

Form
1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2016

OMB No. 1545-0074

| | | | |
|---|-------------------------------|----------------------------------|---|
| Your first name and initial Raviteja | | Last name Bhavirisetty | Your social security number 164 35 8082 |
| If a joint return, spouse's first name and initial | | Last name | Spouse's social security number |
| Home address (number and street). If you have a P.O. box, see instructions. 653 Walter Way | | | Apt. no. D |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Warsaw IN 46580 | | | 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 | |

| | | | | |
|--|----------|--|----------|----------------|
| Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment. | 1 | Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2. | 1 | 28,750. |
| | 2 | Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. | 2 | |
| | 3 | Unemployment compensation and Alaska Permanent Fund dividends (see instructions). | 3 | |
| | 4 | Add lines 1, 2, and 3. This is your adjusted gross income . | 4 | 28,750. |
| | 5 | If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,350 if single ; \$20,700 if married filing jointly . See back for explanation. | 5 | 10,350. |

| | | | | |
|-----------------------------------|-----------|---|-----------|----------------|
| Payments, Credits, and Tax | 6 | Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income . | 6 | 18,400. |
| | 7 | Federal income tax withheld from Form(s) W-2 and 1099. | 7 | 5,355. |
| | 8a | Earned income credit (EIC) (see instructions) No | 8a | |
| | b | Nontaxable combat pay election. 8b | | |
| | 9 | Add lines 7 and 8a. These are your total payments and credits . | 9 | 5,355. |

| | | | | |
|--|-----------|---|-----------|---------------|
| Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888. | 10 | Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. | 10 | 2,300. |
| | 11 | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 11 | 0. |
| | 12 | Add lines 10 and 11. This is your total tax . | 12 | 2,300. |

| | | | |
|------------|--|------------|---|
| 13a | If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/> | 13a | 3,055. |
| b | Routing number 211391825 | c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number 40396780 | | |

| | | | | |
|-----------------------|-----------|--|-----------|--|
| Amount You Owe | 14 | If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions. | 14 | |
|-----------------------|-----------|--|-----------|--|

| | | | |
|-----------------------------|---|--------------------------------------|--|
| Third Party Designee | Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No | | |
| Designee's name | Phone no. | Personal identification number (PIN) | |

| | | | | |
|--|--|------|------------------------------------|---|
| Sign Here Joint return? See instructions. Keep a copy for your records. | Under penalties of perjury, I declare that I have examined this return 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. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. | | | |
| | Your signature | Date | Your occupation Engineer | Daytime phone number (512) 865-9388 |
| | 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.) |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Self-Prepared | | Firm's EIN | |
| | Firm's address | | | Phone no. | |

Tax History Report

2016

▶ Keep for your records

Name(s) Shown on Return

Raviteja Bhavirisetty

| Five Year Tax History: | | | | | |
|--|------|------|------|------|---------|
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| Filing status | | | | | Single |
| Total income | | | | | 28,750. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | | 28,750. |
| Tax expense | | | | | 1,456. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions. | | | | | |
| Other Itemized Deductions | | | | | 0. |
| Total itemized/standard deduction . . | | | | | 6,300. |
| Exemption amount . . | | | | | 4,050. |
| Taxable income | | | | | 18,400. |
| Tax | | | | | 2,300. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | 0. |
| Payments | | | | | 5,355. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 3,055. |
| Effective tax rate % . . | | | | | 8.00 |
| **Tax bracket % | | | | | 15.0 |

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ² | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ² | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ² | \$29.99 |

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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 are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

| | |
|--|-------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Your SSN 164-35-8082 |
|--|-------------------------|

Line 4b - Adjustment for trade or business income or loss

| (a) Activity name | (b) Gain or loss |
|---|------------------|
| | |
| | |
| | |
| Enter additional adjustments not included above: | |
| | |
| | |
| Adjustment for trade or business income not subject to net investment tax | |

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|--|--------------------------|
| | |
| | |
| | |
| | |
| Capital loss carryover adjustment from 2015 for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input type="checkbox"/> |
| | |
| Net gain or loss from disposition of property not subject to net investment tax | |

Capital gain/loss not included in net investment income

| (a) Activity name | (b) Capital Gain or Loss |
|---|--------------------------|
| | |
| | |
| | |
| | |
| Capital gain or loss from sale of property not subject to net investment income tax | |

Calculation of line 5b adjustment due to capital loss carryforward

| | | | |
|---|--|---|----|
| 1 | Net capital loss not included in net investment income | 1 | 0. |
| 2 | Capital loss carryover to next year | 2 | |
| 3 | Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . | 3 | 0. |

Line 7 - Other modifications to investment income

| | | | |
|---|--|---|--|
| 1 | Casualty and theft losses reported on Schedule A, line 20. | 1 | |
| 2 | Amounts reported on Form 8814, line 12 | 2 | |
| 3 | Adjustment for distributions from estates and trusts | 3 | |
| 4 | Schedules C and F income/loss included in net investment income. | 4 | |
| 5 | Substitute interest and dividend payments | 5 | |
| 6 | Recovery of a prior year deduction | 6 | |
| 7 | | 7 | |
| 8 | Total other modifications to investment income | 8 | |

Line 9b - State income tax allocable to net investment income

| | | | |
|---|--|---|--|
| 1 | State, local, and foreign income taxes | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | State, local and foreign income taxes allocable to investment income | 5 | |

Line 10 - Tax preparations fees allocable to net investment income

| | | | |
|---|--|---|--|
| 1 | Tax preparations fees | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | Tax preparations fees allocable to investment income | 5 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

| | | | |
|---|--|---|--|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ | | |
| 2 | Enter the total of all items listed on line 1 | 2 | |
| 3 | Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) | 3 | |
| 4 | Enter the lesser of the total reported on line 2 or line 3 | 4 | |

Part II - Application of Section 67 Limitation to Specific Deductions

| (A) | (B) | (C) |
|--|---------------------|------------------|
| Reenter the amounts and descriptions from Part I, line 1 | Fraction (see Help) | Column A times B |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

| | | | |
|---|---|---|--|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 | 5 | |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the lesser of line 7 or line 4 | 8 | |

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part III, lines 1-3 | Fraction (see Help) | Column A times B |
| Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c: | | |
| 1 _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| Total miscellaneous investment expenses to Form 8960, line 9c | | |
| 2 State, local, and foreign income taxes | x _____ = _____ | |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| Penalty on early withdrawal of savings | | |
| Other modifications: | | |
| _____ | | |
| _____ | | |
| Total additional modifications to Form 8960, line 10 | | |

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Raviteja
 Middle initial Suffix
 Last name Bhavisetty
 Social security no. 164-35-8082
 Occupation Engineer
 Date of birth 02/14/1991 (mm/dd/yyyy)
 Age as of 1-1-2017 25
 Daytime phone (512) 865-9388 Ext
 Legally blind
 Date of death

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2017
 Daytime phone Ext
 Legally blind
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 653 Walter Way Apt no. . . D
 City Warsaw State IN ZIP code 46580
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone
 Check to print phone number on Form 1040 Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year
 Check this box if you are eligible to claim your spouse's exemption (see Help)
- 4** Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suffix
 Child's social security number
- 5** Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014
 2015

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

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | | | E I C | Lived with taxp in U.S. | Educ Tuitn and Fees | * D e p |
|-------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|-------|-------|-------------|-------------------------------------|------------------------------|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2016 | | | | | | |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2016 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... X Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... Digital Federal Credit Union
Check the appropriate box ... Checking X Savings
Routing number ... 211391825 Account number ... 40396780

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...

Third party designee phone number ...

Personal Identification number (enter any 5 numbers) ...

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____
If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2016 ▶ IN
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year ▶
Taxpayer is a resident of the state above for only part of year ▶
Date the taxpayer established residence in state above ▶ 07/15/2016
In which state (or foreign country) did the taxpayer reside before this change? ▶ NJ

Spouse:

Enter the spouse’s state of residence as of December 31, 2016 ▶ _____
Check the appropriate box:
Spouse is a resident of the state above for the entire year ▶
Spouse is a resident of the state above for only part of year ▶
Date the spouse established residence in state above ▶ _____
In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| | |
| | |
| | |
| | |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS ▶
Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 46580

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 4480187123

Issued by what state IN

Expiration Date 08/14/2018

Issued Date 08/20/2016

License or ID license . ID . neither .

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ID . neither .

Personal Information Worksheet
For the Taxpayer

2016

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
QuickZoom to Federal Information Worksheet ▶

Part I – Taxpayer's Personal Information

First name . . . Raviteja Middle initial . . . Last name . . . Bhavirisetty
Suffix
Social security no. . . 164-35-8082 Member of U.S. Armed Forces in 2016? . . Yes No
Date of birth 02/14/1991 (mm/dd/yyyy) age as of 1-1-2017 25
Occupation Engineer Daytime phone (512) 865-9388 Ext
Marital status Single
If widowed, check the appropriate box for the year your spouse died:
After 2016 ▶ 2016 . ▶ 2015 . ▶ 2014 . ▶ Before 2014 . ▶
Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No
Check if this person is legally blind ▶ Yes No
If deceased, enter the date of death ▶ (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ▶ Yes No
Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ▶ Yes No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ▶ Yes No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2016? ▶ Yes No
- 4 Did your earned income exceed one-half of your support? ▶ Yes No
- 5 Was at least one of your parents alive on December 31, 2016? ▶ Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 IN
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
Date this person established residence in state above ▶ 07/15/2016
In which state (or foreign country) did this person reside before this change? ▶ NJ

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016
Unreimbursed medical expenses paid for qualifying person in 2016
Employment taxes paid for dependent care providers in 2016
Full-time student for 5 calendar months during 2016? ▶ Yes No
Disabled person who was not physically or mentally capable of self-care? ▶ Yes No
This person is a qualifying person for the child and dependent care credit ▶ Yes No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-------------------|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person..

