018
Does not expire: []
NY Document number (first 3 chars)*: _____

State Identification Card Detail

Taxpayer:

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

Spouse:

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

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

Additional Verification Information

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

Client Status:

- Input boxes for New client, Returning client to same preparer and firm, Returning client to same firm

Identity Verification Method (select one):

- In person
- Remote via email, phone, or fax
- Both in person and remote
- Identity not verified

Documents Used to Verify Primary Taxpayer Identity:

- Driver's license (complete detail above)
- State issued identification card (complete detail above)
- Passport
- Account statement from financial institution
- Utility billing statement
- Credit card billing statement

Documents Used to Verify Spouse Identity (If you file joint return):

- Driver's license (complete detail above)
- State issued identification card (complete detail above)

Electronic Filing Information Worksheet

2017

Keep for your records

Name(s) Shown on Return: RAMESH KONGARA & VEDA BRAHMINI MADALA; Social Security Number: 662-04-8754

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

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

Paid Preparer Information

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

Non Paid Preparer Information

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

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

Amended Returns

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

Table with columns for State/City and checkboxes. Includes New York and Vermont.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns . . .

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return RAMESH KONGARA & VEDA BRAHMINI MADALA	Social Security Number 662-04-8754
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Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
AMPHION GLOBAL, INC.		76,751.	14,358.	76,751.	3,804.
Totals		<u>76,751.</u>	<u>14,358.</u>	<u>76,751.</u>	<u>3,804.</u>

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	76,751.		76,751.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	14,358.		14,358.
3 & 7	Total social security wages/tips	76,751.		76,751.
4	Total social security tax withheld	4,759.		4,759.
5	Total Medicare wages and tips	76,751.		76,751.
6	Total Medicare tax withheld	1,113.		1,113.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12	1,916.		1,916.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	1,916.		1,916.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	76,751.		76,751.
17	Total state tax withheld	3,804.		3,804.
19	Total local tax withheld.			

Name as shown on return RAMESH KONGARA	Social Security Number 662-04-8754
---	---------------------------------------

Employer EIN 27-3387438
 Employer Name AMPHION GLOBAL, INC.
 Name (cont.) _____
 Street Address or P. O. Box 220 W MICHIGAN AVE
 City YPSILANTI State MI ZIP 48197
 Foreign Province/County _____
 Foreign Postal Code _____
 Foreign Country _____

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

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

1	Wages, tips, other comp	76,751.	2	Federal tax withheld	14,358.
3	Social security wages	76,751.	4	Social sec tax withheld	4,759.
5	Medicare wages and tips	76,751.	6	Medicare tax withheld	1,113.
7	Social security tips		8	Allocated tips	

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
W	1,916.	A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
NC	27-3387438	76,751.	3,804.

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

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

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

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

Keep for your records

RAMESH KONGARA

662-04-8754 Page 2

Employer Name AMPHION GLOBAL, INC.

Part I Statutory employees

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

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

Clergy only:
D [] Designated housing or parsonage allowance D
E [] Smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value E
F If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on housing or parsonage allowance only
2 [] Pay self-employment tax on W-2 income only
3 [] Pay self-employment tax on W-2 income and housing allowance
4 [] Exempt from self-employment tax and has approved Form 4361
Non-Clergy only:
G If no FICA was withheld, check the applicable box below
1 [] Pay self-employment tax on this W-2 income
2 [] Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

H 1 [] Tips \$20 or more in a month which were not reported to employer H1
2 [] Tips less than \$20 in a month which were not required to be reported H2
3 [] Value of non-cash tips, such as tickets or passes, not reported H3
4 [] Actual amount of allocated tips if different than the amount in box 8 H4
5 [] Tips paid out through a tip-sharing arrangement H5
6 [] Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part IV Substitute Form W-2

a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852
b Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
c Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
d QuickZoom to completed Form 4852 for reference

Part V Inmate In a Penal Institution

J a Pay from work performed while an inmate in a penal institution []

Part VI Additional Information for Electronic Filing and Certain States (See Help)

13 c [] Third-party sick pay
[] Non-standard W-2 (handwritten, typewritten, or altered in any way)
[] Corrected W-2
[] Income from Paid Family Leave
Control number (optional)