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 28,750 . | | 28,750 . |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | | | |
| 2 | Total federal tax withheld | 5,355 . | | 5,355 . |
| 3 & 7 | Total social security wages/tips | | | |
| 4 | Total social security tax withheld | | | |
| 5 | Total Medicare wages and tips | | | |
| 6 | Total Medicare tax withheld | | | |
| 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 | | | |
| 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 | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| 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 | 28,750 . | | 28,750 . |
| 17 | Total state tax withheld | 949 . | | 949 . |
| 19 | Total local tax withheld. | 288 . | | 288 . |

| | |
|--------------------------------------|--|
| Name <u>Raviteja Bhavirisetty</u> | Social Security Number <u>164-35-8082</u> |
|--------------------------------------|--|

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below

| | | |
|--|---|--|
| <p>a Employee's social security No. <u>164-35-8082</u></p> <p>b Employer's ID number <u>94-3286700</u></p> <p>c Employer's name, address, and ZIP code <u>ADECCO USA INC</u></p> <p>Street <u>175 BROAD HOLLOW ROAD</u> City <u>MELVILLE</u> State <u>NY</u> ZIP Code <u>11747-8905</u> Foreign Country _____</p> <p>d Control number . _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Raviteja</u> M.I. _____ Last <u>Bhavirisetty</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>653 Walter Way, Apt. D</u> City <u>Warsaw</u> State <u>IN</u> ZIP Code <u>46580</u> Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>28,750.02</u></p> <p>3 Social security wages _____</p> <p>5 Medicare wages and tips _____</p> <p>7 Social security tips _____</p> <p>Verification Code _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>2 Federal income tax withheld <u>5,355.17</u></p> <p>4 Social security tax withheld _____</p> <p>6 Medicare tax withheld _____</p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>Distributions from sect. 457 and nonqualified plans <i>(Important, see Help)</i> _____</p> |
|--|---|--|

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

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| <u>IN</u> | <u>0106958151001</u> | <u>28,750.02</u> | <u>948.74</u> |
| | | | |
| | | | |

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| <u>C C43</u> | <u>28,750.02</u> | <u>287.50</u> | <u>IN</u> |
| | | | |
| | | | |

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

Healthcare Entry Sheet

2016

▶ 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

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

*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 | Raviteja Bhavirisetty | 164-35-8082 | 02/14/91 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | T |
| 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"/> | <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"/> | <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"/> | <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"/> | <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"/> | <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. ▶ _____

Completion checkbox:

Check this box once you are finished with all the healthcare related entries.

Form 1099-Q Summary

2016

► Keep for your records

| | |
|---|---|
| Name(s) Shown on Return <u>Raviteja Bhavirisetty</u> | Social Security No. <u>164-35-8082</u> |
|---|---|

| | Recipient Taxpayer | Recipient Spouse |
|---|--------------------|------------------|
| Coverdell Educational Savings Account (ESA) Distributions | | |
| 1 Total gross distributions from box 1 of Form 1099-Q | _____ | _____ |
| a Less: Rollover to another ESA of beneficiary | _____ | _____ |
| b Less: Transfer to another family member | _____ | _____ |
| c Less: Transfer to a non-family member | _____ | _____ |
| d Less: Return of 2016 contributions | _____ | _____ |
| e Less: Return of pre 2016 contributions. These are reported on the tax return in the year the contribution was made, not on the 2016 tax return | _____ | _____ |
| 2 Balance of gross Coverdell ESA distributions | _____ | _____ |
| 3 Education expenses not used as basis for credits | _____ | _____ |
| 4 Amount of ESA distributions after return of basis | _____ | _____ |
| 5 Earnings on return of 2016 contributions | _____ | _____ |
| 6 Earnings on non-family member transfer | _____ | _____ |
| 7 Taxable amount of ESA distributions on line 2 | _____ | _____ |
| 8 Taxable amount included on Form 1040, line 21 | _____ | _____ |
| 9 Non-taxable ESA distributions | _____ | _____ |
| Gross State Qualified Tuition Plan (QTP) Distributions | | |
| 10 Total gross distributions from box 1 of Form 1099-Q | _____ | _____ |
| a Less: Rollover to another QTP of beneficiary | _____ | _____ |
| b Less: Transfer to another family member | _____ | _____ |
| c Less: Transfer to a non-family member | _____ | _____ |
| d Less: Expenses refunded and recontributed | _____ | _____ |
| 11 Balance of gross state QTP distributions | _____ | _____ |
| 12 Earnings on state QTP distributions on line 11 | _____ | _____ |
| Gross Private Qualified Tuition Plan (QTP) Distributions | | |
| 13 Total gross distributions from box 1 of Form 1099-Q | _____ | _____ |
| a Less: Rollover to another QTP of beneficiary | _____ | _____ |
| b Less: Transfer to another family member | _____ | _____ |
| c Less: Transfer to a non-family member | _____ | _____ |
| d Less: Expenses refunded and recontributed | _____ | _____ |
| 14 Balance of gross private QTP distributions | _____ | _____ |
| 15 Earnings on private QTP distributions on line 14 | _____ | _____ |
| Taxable Qualified Tuition Plan (QTP) Distributions | | |
| 16 Balance of gross QTP distributions. | _____ | _____ |
| 17 Earnings on QTP distributions on line 16 | _____ | _____ |
| 18 Education expenses not used as basis for credits | _____ | _____ |
| 19 Non-taxable QTP distributions | _____ | _____ |
| 20 Taxable amount of earnings on line 17 | _____ | _____ |
| 21 Earnings on non-family member transfer (state) | _____ | _____ |
| 22 Earnings on non-family member transfer (private) | _____ | _____ |
| 23 Taxable amount included on Form 1040, line 21 | _____ | _____ |

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

| T S | Beneficiary | Distribution | Earnings | Expenses | Taxable amount | Recipient Taxpayer | Recipient Spouse |
|--------------|-------------|--------------|----------|----------|-------------------|-----------------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 0 Total..... | | | | | | | |

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

| T S | Beneficiary | Distribution | Taxable amount | Recipient Taxpayer | Recipient Spouse |
|--------------|-------------|--------------|-------------------|-----------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| 0 Total..... | | | | | |

Wages, Salaries, & Tips Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Raviteja Bhavirisetty</u> | Social Security Number <u>164-35-8082</u> |
|---|--|

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|---|--------------------------|--------------------------|---------|
| 1 Wages, from Form W-2 | 28,750. | | 28,750. |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137 | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶ | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. | | | |
| Add lines 1 through 9 | 28,750. | | 28,750. |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2 | | | |
| 14 Other non-earned income | | | |
| _____ | | | |
| _____ | | | |
| 15 Total of lines 10 through 14 | 28,750. | | 28,750. |

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

| | | Regular Tax | Alternative Minimum Tax |
|---|--|----------------|-------------------------|
| <p>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</p> | | | |
| 1 | If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. | 1 | |
| 2 | Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | |
| 4 | Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year | 4 | |
| 5 | Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". | 5 | |
| 6 | Add lines 3 through 5 | 6 | |
| 7 | Enter the smaller of line 6 or the gain from Form 4797, line 7 | 7 | |
| 8 | Enter the amount, if any, from Form 4797, line 8 | 8 | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 | Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | 10 | |
| 11 | Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund | | |
| | | Regular | AMT |
| | a On Form 1099-DIV | | |
| | b On Form 2439 | | |
| | c On Schedule(s) K-1 | | |
| | d On Form 1099-R | | |
| | e From Form 8814 | | |
| | f Other. | | |
| | Total | 11 | |
| 12 | Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale | 12 | |
| 13 | Add lines 9 through 12. | 13 | |
| 14 | If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0- | 14 | 0. |
| 15 | Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 15 | 0. |
| 16 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 16 | |
| | a Enter your capital gain excess, if you are filing Form 2555 | a | 0. |
| 17 | Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- | 17 | 0. |
| 18 | Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. | 18 | |

Schedule D
Line 18

28% Rate Gain Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

| | | | | Regular Tax | Alternative Minimum Tax |
|----------|---|---------------------------|---------------------------|--------------------------|-------------------------|
| 1 | Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | | 1 | | |
| 2 | Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | | | | |
| | | 50 % Exclusion | 60 % Exclusion | 75% Exclusion | |
| a | Schedule D . . . | _____ | _____ | _____ | |
| b | Form 8814 . . . | _____ | _____ | _____ | |
| c | Schedule B . . . | _____ | _____ | _____ | |
| d | Form 6252 . . . | _____ | _____ | _____ | |
| e | Form 2439 . . . | _____ | _____ | _____ | |
| f | Other | _____ | _____ | _____ | |
| | Total | _____ | _____ | _____ | 2 |
| 3 | Enter the total of all collectibles gain or (loss) from: | | Regular | AMT | |
| a | Form 4684, line 4 (but only if line 15 is more than zero) | _____ | _____ | _____ | |
| b | Form 6252 | _____ | _____ | _____ | |
| c | Form 6781, Part II | _____ | _____ | _____ | |
| d | Form 8824 | _____ | _____ | _____ | |
| | Total | _____ | _____ | _____ | 3 |
| 4 | Enter the total of any collectibles gain reported to you on: | | Regular | AMT | |
| a | Form 1099-DIV, box 2d | _____ | _____ | _____ | |
| b | Form 2439, box 1d | _____ | _____ | _____ | |
| c | Schedule K-1 from a partnership, S corporation, estate, or trust | _____ | _____ | _____ | |
| d | Disposition of interest in partnership or S corporation | _____ | _____ | _____ | |
| e | Other | _____ | _____ | _____ | |
| | Total | _____ | _____ | _____ | 4 |
| 5 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | | | | 5 |
| 6 | If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. | | | | 6 |
| 7 | Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | | | | 7 |
| 8 | Enter the amount of any capital gain excess | | | | 8 |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a | | | | 9 |
| | | | | 0. | 0. |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

1 a Enter your taxable income from Form 1040, line 43 **1 a** 18,400.
b Enter the amount from your (and your spouse's) Form 2555, line 45 **b** _____
c Add lines 1a and 1b **1 c** 18,400.

2 a Enter your qualified dividends from Form 1040, line 9b **2 a** _____
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** _____

3 Amount from Form 4952, line 4g **3** _____

4 a Amount from Form 4952, line 4e **4 a** _____
b Amount from the dotted line next to Form 4952, line 4e **b** _____
c Line 4b, if applicable, 4a, if not **c** _____

5 Subtract line 4c from line 3. **5** 0.

6 Subtract line 5 from line 2c. If zero or less, enter -0- **6** 0.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** _____
c Enter the **smaller** of line 7a or line 7b **7 c** 0.

8 Enter the **smaller** of line 3 or line 4c **8** _____

9 a Subtract line 8 from line 7. **9 a** 0.
b Enter any capital gain excess attributable to capital gains **b** _____
c Subtract line 9b from line 9a. **9 c** 0.

10 Add lines 6 and 9c **10** 0.

11 a Enter the amount from Schedule D, line 18 **11 a** 0.
b Enter the amount from Schedule D, line 19 **b** _____
c Add lines 11a and 11b **11 c** 0.

12 Enter the **smaller** of line 9c or line 11c **12** 0.

13 Subtract line 12 from line 10. **13** 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 18,400.

15 Enter:
• \$37,650 if single or married filing separately;
• \$75,300 if married filing jointly or qualifying widow(er); or
• \$50,400 if head of household. } **15** 37,650.

16 Enter the **smaller** of line 1c or line 15 **16** 18,400.

17 Enter the **smaller** of line 14 or line 16 **17** 18,400.

18 Subtr in 10 from in 1c. If zero or less, enter -0- **18** 18,400.

19 Enter the **larger** of line 17 or line 18 **19** 18,400.

20 Subtract line 17 from line 16. This amount is taxed at 0%
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.
20 0.

21 Enter the **smaller** of line 1c or line 13 **21** _____

22 Enter the amount from line 20 (if line 20 is blank, enter -0-) **22** _____

23 Subtract line 22 from line 21. If zero or less, enter -0- **23** _____

24 Enter:
• \$415,050 if single,
• \$233,475 if married filing separately,
• \$466,950 if married filing jointly or qualifying widow(er),
• \$441,000 if head of household. } **24** _____

25 Enter the smaller of line 1c or line 24 **25** _____

26 Add lines 19 and 20 **26** _____

27 Subtract line 26 from line 25. If zero or less, enter -0- **27** _____

28 Enter the **smaller** of line 23 or line 27 **28** _____

29 Multiply line 28 by 15% (.15) **29** _____

30 Add lines 22 and 28 **30** _____

31 Subtract line 30 from line 21 **31** _____

32 Multiply line 31 by 20% (.20) **32** _____

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33 Enter the **smaller** of line 9c above or Schedule D, line 19 **33** _____

34 Add lines 10 and 19 **34** _____

35 Enter the amount from line 1c above **35** _____

36 Subtract line 35 from line 34. If zero or less, enter -0- **36** _____

37 Subtract line 36 from line 33. If zero or less, enter -0- **37** _____

38 Multiply line 37 by 25% (.25) **38** _____

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

| | | | |
|-----------|--|-----------|---------------|
| 39 | Add lines 19, 20, 28, 31, and 37 | 39 | _____ |
| 40 | Subtract line 39 from line 1c | 40 | _____ |
| 41 | Multiply line 40 by 28% (.28) | 41 | _____ |
| 42 | Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet | 42 | <u>2,300.</u> |
| 43 | Add lines 29, 32, 38, 41, and 42 | 43 | <u>2,300.</u> |
| 44 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>2,300.</u> |
| 45 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44. | 45 | <u>2,300.</u> |

| | |
|---|--|
| Name(s) Shown on Return <u>Raviteja Bhavirisetty</u> | Social Security Number <u>164-35-8082</u> |
|---|--|

| | | | |
|-----------|--|-----------|-----------------------------|
| 1 | Enter the amount from Form 1040, line 43 | 1 | <u> </u> |
| 2 | Enter the amount from Form 1040, line 9b | 2 | <u> </u> |
| 3 | Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | <u> </u> |
| | <input type="checkbox"/> No. Enter the amount from Form 1040, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | <u> </u> |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-. | 5 | <u> </u> |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | <u> </u> |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | <u> </u> |
| 8 | Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household. | 8 | <u> </u> |
| 9 | Enter the smaller of line 1 or line 8 | 9 | <u> </u> |
| 10 | Enter the smaller of line 7 or line 9 | 10 | <u> </u> |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | <u> </u> |
| 12 | Enter the smaller of line 1 or line 6 | 12 | <u> </u> |
| 13 | Enter the amount from line 11 | 13 | <u> </u> |
| 14 | Subtract line 13 from line 12. | 14 | <u> </u> |
| 15 | Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household. | 15 | <u> </u> |
| 16 | Enter the smaller of line 1 or line 15 | 16 | <u> </u> |
| 17 | Add lines 7 and 11 | 17 | <u> </u> |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | <u> </u> |
| 19 | Enter the smaller of line 14 or line 18 | 19 | <u> </u> |
| 20 | Multiply line 19 by 15% (.15) | 20 | <u> </u> |
| 21 | Add lines 11 and 19 | 21 | <u> </u> |
| 22 | Subtract line 21 from line 12 | 22 | <u> </u> |
| 23 | Multiply line 22 by 20% (.20) | 23 | <u> </u> |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | 24 | <u> </u> |
| 25 | Add lines 20, 23, and 24 | 25 | <u> </u> |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | 26 | <u> </u> |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44. | 27 | <u> </u> |

Tax Payments Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Estimated Tax Payments for 2016 (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 | 04/18/16 | | 04/18/16 | | | 04/18/16 | | |
| 2 | 06/15/16 | | 06/15/16 | | | 06/15/16 | | |
| 3 | 09/15/16 | | 09/15/16 | | | 09/15/16 | | |
| 4 | 01/17/17 | | 01/17/17 | | | 01/17/17 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| | Federal | State | ID | Local | ID |
|--|---------|-------|----|-------|----|
| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | | | | |
| 6 Overpayments applied to 2016 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2016 extensions | | | | | |

| | Federal | State | Local |
|--|---------|-------|-------|
| Taxes Withheld From: | | | |
| 10 Forms W-2 | 5,355. | 949. | 288. |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-K and 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Positive Adjustment | | | |
| e Negative Adjustment | | | |
| f Additional Medicare Tax | | | |
| 19 Total Withholding Lines 10 through 18f | 5,355. | 949. | 288. |
| 20 Total Tax Payments for 2016 | 5,355. | 949. | 288. |

| | State | ID | Local | ID |
|--|-------|----|-------|----|
| Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help) | | | | |
| 21 Tax paid with 2015 extensions | | | | |
| 22 2015 estimated tax paid after 12/31/2015 | | | | |
| 23 Balance due paid with 2015 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|--|---------|
| (1) Income from Form 1040, line 38 | 28,750. |
| (2) Nontaxable income entered elsewhere on return | |
| (3) Available income: 2015 refundable credits in excess of tax | 0. |
| (4) Enter any additional nontaxable income | |
| (5) Total available income | 28,750. |

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

| (1) State | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|--------------|---------------------------------|-------------------------------|---|---------------------------------|---|-------------------------------------|-------------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|---------------------------------|--------------------|-------------|-------------|--------------------------|-------------------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 1,237.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 1,237.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

| | | |
|----------|---|--------|
| b | Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . | _____ |
| c | Real estate taxes paid on additional homes or land | _____ |
| | Personal portion of real estate taxes from Schedule E Worksheet for: | |
| d | Principal residence | _____ |
| e | Vacation home | _____ |
| f | Less real estate taxes deducted on Form 8829 | _____ |
| g | Add lines 2a through 2f (to Schedule A, line 6) | _____ |
| 3 | Personal property taxes: | |
| a | Auto registration fees based on the value of the vehicle. | |
| | 2015 Amount Enter 2016 description: | |
| | _____ 2016 Subaru Legacy _____ | 219.18 |
| | _____ _____ | _____ |
| | _____ _____ | _____ |
| b | Non-business portion of personal property taxes from Car & Truck Exp Wks | _____ |
| c | Other personal property taxes | _____ |
| d | Add lines 3a through 3c (to Schedule A, line 7) | 219.18 |
| 4 | Other taxes: | |
| a | Other taxes from Schedule(s) K-1 | _____ |
| b | Foreign taxes from interest and dividends | _____ |
| c | Foreign taxes from Schedule(s) K-1 | _____ |
| d | Other foreign taxes (not used to claim a foreign tax credit) | _____ |
| e | Other taxes. | |
| | 2015 Amount Enter 2016 description: | |
| | _____ _____ | _____ |
| | _____ _____ | _____ |
| | _____ _____ | _____ |
| f | Add lines 4a through 4e (to Schedule A, line 8) | _____ |