Employee information: Correct to match employee information on W-2

Employee's SSN. 662-04-8754
First name M.I. Last name Suff.
RAMESH KONGARA
Address City St ZIP code
5013 Towergate Dr, Apt. 4 WINSTON SALEM NC 27106
Foreign Province/County Foreign Postal Code
Foreign Country

Healthcare Entry Sheet

2017

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

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

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

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

Tax Payments Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RAMESH KONGARA & VEDA BRAHMINI MADALA	Social Security Number 662-04-8754
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Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

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

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

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			14,358.	3,804.	
11	Forms W-2G					
12	Forms 1099-R					
13	Forms 1099-MISC, 1099-K and 1099-G					
14	Schedules K-1					
15	Forms 1099-INT, DIV and OID					
16	Social Security and Railroad Benefits					
17	Form 1099-B	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
d	Additional Medicare Tax					
19	Total Withholding Lines 10 through 18d			14,358.	3,804.	
20	Total Tax Payments for 2017			14,358.	3,804.	

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

Earned Income Worksheet

2017

► Keep for your records

Name(s) Shown on Return RAMESH KONGARA & VEDA BRAHMINI MADALA	Social Security Number 662-04-8754
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Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above) . . .			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	76,751.		76,751.
7 a Taxable employer-provided adoption benefits. . .			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	76,751.		76,751.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	76,751.		76,751.
11 Scholarship or fellowship income not on W-2 . . .			
12 SE exempt earnings less nontaxable income . . .			
13 Distributions from nonqualified/Sec. 457 plans . . .			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	76,751.		76,751.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	76,751.		76,751.
17 Net self-employment loss			
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	76,751.		76,751.

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

23 Self-employed, church and statutory employees . . .			
24 Wages, salaries, tips, etc	76,751.		76,751.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	76,751.		76,751.

Federal Carryover Worksheet

2017

▶ Keep for your records

Name(s) Shown on Return RAMESH KONGARA & VEDA BRAHMINI MADALA	Social Security Number 662-04-8754
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2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2016 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Other Tax and Income Information		2016	2017
1	Filing status		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)		
3	Itemized deductions		3,804.
4	Check box if required to itemize deductions	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income		76,751.
6	Tax liability for Form 2210 or Form 2210-F		7,464.
7	Alternative minimum tax		
8	Federal overpayment applied to next year estimated tax		

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions		2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31		
b	Spouse's excess Archer MSA contributions as of 12/31		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31		
b	Spouse's excess Coverdell ESA contributions as of 12/31		
11 a	Taxpayer's excess HSA contributions as of 12/31		
b	Spouse's excess HSA contributions as of 12/31		

Loss and Expense Carryovers		2016	2017
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss		
b	AMT Short-term capital loss		
13 a	Long-term capital loss		
b	AMT Long-term capital loss		
14 a	Net operating loss available to carry forward		
b	AMT Net operating loss available to carry forward		
15 a	Investment interest expense disallowed		
b	AMT Investment interest expense disallowed		
16	Nonrecaptured net Section 1231 losses from:	a	2017
		b	2016
		c	2015
		d	2014
		e	2013
		f	2012
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2017
		b	2016
		c	2015
		d	2014
		e	2013
		f	2012

Tax Summary Report

2017

Name(s) Shown on Return

RAMESH KONGARA & VEDA BRAHMINI MADALA

Filing status Married Filing Jointly

Number of exemptions 2

Gross Income

Wages and salaries	76,751.
Interest and dividend income	_____
Business income (loss)	_____
Capital gains (losses)	_____
Pensions and annuities	_____
Rents, royalties, partnerships, etc	_____
Farm income (loss)	_____
Social security benefits	_____
Other income	_____
Total Gross Income	76,751.

Adjustments to Income _____

Adjusted Gross Income (Last year's AGI) _____ 76,751.

Itemized/Standard Deductions

Medical and dental	_____
Taxes	3,804.
Interest	_____
Contributions	_____
Casualty or theft loss(es)	_____
Miscellaneous	_____
Phaseout of itemized deductions	_____
Total Itemized Deductions	3,804.
Standard deduction	12,700.
Exemption amount	8,100.

Taxable Income 55,951.

Income tax	7,464.
Alternative minimum tax	_____
Total Taxes before Credits	7,464.
Nonbusiness credits	_____
Business credits	_____
Total Credits	_____
Self-employment tax	_____
Other taxes	_____

Total Tax 7,464.

Withholding	14,358.
Estimated tax payments	_____
Other payments	_____
Total Payments	14,358.
Estimated tax penalty	_____
Refund applied to next year's estimated tax	_____

Amount Overpaid 6,894.

Refund 6,894.

Amount Applied to Estimate _____

Amount Due 0.

Tax bracket	15.0 %
Effective tax rate	9.72 %

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

Tax Smart Worksheet	
A	Tax <u>7,464.</u>
Check if from:	
1	Tax table <input checked="" type="checkbox"/> X
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Tax. Add lines A through G. Enter the result here and on line 44 <u>7,464.</u>

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

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

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

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

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

Line 9 Employer Contribution Smart Worksheet	
A Enter the employer contributions reported in Box 12 of Form W-2 (code W)	1,916.
B Enter employer contributions made in 2017 for the tax year 2016	
C Subtract line B from line A	1,916.
D Enter employer contributions made in 2018 for the tax year 2017	
E Other employer contributions for 2017 not reported above	
F Employer contributions for 2017. Add lines C, D and E. Enter on line 9	1,916.

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

Line 18 Smart Worksheet

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

A

1	Total HSA contribution in 2016	
2	Excess contribution in 2016	
3	Net HSA contribution in 2016	0.

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

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

C

1	Total maximum allowable contribution for 2016	
2	Amount allocated to spouse in 2016	
3	Net maximum allowable contribution for 2016	

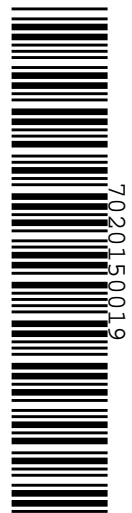
< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

For calendar year 2017, or fiscal year beginning <u>17</u> and ending		<input type="checkbox"/> Select box if you or, if married filing jointly, your spouse were out of the country on April 15 and a U.S. citizen or resident. <input type="checkbox"/> Select box if return is filed and signed by Executor or Administrator.
RAMESH 5013 TOWERGATE DR WINSTON NC 27106	KONGARA VEDA BRAHMINI MADALA 4 Your SSN: 662048754 Spouse's SSN: 650616122	
Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		
Were you a resident of N.C. for the entire year of 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was your spouse a resident for the entire year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Year spouse died: _____ Date of death: _____ <input type="checkbox"/> Return for deceased taxpayer. <input type="checkbox"/> Return for deceased spouse.
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. See instructions for information about the Fund.		
Did you claim the standard deduction on your 2017 federal return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is your spouse a veteran?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FS	2	PP	Y	DT	N	OC	N	TPRES	Y	SPRES	Y	STDD	Y	VT	N	SVT	N
KONG	5013	27106	DS	N	EA	N	TD			SD							
RAMESH					KONGARA					662048754							
VEDA BRAHMINI					MADALA					650616122	NC	27106					
5013 TOWERGATE DR							4			WINSTON SALEM							
06		76751			18	Y			0	26C				0			
07		0			20A				3804	26E				0			
09		0			20B				0	EU							
11	S	Y	I	N	21A				0	27				0			
11		17500			21B				0	29				0			
13		00000			21C				0	30				0			
14		59251			21D				0	31				0			
15		3258			26A				0	32				0			
16		0			26B				0	34				546			
TN					PN				6789659729	PP				P02090332			



Sign Return Below <input checked="" type="checkbox"/> Refund Due <u>546</u>	<input type="checkbox"/> Payment Due <u>0</u>
<i>I certify that, to the best of my knowledge, this return is accurate and complete.</i>	<i>If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.</i>
_____ Your Signature	_____ APPANA RUPA VENKATA SATYA
_____ Date	_____ 05 22 18
_____ Spouse's Signature (If filing joint return, both must sign.)	_____ Paid Preparer's Signature
_____ Date	_____ P02090332
_____ Home Telephone Number (Include area code)	_____ 6789659729
	_____ Paid Preparer's FEIN, SSN, or PTIN
	_____ Paid Preparer's Telephone Number

For original returns only: If you ARE NOT due a refund, mail return, any payment, and Form D-400V to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0640. If you ARE due a REFUND mail to: NCDOR, P.O. Box R, Raleigh, N.C. 27634-0001.