Interest Deductions

| | | |
|----------|---|-------|
| 5 | Home mortgage interest and points reported on Form 1098: | |
| a | Mortgage interest and points from the Home Mortgage Interest Worksheet | _____ |
| b | Qualified mortgage interest from Schedule E Worksheet | _____ |
| c | Less home mortgage interest/points deducted on Form 8829 | _____ |
| d | Less home mortgage interest from Form 8396, line 3 | _____ |
| e | Add lines 5a through 5d (to Sch A, line 10) or line A2 from above | _____ |
| 6 | Home mortgage interest not reported on Form 1098: | |
| a | Mortgage interest from the Home Mortgage Interest Worksheet | _____ |
| b | Less home mortgage interest deducted on Form 8829 | _____ |
| c | Add lines 6a and 6b (to Sch A, line 11) or line B2 from above | _____ |
| 7 | Points not reported on Form 1098: | |
| a | Amortizable points from the Home Mortgage Interest Worksheet | _____ |
| b | Other points not on Form 1098 from the Home Mortgage Interest Worksheet | _____ |
| c | Less points deducted on Form 8829 | _____ |
| d | Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above | _____ |

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

State and Local Income Taxes

| | | |
|----------------------------|--|------------|
| State income taxes: | | |
| 1 | State income tax withheld | 1 949 . |
| 2 | 2016 state estimated taxes paid in 2016 | 2 |
| 3 | 2015 state estimated taxes paid in 2016 | 3 |
| 4 | Amount paid with 2015 state application for extension | 4 |
| 5 | Amount paid with 2015 state income tax return | 5 |
| 6 | Overpayment on 2015 state income tax return applied to 2016 tax | 6 |
| 7 | Other amounts paid in 2016 (amended returns, installment payments, etc.) | 7 |
| 8 | State estimated tax from Schedule(s) K-1 (Form 1041) | 8 |
| Local income taxes: | | |
| 9 | Local income tax withheld | 9 288 . |
| 10 | 2016 local estimated taxes paid in 2016 | 10 |
| 11 | 2015 local estimated taxes paid in 2016 | 11 |
| 12 | Amount paid with 2015 local application for extension | 12 |
| 13 | Amount paid with 2015 local income tax return | 13 |
| 14 | Overpayment on 2015 local income tax return applied to 2016 tax | 14 |
| 15 | Other amounts paid in 2016 (amended returns, installment payments, etc.) | 15 |
| 16 | Local estimated tax from Schedule(s) K-1 (Form 1041) | 16 |
| Other: | | |
| 17 | | 17 |
| 18 | Total Add lines 1 through 17 | 18 1,237 . |
| 19 | State and local refund allocated to 2016 | 19 |
| 20 | Nondeductible state income tax from line 28 | 20 |
| 21 | Total reductions Add lines 19 and 20 | 21 |
| 22 | Total state and local income tax deduction Line 18 less line 21 | 22 1,237 . |

Nondeductible State Income Tax (Hawaii Only)

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

Charitable Deduction Limits Worksheet For Current Year Contributions

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 28,750.

9 Multiply line 8 by 0.5. This is your 50% limit. 14,375.

| | Limits | | | | Deduct this year | Carryover to next year |
|---|----------------|---------|--------------|-------|------------------|------------------------|
| | Cash and Other | | Capital gain | | | |
| | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | |
| 10 Enter the smaller of line 2 or line 9 | | | | 0. | | |
| 11 Subtract line 10 from line 2 | | | | | | 0. |
| 12 Subtract line 10 from line 9 | | | 14,375. | | | |
| Contributions not to 50% limit organizations | | | | | | |
| 13 Add lines 2 and 3 | | | | | | |
| 14 Multiply line 8 by 0.3. This is your 30% limit. | | 8,625. | 8,625. | | | |
| 15 Subtract line 13 from line 9 | | 14,375. | | | | |
| 16 Enter the smallest of line 6, 14, or 15 | | | | 0. | | |
| 17 Subtract line 16 from line 6 | | | | | | 0. |
| 18 Subtract line 16 from line 14 | | | 8,625. | | | |
| Capital gain property to 50% limit organizations | | | | | | |
| 19 Enter the smallest of line 3, 12, or 14 | | | | 0. | | |
| 20 Subtract line 19 from line 3 | | | | | | 0. |
| 21 Subtract line 16 from line 15 | | | 14,375. | | | |
| 22 Subtract line 19 from line 14 | | | 8,625. | | | |
| Capital gain property not to 50% limit organizations | | | | | | |
| 23 Multiply line 8 by 0.2. This is your 20% limit. | | | | | | |
| 24 Enter the smaller of line 7, 18, 21, 22, or 23 | | | | 0. | | |
| 25 Subtract line 24 from line 7 | | | 5,750. | | | 0. |
| 26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | 0. | | |
| 27 Reserved for future use | | | | | | |
| 28 Reserved for future use | | | | | | |
| 29 Reserved for future use | | | | | | |
| 30 Add lines 11, 17, 20, and 25. Carry to next year. | | | | | | 0. |

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 28,750.

9 Multiply line 8 by 0.5. This is your 50% limit. 14,375. less. 0. 14,375.

| | Limits | | | | Deduct this year | Carryover to next year |
|---|----------------|---------|--------------|--------|------------------|------------------------|
| | Cash and Other | | Capital gain | | | |
| | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | |
| 10 Enter the smaller of line 2 or line 9 | | | | | 0. | |
| 11 Subtract line 10 from line 2 | | | | | | 0. |
| 12 Subtract line 10 from line 9 | | | 14,375. | | | |
| Contributions not to 50% limit organizations | | | | | | |
| 13 Add lines 2 and 3 | | 0. | | | | |
| 14 Multiply line 8 by 0.3. This is your 30% limit. | | 8,625. | 8,625. | | | |
| 15 Subtract line 13 from line 9 | | 14,375. | | | | |
| 16 Enter the smallest of line 6, 14, or 15 | | | | | 0. | |
| 17 Subtract line 16 from line 6 | | | | | | 0. |
| 18 Subtract line 16 from line 14 | | | | 8,625. | | |
| Capital gain property to 50% limit organizations | | | | | | |
| 19 Enter the smallest of line 3, 12, or 14 | | | | | 0. | |
| 20 Subtract line 19 from line 3 | | | | | | 0. |
| 21 Subtract line 16 from line 15 | | | 14,375. | | | |
| 22 Subtract line 19 from line 14 | | | 8,625. | | | |
| Capital gain property not to 50% limit organizations | | | | | | |
| 23 Multiply line 8 by 0.2. This is your 20% limit. | | | | 5,750. | | |
| 24 Enter the smaller of line 7, 18, 21, 22, or 23 | | | | | 0. | |
| 25 Subtract line 24 from line 7 | | | | | | 0. |
| 26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | | 0. | |
| 27 Reserved for future use | | | | | | |
| 28 Reserved for future use | | | | | | |
| 29 Reserved for future use | | | | | | |
| 30 Add lines 11, 17, 20, and 25. Carry to next year. | | | | | | 0. |

Charitable Contributions Summary

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Part I Cash Contributions Summary

| Name of Charitable Organization | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) RESERVED for future use |
|---------------------------------|--------------|---------------------|---------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: _____ | | | | |

Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total | Other Property | | Capital Gain Property | |
|---------------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|
| | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) 30% Limit | (e) 20% Limit |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: _____ | | | | | |

Part III Contribution Carryovers to 2017

| | Total | Cash and Other Non-Capital Gain Property | | | Capital Gain Property | |
|------------------------------------|--------------|---|---------------------|---------------------|--------------------------|---------------------|
| | (a) Total | (b) RESERVED | (c) 50% Limit | (d) 30% Limit | (e) 30% Limit | (f) 20% Limit |
| 1 2016 contributions . . . | | | | | | |
| 2 2016 contributions allowed | 0. | | 0. | 0. | 0. | 0. |
| 3 Carryovers from: | | | | | | |
| a 2015 tax year | | | | | | |
| b 2014 tax year | | | | | | |
| c 2013 tax year | | | | | | |
| d 2012 tax year | | | | | | |
| e 2011 tax year | | | | | | |
| 4 Carryovers allowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 5 Carryovers disallowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 6 Carryovers to 2017: | | | | | | |
| a From 2016 | 0. | | 0. | 0. | 0. | 0. |
| b From 2015 | | | | | | |
| c From 2014 | | | | | | |
| d From 2013 | | | | | | |
| e From 2012 | | | | | | |
| f From 2011 | | | | | | |

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 50% charity? Yes No

**Schedule A
Line 29**

Itemized Deductions Worksheet

2016

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

| | | | |
|---|----------|-----------|----------|
| 1 Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 | | 1 | 1,456. |
| 2 Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28 CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement. | | 2 | 0. |
| 3 Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1 | | 3 | 1,456. |
| 4 Multiply line 3 by 80% (.80) | 4 | | 1,165. |
| 5 Enter the amount from Form 1040, line 38 | 5 | | 28,750. |
| 6 Enter \$259,400 if single; \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head of household, \$155,650 if married filing separately | 6 | | 259,400. |
| 7 Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5 | 7 | | |
| 8 Multiply line 7 by 3% (.03) | 8 | | |
| 9 Enter the smaller of line 4 or line 8 | | 9 | |
| 10 Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29) | | 10 | |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

| | | | | | |
|------------|---|-------|---------|------------|--------|
| 1 | Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050 | _____ | ► . . . | 1 | _____ |
| 2 | Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300 | _____ | ► . . . | 2 | 6,300. |
| 3 | Standard deduction. | | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1952, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b | | | 3 a | _____ |
| 3 b | If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) | | | 3 b | _____ |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 | | | 3 c | _____ |

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

| | | | |
|----------|---|----------|-----------|
| 1 | Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d | 1 | 4,050. |
| 2 | Enter the amount from Form 1040, line 38 | 2 | 28,750. |
| 3 | Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 | 3 | 259,400. |
| 4 | Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42. | 4 | -230,650. |
| 5 | Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1) | 5 | |
| 6 | Multiply line 5 by 2% (.02) and enter the result as a decimal. | 6 | |
| 7 | Multiply line 1 by line 6 | 7 | |
| 8 | Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 | 8 | |