Last Name (First 10 Characters) KONGARA

Your Social Security Number 662048754

D-400 Line-by-Line Information

6.	Federal adjusted gross income	6.	76751
7.	Additions to federal adjusted gross income	7.	0
8.	Add Lines 6 and 7	8.	76751
9.	Deductions from federal adjusted gross income	9.	0
10.	Subtract Line 9 from Line 8	10.	76751
11.	N.C. standard deduction	11.	Y
11.	N.C. itemized deduction	11.	N
11.	Deduction amount	11.	17500
12.	Subtract Line 11 from Line 10	12.	59251
13.	Part-year residents and nonresidents taxable percentage	13.	0.0000
14.	N.C. Taxable Income	14.	59251
15.	N.C. Income Tax	15.	3258
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	3258
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	3258

North Carolina Income Tax Withheld

20a.	Your tax withheld	20a.	3804
20b.	Spouse's tax withheld	20b.	0

Other Tax Payments

21a.	2017 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	3804
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	3804
26a.	Tax Due	26a.	0
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to underpayment of estimated tax	EU	
26e.	Interest on the underpayment of estimated income tax	26e.	0
27.	Pay this Amount	27.	0
28.	Overpayment	28.	546

Amount of Refund to Apply to:

29.	Amount of Line 28 to be applied to 2018 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	Amount to be Refunded	34.	546

North Carolina Information Worksheet

2017

Keep for your records

Part I - Personal Information

Taxpayer:

First Name RAMESH
Middle Initial Suffix
Last Name KONGARA
Social Security No. 662-04-8754
Date of Birth 04/23/1988
or age as of 1-1- 2018 29
Date of Death
Daytime phone

Spouse:

First Name VEDA BRAHMINI
Middle Initial Suffix
Last Name MADALA
Social Security No. 650-61-6122
Date of Birth 06/21/1991
or age as of 1-1- 2018 26
Date of Death
Daytime phone

Home phone

Check to print phone number on your return [X] Taxpayer daytime [] Spouse daytime [] Home

c/o Name (EF only)

Street Address 5013 TOWERGATE DR Apt No. 4
City WINSTON SALEM State . NC ZIP Code . 27106
County FORSYTH Foreign Country

Part II - Resident Status

Taxpayer Spouse

[X]
[]
[]

[X]
[]
[]

Form D-400: Full-Year Resident
Form D-400: Nonresident
Form D-400: Part-Year Resident

Nonresident and Part-year residents must complete the Part-Year/Nonresident Worksheet

Taxpayer residency dates From To

Spouse residency dates From To

Part III - Filing Status

[]
[X]
[]

- 1 Single
2 Married filing jointly
3 Married filing separately

Spouse's name
Spouse's Social Security Number

[]
[]

- 4 Head of household
5 Qualifying widow(er) / Surviving Spouse
Year spouse died

Part IV – Other Information

Federal AGI:

Federal adjusted gross income (from federal Form 1040, line 37; Form 1040A, line 21; or Form 1040EZ, line 4) 76,751.

Federal Return Attachment:

Yes No
 Federal return attachment required

Dependent Information:

Yes No
 Can your parents (or someone else) claim **you** as a dependent?
 Can your parents (or someone else) claim **your spouse** as a dependent?

Veteran Information:

Yes No
 Are you a veteran?
 Is your spouse a veteran?

NC Itemized Deductions or NC Standard Deduction:

Check here if you are married filing separately and your spouse will claim NC Itemized Deductions or to claim NC Itemized Deductions even if less than NC Standard Deduction or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions
 Check here if you are married filing separately and your spouse will claim NC Standard Deduction or to claim NC Standard Deduction even if less than NC Itemized Deductions

Consumer Use Tax:

Check here to certify that NO Consumer Use Tax is due.