Earned Income Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| 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 | 28,750. | _____ | 28,750. |
| 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 | 28,750. | _____ | 28,750. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 28,750. | _____ | 28,750. |
| 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 | 28,750. | _____ | 28,750. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|---------|-------|---------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 28,750. | _____ | 28,750. |
| 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, In 2. | 28,750. | _____ | 28,750. |

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

| | | | |
|--|---------|-------|---------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 28,750. | _____ | 28,750. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 28,750. | _____ | 28,750. |

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

Investment Interest Expense (Form 4952, line 1)

| | | | |
|---|--|-----|--|
| 1 | Investment interest expense, from Schedule K-1 | 1 | |
| 2 | Investment interest expense from royalties | 2 | |
| 3 | Other investment interest expense: | 3 a | |
| | a ----- | b | |
| | b ----- | c | |
| | c ----- | d | |
| | d ----- | | |
| 4 | Total investment interest expense. Add lines 1 through 3. | 4 | |

Gross Income from Property Held for Investment (Form 4952, line 4a)

| | | | |
|----|---|-----|--|
| 5 | Taxable investment income: | | |
| | a From Schedule B, Interest and Dividend Income | 5 a | |
| | b From Schedules K-1, Partnerships, S Corporations, Estates and Trusts | b | |
| | c From Form 8814, Parents' Election to Report Child's Interest and Dividends | c | |
| | d Total | d | |
| 6 | Royalty income, from Schedule E | 6 | |
| 7 | Net passive income from publicly traded partnerships | 7 | |
| 8 | Income from nonpassive trade or business without material participation | 8 | |
| 9 | Other investment income: | 9 a | |
| | a ----- | b | |
| | b ----- | c | |
| | c ----- | d | |
| | d ----- | | |
| 10 | Total investment income. Add lines 5d through 9. | 10 | |

Net Capital Gain Income (Form 4952, lines 4d and 4e)

| | | Regular Tax | Alt Min Tax |
|------|---|-------------|-------------|
| 11 a | Net gains from Schedule D, line 16 | 11 a | |
| b | Less net gains from property not held for investment | b | |
| c | Net gains from property held for investment. | c | |
| 12 a | Net capital gains from Schedule D, lesser of ln 15 or ln 16. | 12 a | |
| b | Less net capital gains from property not held for investment. | b | |
| c | Net capital gains from property held for investment. | c | |

Investment Expenses (Form 4952, line 5)

| | | | |
|----|---|------|--|
| 13 | Royalty expenses | 13 | |
| 14 | Investment expenses included as itemized deductions (after the 2% limitation) | 14 | |
| 15 | Investment expenses included as itemized deductions (no 2% limitation) | 15 | |
| 16 | Expenses from nonpassive trade or business without material participation | 16 | |
| 17 | Other investment expenses: | 17 a | |
| | a ----- | b | |
| | b ----- | c | |
| | c ----- | d | |
| | d ----- | | |
| 18 | Total investment expenses. Add lines 13 through 17. | 18 | |

Allocation of Investment Interest Expense (Schedule A, line 14)

| | | Regular Tax | Alt Min Tax |
|----|--|-------------|-------------|
| 19 | Allowed investment interest expense, Form 4952, line 8 | 19 | |
| 20 | Less amount deducted on other forms and schedules: | 20 | |
| | a Deducted on Schedule E, page 2 for passthru entities | a | |
| | b Deducted on Schedule E, page 1 for royalties | b | |
| | c Other amounts deducted on other forms and schedules | c | |
| | d Total amount deducted on other forms and schedules | d | |
| 21 | Investment interest expense. | 21 | |

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Social Security Number
164-35-8082

- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

| | | |
|--|--|---|
| <p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a _____</p> <p style="margin-left: 20px;">b Spouse's nontaxable combat pay election for EIC b _____</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 | <p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> | <p>28,750.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>28,750.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>28,750.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|---|

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
- \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
- \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
- \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$14,880 (\$20,430 if married filing jointly) without a qualifying child.
- \$39,296 (\$44,846 if married filing jointly) with one qualifying child.
- \$44,648 (\$50,198 if married filing jointly) with two qualifying children.
- \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,400.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- a qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2016.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

| | | |
|--|---|-----------------------------|
| Compliance and Due Diligence Indicator | <input checked="" type="checkbox"/> | No |
| Disqualified from Earned Income Credit. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--|---|----------|
| Potential qualifying child count | ▶ | <u>0</u> |
| Non dependent potential qualifying child count | ▶ | <u>0</u> |
| Qualifying child count (max 3) | ▶ | <u>0</u> |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Part I Information from Form(s) 1098-E, Student Loan Interest Statement

| (a) Lender's name | (b) Borrower (Taxpayer, Spouse) | (c) Borrower's social security number | (d) Prior Year Student Loan Interest | (e) Student loan interest (Box 1) |
|--------------------------------------|--|--|---|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total student loan interest. | | | | _____ |

Part II Computation of Student Loan Interest Deduction

| | | | |
|----------|--|----------|---------|
| 1 | Enter the total interest you paid in 2016 on qualified student loans (see Form 1040 instructions). | 1 | _____ |
| 2 | Enter the smaller of line 1 or \$2,500. | 2 | _____ |
| 3 | Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here . You cannot take the deduction. | 3 | _____ |
| 4 | Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. | 4 | 65,000. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 | 5 | 0. |
| 6 | Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) | 6 | 0.0000 |
| 7 | Multiply line 2 by line 6 | 7 | _____ |
| 8 | Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) | 8 | _____ |

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2016

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
|---|--|--|---|
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c. | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 30. | 0. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. | | | 0. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Taxable Income – Line 1

| | | | |
|---|---|---|---------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) | 1 | 28,750. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 28,750. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 28,750. |

Taxes – Line 3

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 8 | 1 | |
|---|---|---|--|

Home Mortgage Interest Adjustment – Line 4

| | (a) Deductible for AMT Purposes | (b) NOT Deductible for AMT Purposes | (c) Total Home Mortgage Interest |
|--|--|---|--|
| 1 Attributable to mortgage used to purchase, build, or improve: | | | |
| a Main home or second home that is house, apartment, condominium or non-transient mobile home | | | |
| b Second home that is transient mobile home or boat | | | |
| c Total | | | |
| 2 Attributable to mortgage used to refinance: | | | |
| a To pay off mortgage | | | |
| b For other purposes | | | |
| c Total | | | |
| 3 Attributable to other mortgage deductible for AMT: | | | |
| a Pre-July 1, 1982 mortgage | | | |
| 4 Total column (a) | | | |
| 5 Total column (b). Enter result on Form 6251, line 4. | | | |
| 6 Total mortgage interest from Schedule A | | | |

Refund of Taxes – Line 7

| | | | |
|---|--|---|--|
| 1 | Taxable refund of state and local income tax | 1 | |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 7 | 3 | |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

| | | | |
|----|---|----|---------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 28,750. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 28,750. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 25,875. |
| 6 | Enter ATNOL carried to 2015 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. | 11 | |

Incentive Stock Options – Line 14

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 14 | 5 | |

Alternative Minimum Taxable Income – Line 28

| | | |
|--|---|---|
| If married filing separately and Form 6251, line 28, is more than \$247,450: | | |
| 1 | Alternative minimum taxable income, Form 6251. | 1 |
| 2 | Threshold amount | 2 |
| 3 | Subtract line 2 from line 1. | 3 |
| 4 | Multiply line 3 by 25% (.25). | 4 |
| 5 | Smaller of line 4 or \$41,900 | 5 |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 28. | 6 |

Exemption – Line 29

| | | | |
|-----|--|-----|----------|
| 1 | Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately | 1 | 53,900. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 28. | 2 | 28,750. |
| 3 | Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately | 3 | 119,700. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0-. | 4 | 0. |
| 5 | Multiply line 4 by 25% (.25). | 5 | 0. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0-. | 6 | 53,900. |
| | If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | |
| 8 a | Enter the child's earned income , if any | 8 a | |
| b | Enter any adjustments. | b | |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0-. | 9 | |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. | 10 | |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| | | |
|--|-----------|-------|
| 1 Enter amount from Form 6251, line 30. | 1 | _____ |
| 2 a Enter amount from Form(s) 2555, lines 45 and 50 | 2a | _____ |
| b Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income | 2b | _____ |
| c Subtract line 2b from line 2a. If zero or less, enter 0 | 2c | _____ |
| 3 Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 | 3 | _____ |
| 4 Tax on amount on line 3. | | |
| <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. | 4 | _____ |
| 5 Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result | 5 | _____ |
| 6 Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 | 6 | _____ |

Federal Carryover Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

2015 State and Local Income Tax Information (See Tax Help)

| (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 . . | | | | | | |

| Other Tax and Income Information | | | 2015 | 2016 |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | — | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | | 1,456. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | | 28,750. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | | 2,300. |
| 7 | Alternative minimum tax | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ▶

| Excess Contributions | | | 2015 | 2016 |
|----------------------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| | b Spouse's excess Archer MSA contributions as of 12/31 | | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| | b Spouse's excess Coverdell ESA contributions as of 12/31 | | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| | b Spouse's excess HSA contributions as of 12/31 | | | |

| Loss and Expense Carryovers | | | 2015 | 2016 |
|--|---|------|------------|------|
| Note: Enter all entries as a positive amount | | | | |
| 12 a | Short-term capital loss | 12 a | | |
| | b AMT Short-term capital loss | | | |
| 13 a | Long-term capital loss | 13 a | | |
| | b AMT Long-term capital loss | | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| | b AMT Net operating loss available to carry forward | | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| | b AMT Investment interest expense disallowed | | | |
| 16 | Nonrecaptured net Section 1231 losses from: | a | 2016 . . . | |
| | | b | 2015 . . . | |
| | | c | 2014 . . . | |
| | | d | 2013 . . . | |
| | | e | 2012 . . . | |
| | | f | 2011 . . . | |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| Description | Amount |
|---|----------------|
| Income | |
| Wages | 28,750. |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | |
| Alimony received | |
| Nonpassive business income or loss | |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | 28,750. |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | |
| Total adjustments | |
| Modified adjusted gross income | 28,750. |