Underpayment Penalty:

Check here to have North Carolina figure the underpayment penalty Form D-422

Out of the Country:

Check here if you or, if married filing jointly, your spouse were out of the country on April 15th and a U.S citizen or resident.

Executor or Adminstrator:

Check here if this return is to be filed and signed by an Executor or Administrator

Executor or Administrator Information:

First Name _____ Last Name . . _____
Phone Number _____

Part V – Preparer Information

Enter Preparer Code from Firm/Preparer Info . . . 1
QuickZoom to Firm/Preparer Info ▶ _____

Part VI – Electronic Filing Information

New! State e-file disclosure consent:

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

File **state** return electronically

Electronic PDF Attachments

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

Description	Filename

North Carolina requires separate fields for paid preparer's first name, middle initial and last name.

EF Status Dates:

Date return was EFiled _____ Preparer First name . . APPANA
Date return was accepted by state _____ Preparer Middle initial . . _____
Date Form D400V was given to client _____ Preparer Last name . . RUPA VENKATA SATYA SAI MANI KUMAR

Tax Payments Worksheet

2017

▶ Keep for your records

Name RAMESH KONGARA & VEDA BRAHMINI MADALA	Social Security Number 662-04-8754
---	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

	Taxpayer		Spouse
9	State withholding on Forms W-2	3,804.	
10	State withholding on Forms W-2G		
11	State withholding on Forms 1099-R		
12 a	State withholding on Forms 1099-MISC		
b	State withholding on Forms 1099-G		
c	State withholding on Forms 1099-K		
13	Other state tax withholding		
14	Total income tax withheld	3,804.	
15	Date return will be filed and balance paid	15	

▶ Keep for your records — Do not file

Name(s) Shown on Return

RAMESH KONGARA & VEDA BRAHMINI MADALA

Social Security Number

662-04-8754

Standard Deduction or Itemized Deduction for this return

Standard deduction from below* 17,500.
 Total allowable itemized deductions from D-400 Sch S _____

*Married Filing Separately and spouse claimed NC Itemized Deductions;
 or claimed NC Itemized Deductions even if less than NC Standard Deduction;
 or if you are filing Federal Form 1040NR and are required to claim N.C. Itemized Deductions . . .

*Married Filing Separately and spouse claimed NC Standard Deduction;
 or claimed NC Standard Deduction even if less than NC Itemized Deductions

Standard Deduction for your Filing Status

Single	\$8,750	<div style="border-bottom: 1px solid black; text-align: right; padding-bottom: 5px;">17,500.</div>
Married Filing Jointly	\$17,500	
Married Filing Separately	\$8,750	
Head of Household	\$14,000	
Qualifying Widow(er) / Surviving Spouse	\$17,500	

**Qualified Charitable Distribution (QCD) from an IRA
taken as a NC Itemized Deduction Worksheet**

- | | | | |
|---|--|---|--|
| 1 | Qualified charitable distribution from an individual retirement plan excluded from federal adjusted gross income | 1 | |
| 2 | Enter the amount that would have been allowable as a charitable deduction on the federal return had you not elected to take the income exclusion | 2 | |

Repayment of Claim of Right Worksheet

Repayment of amounts under a claim of right if \$3,000 or less:

- | | | | |
|---|--|---|--|
| 1 | Enter the repayment of claim of right income included in Line 23 of federal Schedule A | 1 | |
| 2 | Enter amount from Line 26 of federal Schedule A (2% of federal AGI) | 2 | |
| 3 | Enter amount from Line 24 of federal Schedule A | 3 | |
| 4 | Subtract Line 1 from Line 3 | 4 | |
| 5 | Subtract Line 4 from Line 2 (If negative, enter a zero) | 5 | |
| 6 | Subtract Line 5 from Line 1 (If negative, enter a zero). Enter amount on Form D-400 Schedule S, Part C, Line 22. | 6 | |

Repayment of amounts under a claim of right if over \$3,000:

Enter the repayment of claim of right income included on Line 28 of federal Schedule A
 Enter amount on Form D-400 Schedule S, Part C, Line 22 ▶ _____