Two-Year Comparison

2016

| | |
|--|------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security Number |
|--|------------------------|

| Income | 2015 | 2016 | Difference | % |
|---|------|---------|------------|---|
| Wages, salaries, tips, etc | | 28,750. | 28,750. | |
| Interest and dividend income | | | | |
| State tax refund | | | | |
| Business income (loss) | | | | |
| Capital and other gains (losses) | | | | |
| IRA distributions | | | | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | | 28,750. | 28,750. | |
| Adjustments to Income | | | | |
| Adjusted Gross Income | | 28,750. | 28,750. | |
| Itemized Deductions | | | | |
| Medical and dental | | 0. | 0. | |
| Income or sales tax | | 1,237. | 1,237. | |
| Real estate taxes | | | | |
| Personal property and other taxes | | 219. | 219. | |
| Interest paid | | | | |
| Gifts to charity | | | | |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Phaseout of itemized deductions | | | | |
| Total Itemized Deductions | | 1,456. | 1,456. | |
| Standard or Itemized Deduction | | 6,300. | 6,300. | |
| Exemption Amount | | 4,050. | 4,050. | |
| Taxable Income | | 18,400. | 18,400. | |
| Income tax | | 2,300. | 2,300. | |
| Additional income taxes | | | | |
| Alternative minimum tax | | | | |
| Total Income Taxes | | 2,300. | 2,300. | |
| Nonbusiness credits | | | | |
| Business credits | | | | |
| Total Credits | | | | |
| Self-employment tax | | | | |
| Other taxes | | 0. | 0. | |
| Total Tax After Credits | | 2,300. | 2,300. | |
| Withholding | | 5,355. | 5,355. | |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | | | |
| Total Payments | | 5,355. | 5,355. | |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | | 3,055. | 3,055. | |
| Balance Due | | | | |

Current year effective tax rate 8.00 %

Tax Summary
▶ Keep for your records

2016

Name (s)
Raviteja Bhavirisetty

| | |
|--|---------|
| Total income | 28,750. |
| Adjustments to income | |
| Adjusted gross income | 28,750. |
| Itemized/standard deduction | 6,300. |
| Exemption amount | 4,050. |
| Taxable income | 18,400. |
| Tentative tax | 2,300. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | |
| Other taxes | 0. |
| Total tax | 2,300. |
| Total payments | 5,355. |
| Estimated tax penalty | |
| Amount Overpaid | 3,055. |
| Refund | 3,055. |
| Amount Applied to Estimate | |
| Balance due | 0. |

Which Form 1040 to file?

You have elected to file Form 1040EZ.

Compare to U. S. Averages

▶ Keep for your records

2016

| | |
|--|-----------------------------------|
| Name(s) Shown on Return Raviteja Bhavirisetty | Social Security No 164-35-8082 |
|--|-----------------------------------|

Your 2016 adjusted gross income (AGI) 28,750.
 National adjusted gross income range used below from 15,000. to 29,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|------------------------------|-----------------------------|
| Salaries and wages | 28,750. | 21,393. |
| Taxable interest | | 778. |
| Tax-exempt interest | | 4,475. |
| Dividends | | 2,233. |
| Business net income | | 13,228. |
| Business net loss | | 8,713. |
| Net capital gain | | 4,125. |
| Net capital loss | | 2,252. |
| Taxable IRA | | 7,877. |
| Taxable pensions and annuities | | 12,526. |
| Rent and royalty net income | | 6,323. |
| Rent and royalty net loss | | 7,763. |
| Partnership and S corporation net income | | 12,294. |
| Partnership and S corporation net loss | | 10,153. |
| Taxable social security benefits | | 2,368. |
| Medical and dental expenses deduction | 0. | 8,562. |
| Taxes paid deduction | 1,456. | 3,410. |
| Interest paid deduction | | 6,685. |
| Charitable contributions deduction | | 2,362. |
| Total itemized deductions | 1,456. | 15,744. |
| Child care credit | | 434. |
| Education tax credits | | 745. |
| Child tax credit | | 449. |
| Retirement savings contributions credit | | 165. |
| Earned income credit | | 3,710. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 28,750. | 22,250. |
| Taxable income | 18,400. | 9,414. |
| Income tax | 2,300. | 1,186. |
| Alternative minimum tax | | 5,225. |
| Total tax liability | 2,300. | 1,346. |

Estimated Taxes and Form W-4 Worksheet

Name: Raviteja Bhavirisetty
SSN: 164-35-8082

Choose the Method You Will Use to Pay Your 2017 Federal Income Taxes
 By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)
 By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2017 withholding will be _____
 Overpayment from my 2016 return. 3,055.
 Amount of my 2016 overpayment to apply to 2017 instead of refunding it _____

Enter Your Filing Status and Other Information for Your 2017 Tax Return
 Choose your filing status 1 - Single

 Taxpayer age as of the end of 2017 26
 Spouse age as of the end of 2017 _____

 Do you qualify for an additional standard deduction?
Taxpayer: _____
Spouse: _____ **Total** 0

 Check if you must itemize in 2017. (See Tax Help.)

Enter the Number of Dependent Exemptions You Will Claim on Your 2017 Tax Return
 Check if you will be the dependent of another person (but not if married filing jointly).

 Enter the number of **dependents** you will claim, do not include yourself or your spouse . . . 0
 Total exemptions 1

| Enter Your 2017 Income and Deductions in 2nd column | 2016 Actual | 2017 Expected |
|---|-------------|---------------|
| Compensation: | | |
| Annual wages and salary for taxpayer | 28,750. | |
| Medicare wages for taxpayer (W-2 box 5) | | |
| Annual wages and salary for spouse | | 0. |
| Medicare wages for spouse (W-2 box 5) | | 0. |
| Annual net income from self-employment for taxpayer | | |
| Annual net income from self-employment for spouse | | 0. |
| Other Tax Information: | | |
| Note: Include this income in the Other Income section below. | | |
| Net Investment Income for 3.8% tax | 0. | |
| Qualified dividends | | |
| Maximum Capital Gains Rate Tax Information: | | |
| Net short-term capital gains or losses | | |
| Net long-term capital gains or losses | | |
| Net 28%-rate capital gains included in long-term | | |
| Unrecap'd Sec 1250 gains incl in long-term (see Tax Help) | | |
| Investment income election (see Tax Help) | | |
| Other Income: | | |
| Total of your other taxable income and losses (see Tax Help) | 0. | |
| Foreign income or housing exclusions | | |
| Adjustments: | | |
| Deductible IRA contributions, alimony, etc | | |
| Itemized Deductions: | | |
| Total medical expenses | | |
| Real estate tax | | |
| Other deductible taxes | 1,456. | |
| Deductible mortgage interest | | |
| Charitable contributions | | |
| Deductible investment interest expense, casualty or theft losses (see Tax Help) | | |
| Miscellaneous itemized deductions subject to 2% of AGI | | |
| Deductible gambling losses | | |
| Other misc itemized deductions not subject to 2% of AGI | | |

| Income Tax Calculation for Your 2017 Tax Return | 2016 Actual | 2017 Expected |
|--|-------------|---------------|
| Taxable income | 18,400. | 0. |
| Income tax | 2,300. | |
| Alternative minimum tax (Enter Alt Min tax expected in 2017) . . . | | |
| Premium tax credit repayment (Enter amt expected for 2017) . . . | | |
| Total credits (Enter credits expected in 2017) | | |
| Tax on self-employment income and add'l 0.9% Medicare tax . . . | | 0. |
| Net investment income tax (3.8%) | | 0. |
| Other taxes (Enter other taxes expected in 2017) | 0. | |
| Total federal income tax | 2,300. | 0. |

| Enter the Tax Payments You've Already Made for Your 2017 Tax Return | |
|---|----|
| The federal income tax actually withheld from your paychecks to date | |
| Taxpayer | |
| Spouse | |
| Federal estimated tax payments you've already made | |
| Payment number 1 (April 18, 2017) | |
| Payment number 2 (June 15, 2017) | |
| Payment number 3 (September 15, 2017) | |
| 2016 federal overpayment credited to 2017 (from page 1 above) | |
| Total taxes paid to date | |
| Balance of payments needed or (expected refund) | 0. |

| Summary of Taxes to be Paid for 2017 | |
|--|--|
| Federal income taxes to be withheld from your paychecks | |
| Your 2016 federal overpayment you applied to 2017 | |
| Your 2017 federal estimated taxes, based on <u>100% of your 2016 actual tax</u> | |
| Estimate of total payments you will need to make for 2017 | |

Estimated Tax Payment Options

| | |
|--------------|------------------------------|
| Name: | <u>Raviteja Bhavirisetty</u> |
| SSN: | <u>164-35-8082</u> |

| Prepare My 2017 Estimated Taxes Based on | Tax Amount |
|--|------------|
| <input type="checkbox"/> 90% of tax on your 2017 estimated taxable income | 0. |
| <input type="checkbox"/> 100% of tax on your 2017 estimated taxable income | 0. |
| <input type="checkbox"/> 66-2/3% of tax on your 2017 estimated taxable income (for farmers and fishermen only, see Tax Help) | 0. |
| <input checked="" type="checkbox"/> 100% (110%) of your 2016 taxes (prior-year exception) Note: If your 2016 taxes were less than \$1000, see Tax Help | 2,300. |

| Amount of Estimated Taxes to Pay in 2017 | |
|--|--------|
| Taxes based on method above | 2,300. |
| Expected withholding for 2017 . . . (.2016 actual withholding) | 5,355. |
| Taxes due after withholding | 0. |
| Estimates you've already paid | _____ |
| Last year's overpayment you applied to this year | _____ |
| Balance of estimated taxes due | 0. |

| |
|--|
| Round My Payments Up |
| <input type="checkbox"/> To the next \$10 |
| <input type="checkbox"/> To the next \$100 |

| |
|---|
| Prepare Estimated Tax Payment Vouchers |
| <input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) |
| <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 |
| <input type="checkbox"/> No, do not prepare estimated tax payment vouchers |

| | |
|--|-------|
| Schedule of Estimated Tax Payments for 2017 | |
| Check the box for the payment date due next. We will prepare your vouchers based on your choice. | |
| <input type="checkbox"/> Payment number 1, due April 18, 2017 | _____ |
| <input type="checkbox"/> Payment number 2, due June 15, 2017 | _____ |
| <input type="checkbox"/> Payment number 3, due September 15, 2017 | _____ |
| <input type="checkbox"/> Payment number 4, due January 16, 2018 | _____ |

| | |
|---|-------|
| Total estimated tax payments for 2017 | _____ |
|---|-------|

| |
|---|
| Print Estimated Tax Vouchers |
| <input checked="" type="checkbox"/> Yes, print those prepared by program |
| <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts |

Additional Information for Form W-4

| | |
|--------------|------------------------------|
| Name: | <u>Raviteja Bhavirisetty</u> |
| SSN: | <u>164-35-8082</u> |

| | | |
|---|-----------------|---------------|
| <input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan. | | |
| Enter Salary and Pay Periods for 2017 | Taxpayer | Spouse |
| Your annual salary for this year | _____ | _____ |
| Salary you have already received in 2017 | _____ | _____ |
| Your remaining salary for this year | 0. | _____ |
| Number of paychecks you have remaining this year | | |
| How often you are paid | _____ | _____ |
| Your gross salary per pay period | _____ | _____ |

| | | |
|--|-----------------|---------------|
| Form W-4 Personal Allowances and Withholding | Taxpayer | Spouse |
| Withholding status | _____ | _____ |
| Personal allowances (see Tax Help if more than 10) | | |
| Additional withholding per pay period | _____ | _____ |
| Estimated future withholding per pay period | _____ | _____ |
| Estimated future withholding through remainder of year | _____ | _____ |
| Top tax rate being withheld | % | % |

| | | |
|--|-----------------|---------------|
| Change in Federal Income Tax Withholding per Pay Period | Taxpayer | Spouse |
| See tax help for more information. | | |
| Current withholding per pay period | _____ | _____ |
| Estimated future withholding per pay period | _____ | _____ |
| Increase/(decrease) in net pay per pay period | _____ | _____ |

| | |
|---|-------|
| Summary of Federal Income Taxes to be Withheld in 2017: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above. | |
| Taxpayer's withholding | _____ |
| Spouse's withholding | _____ |
| Total withholding | _____ |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Raviteja Bhavirisetty

Primary SSN: 164-35-8082

Federal Return Submitted: January 24, 2017 05:17 PM PST

Federal Return Acceptance Date: 01/24/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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.

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

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.

Sign this agreement by entering your name:

Please type the date below:

Date

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:

Please type the date below:

Date



IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ³ | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days | Free |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ³ | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ³ | Free option with your purchase of TurboTax Premium Services or TurboTax MAX ² |

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³ However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Investment Income Smart Worksheet | |
|---|--|
| A | Taxable and tax exempt interest _____ |
| B | Dividend income _____ |
| C | Capital gain net income _____ |
| D | Royalty and rental of personal property net income _____ |
| E | Passive activity net income : |
| 1 | Rental real estate net income or loss _____ |
| 2 | Farm rental net income or loss _____ |
| 3 | Partnerships and S corporations net income or loss _____ |
| 4 | Estates and trusts net income or loss _____ |
| 5 | Total of lines 1 through 4 _____ |
| 6 | Total passive activity net income , line 5 if greater than zero _____ |
| F | Interest and dividends from Forms 8814 _____ |
| G | Adjustments _____ |
| H | Total investment income , add lines A through G <u> 0 </u> |
| Is line H, total investment income over \$3,400? | |
| <input checked="" type="checkbox"/> | No. You may take the credit. |
| <input type="checkbox"/> | Yes. Stop. You cannot take the credit. |



Indiana Amended Individual Income Tax Return

Tax Year

If you are **not** filing for the calendar year January 1 through December 31, enter period from:

to:

Your Social Security Number

Spouse's Social Security Number

Your first name Initial

Last name Suffix

If filing a joint return, spouse's first name Initial

Last name Suffix

Present address (number and street or rural route)

Place "X" in box if you are married filing separately.

City

State

Zip/Postal code

Foreign country 2-character code Place "X" in box if amendment due to an NOL.

Enter loss year

For department use only

Are you filing an amended federal return? Yes No If yes, attach a copy of your federal Form 1040X.

Enter the **2-digit county code** numbers for the county where you lived and worked on January 1 of the tax year.

County where you lived

County where you worked

County where spouse lived

County where spouse worked

Complete Part 1 on the back to explain any changes.

| | A As Shown on Original Return | B Amount of Change | C Correct Amount |
|---|-------------------------------------|--------------------------|------------------------|
| 1. Amount from line 1 of Form IT-40/IT-40EZ/IT-40PNR..... | 28750 00 | 0 00 | 1 28750 00 |
| 2. Indiana add-backs from Schedule 1 (or Schedule B)..... | 00 | 00 | 2 00 |
| 3. Add lines 1 and 2..... | 28750 00 | 0 00 | 3 28750 00 |
| 4. Indiana deductions from Schedule 2 (or Schedule C)..... | 00 | 00 | 4 00 |
| 5. Subtract line 4 from line 3..... | 28750 00 | 0 00 | 5 28750 00 |
| 6. Exemptions from Schedule 3 (or Schedule D)..... | 1000 00 | 0 00 | 6 1000 00 |
| 7. Subtract line 6 from line 5..... | 27750 00 | 0 00 | 7 27750 00 |
| 8. State adjusted gross income tax: see instructions..... | 916 00 | 0 00 | 8 916 00 |
| 9. County tax..... | 0 00 | 0 00 | 9 0 00 |
| 10. Other taxes from Schedule 4 (or Schedule E)..... | 00 | 00 | 10 00 |
| 11. Add lines 8, 9 and 10 (tax) (if less than zero, enter zero) | 916 00 | 0 00 | 11 916 00 |
| 12. Credits from Schedule 5 (or Schedule F)..... | 1237 00 | 0 00 | 12 1237 00 |
| 13. Offset credits from Schedule 6 (or Schedule G)..... | 00 | 00 | 13 00 |
| 14. Amount previously paid..... | 00 | | 14 00 |
| 15. Add lines 12, 13 and 14 (net credits)..... | 1237 00 | 0 00 | 15 1237 00 |
| 16. Donations (see instructions)..... | 00 | | 16 00 |
| 17. Amount applied to the next year's estimated tax account | 00 | 00 | 17 00 |
| 18. Amount previously refunded..... | 00 | | 18 00 |
| 19. Penalty for the underpayment of estimated tax..... | 00 | 00 | 19 00 |
| 20. Add lines 11, 16, 17, 18 and 19 (tentative amount due)... | 916 00 | 0 00 | 20 916 00 |



| | | | |
|---|----|-----|----|
| 21. Refund: If line 15C is greater than line 20C, enter the difference here and stop. This is your refund. If line 20C is greater than line 15C, continue to line 22..... Your Refund | 21 | 321 | 00 |
| 22. Amount Due: If line 20C is greater than line 15C, enter the difference here | 22 | | 00 |
| 23. Penalty (see instructions)..... | 23 | | 00 |
| 24. Interest (see instructions)..... | 24 | | 00 |
| 25. Total Amount Due (see instructions for information on how to make your payment). Pay This Amount | 25 | | 00 |

Authorization

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue (Department) to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

Your Signature _____ Date _____ Daytime telephone number

Spouse's Signature _____ Date _____ Email address where we can reach you

| | |
|---|---|
| <p>I authorize the Department to discuss my return with my personal representative.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the information below.</p> <p>Personal Representative's Name (please print)</p> <input type="text"/> Telephone number <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> | <p>Paid Preparer: Firm's Name (or yours if self-employed)</p> <input type="text" value="SELF-PREPARED"/> PTIN <input type="text"/> Address <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Preparer's signature _____ |
|---|---|

Part 1 Explanation of changes

Check all that apply. Make sure to enclose copies of W-2s, federal and/or other state tax returns, state schedules (such as CC-40 if claiming a college credit), etc., to support your amendment.

Add W-2 (s) _____

Add/change Credit: name of credit(s) _____

Add/change Deduction: name of deduction(s) _____

Add/change Exemption: which exemption(s) _____

Change in filing status: _____

Other: Explain _____

Mailing Address:

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.





**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2016

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 18, 2017

from to:

Your Social Security Number 164 35 8082 Spouse's Social Security Number

Your first name Initial Last name Suffix
Place "X" in box if applying for ITIN

RAVITEJA BHAVIRISETTY
If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

653 WALTER WAY D
City State Zip/Postal code
WARSAW IN 46580
Place "X" in box if you are married filing separately.

Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2016.

County where you lived 00 County where you worked 00 County where spouse lived County where spouse worked

Round all entries

| | | | |
|--|--------------------------------|----|----------|
| 1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A _____ | Indiana Income | 1 | 28750.00 |
| 2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ | Indiana Add-Backs | 2 | .00 |
| 3. Add line 1 and line 2 _____ | | 3 | 28750.00 |
| 4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ | Indiana Deductions | 4 | .00 |
| 5. Subtract line 4 from line 3 _____ | Indiana Adjusted Income | 5 | 28750.00 |
| 6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D _____ | Indiana Exemptions | 6 | 1000.00 |
| 7. Subtract line 6 from line 5 _____ | State Taxable Income | 7 | 27750.00 |
| 8. State adjusted gross income tax: multiply line 7 by 3.3% (.033) (if answer is less than zero, leave blank) _____ | | 8 | 916.00 |
| 9. County tax. Enter county tax due from Schedule CT-40PNR (if answer is less than zero, leave blank) _____ | | 9 | 0.00 |
| 10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) | | 10 | .00 |
| 11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ | Indiana Taxes | 11 | 916.00 |



15716111555

| | | | |
|---|-------------------------------|------------|------------|
| 12. Enter credits from Schedule F, line 9 (enclose schedule) _____ | 12 | 1 237 . 00 | |
| 13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____ | 13 | . 00 | |
| 14. Add lines 12 and 13 _____ | Indiana Credits | 14 | 1 237 . 00 |
| 15. Enter amount from line 11 _____ | Indiana Taxes | 15 | 916 . 00 |
| 16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) | | 16 | 321 . 00 |
| 17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 | | 17 | . 00 |
| 18. Subtract line 17 from line 16 _____ | Overpayment | 18 | 321 . 00 |
| 19. Amount from line 18 to be applied to your 2017 estimated tax account (see instructions). | | | |
| Enter your county code _____ | county tax to be applied__ \$ | a | . 00 |
| Spouse's county code _____ | county tax to be applied__ \$ | b | . 00 |
| Indiana adjusted gross income tax to be applied _____ | \$ | c | . 00 |
| Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____ | | 19d | . 00 |
| 20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _____ | | 20 | . 00 |
| 21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions | Your Refund | 21 | 321 . 00 |
| 22. Direct Deposit (see instructions) | | | |
| a. Routing Number _____ | | | |
| b. Account Number _____ | | | |
| c. Type: Checking Savings Hoosier Works MC | | | |
| d. Place an "X" in the box if refund will go to an account outside the United States | | | |
| 23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____ | | 23 | . 00 |
| 24. Penalty if filed after due date (see instructions) _____ | | 24 | . 00 |
| 25. Interest if filed after due date (see instructions) _____ | | 25 | . 00 |
| 26. Amount Due: Add lines 23, 24 and 25 _____ | Amount You Owe | 26 | . 00 |
| Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions. | | | |

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

| | | | |
|-------------------------|---------------|-----------------------------|---------------|
| _____ Your Signature | _____ Date | _____ Spouse's Signature | _____ Date |
|-------------------------|---------------|-----------------------------|---------------|

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



15716121555

Name(s) shown on Form IT-40PNR

Your Social Security Number

RAVITEJA BHAVIRISETTY

164 35 8082

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

| | | Column A | | Column B |
|--|------------|----------------------------|------------|-------------------------|
| | | Income from Federal Return | | Income Taxed by Indiana |
| 1. Your wages, salaries, tips, commissions, etc _____ | 1A | 28750.00 | 1B | 28750.00 |
| 2. Spouse's wages, salaries, tips, commissions, etc _____ | 2A | .00 | 2B | .00 |
| 3. Taxable interest income _____ | 3A | .00 | 3B | .00 |
| 4. Dividend income _____ | 4A | .00 | 4B | .00 |
| 5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____ | 5A | .00 | 5B | .00 |
| 6. Alimony received _____ | 6A | .00 | 6B | .00 |
| 7. Business income or loss from federal Schedule C or C-EZ _ | 7A | .00 | 7B | .00 |
| 8. Capital gain or loss from sale or exchange of property from your federal return _____ | 8A | .00 | 8B | .00 |
| 9. Other gains or (losses) from Form 4797 _____ | 9A | .00 | 9B | .00 |
| 10. Total IRA distribution _____ | 10A | .00 | 10B | .00 |
| 11. Total pensions and annuities _____ | 11A | .00 | 11B | .00 |
| 12. Net rent or royalty income or loss reported on federal Schedule E _____ | 12A | .00 | 12B | .00 |
| 13. Income or loss from partnerships _____ | 13A | .00 | 13B | .00 |
| 14. Income or loss from trusts and estates _____ | 14A | .00 | 14B | .00 |
| 15. Income or loss from S corporations _____ | 15A | .00 | 15B | .00 |
| 16. Farm income or loss from federal Schedule F _____ | 16A | .00 | 16B | .00 |
| 17. Unemployment compensation _____ | 17A | .00 | 17B | .00 |
| 18. Taxable Social Security benefits _____ | 18A | .00 | 18B | .00 |
| 19. Indiana apportioned income from Schedule IT-40PNRA _____ | | | 19B | .00 |
| 20. Other income reported on your federal return _____ | 20A | .00 | 20B | .00 |
| List source(s). (Do not include federal net operating loss in Column B. See instructions.) | | | | |
| 21. Subtotal: add lines 1 through 20. _____ | 21A | 28750.00 | 21B | 28750.00 |



23416111555

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions on page 15.
and complete worksheet. _____ 21C .00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 6 _____ 21D 1.000

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ. Round all entries.

| | Column A Federal Adjustments | Column B Indiana Adjustments |
|---|---------------------------------|---------------------------------|
| 22. Educator expenses (see instructions) _____ | 22A .00 | 22B .00 |
| 23. Certain business expenses of reservists, performing artists, etc _____ | 23A .00 | 23B .00 |
| 24. Health savings account deduction _____ | 24A .00 | 24B .00 |
| 25. Moving expenses (see instructions) _____ | 25A .00 | 25B .00 |
| 26. Deductible part of self-employment tax _____ | 26A .00 | 26B .00 |
| 27. Self-employed, SEP, SIMPLE, and qualified plans _____ | 27A .00 | 27B .00 |
| 28. Self-employed health insurance deduction _____ | 28A .00 | 28B .00 |
| 29. Penalty on early withdrawal of savings _____ | 29A .00 | 29B .00 |
| 30. Alimony paid _____ | 30A .00 | 30B .00 |
| 31. IRA deduction _____ | 31A .00 | 31B .00 |
| 32. Student loan interest deduction (see instructions) _____ | 32A .00 | 32B .00 |
| 33. Tuition and fees deduction (see instructions) _____ | 33A .00 | 33B .00 |
| 34. Domestic production activities deduction _____ | 34A .00 | |
| 35. Other (see instructions) | 35A .00 | 35B .00 |
| 36. Add lines 22 through 35 _____ | 36A .00 | 36B .00 |

Section 3: Totals

37. Subtract line 36 from line 21 of Section 1. Carry
amount from line 37B to Form IT-40PNR, line 1 _____ 37A 28750.00 37B 28750.00



23416121555

Name(s) shown on Form IT-40PNR
RAVITEJA BHAVIRISETTY

Your Social Security Number
164 35 8082

Round all entries

1. Number of exemptions claimed on your federal return 1 x \$1000 _____ 1 1000.00
• If you did not claim an exemption on your federal return, enter "1" in the box above.
• See instructions if you did not file a federal return.
2. Claim an additional exemption for certain dependent children (see instructions).
Enter number you are eligible to claim x \$1500: you **MUST** enclose Schedule IN-DEP__ 2 .00
3. Place "X" in box(es) below if, by December 31, 2016
You were age 65 or older and/or blind
Spouse was 65 or older and/or blind
Total number of boxes with Xs x \$1000 _____ 3 .00
4. If age 65 or older, enter amount from Schedule A, line 37A \$
If this amount is less than \$40,000, place "X" in box(es) below if:
You were age 65 or older
Spouse was 65 or older
Total number of boxes with Xs x \$500 _____ 4 .00
5. Add lines 1, 2, 3 and 4 _____ 5 1000.00
6. Enter the number from Schedule A, Proration Section, line 21D _____ 6 1.000
7. Multiply line 5 by line 6. Enter here and on Form IT-40PNR, line 6 _____ **Total Exemptions** 7 1000.00

Schedule E: Other Taxes

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ 1 .00
2. Household employment taxes. Enclose Schedule IN-H _____ 2 .00
3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R _____ 3 .00
4. Add lines 1 through 3. Enter here and on Form IT-40PNR, line 10 _____ **Total Other Taxes** 4 .00



23716111555

Name(s) shown on Form IT-40PNR

Your Social Security Number

RAVITEJA BHAVIRISETTY

164 35 8082

Round all entries

| | | | |
|--|----------------------------|---|---------|
| 1. Indiana state tax withheld: enclose W-2s and/or 1099s showing state tax withholding amounts | __ | 1 | 949.00 |
| 2. Indiana county tax withheld: enclose W-2s and/or 1099s showing county tax withholding amts. | __ | 2 | 288.00 |
| 3. Estimated tax paid for 2016: include any extension payment made with Form IT-9 | _____ | 3 | .00 |
| 4. Unified tax credit for the elderly | _____ | 4 | .00 |
| 5. Earned income credit: see instructions | | | |
| Enter earned income credit from | | | |
| Schedule IN-EIC, line A-3 | _____ Box A | | .00 |
| Enter number from Schedule A, Proration Section, line 21D | _____ Box B | | |
| Multiply Box A by Box B, enter total here | _____ | 5 | .00 |
| 6. Lake County residential income tax credit | _____ | 6 | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule) | _____ | 7 | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule) | _____ | 8 | .00 |
| 9. Add lines 1 through 8. Enter total here and on Form IT-40PNR, line 12 | _____ Total Credits | 9 | 1237.00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

| | | | |
|--|------------------------|----|-----|
| a. Enter fund name | code no. | 1a | .00 |
| b. Enter fund name | code no. | 1b | .00 |
| c. Enter fund name | code no. | 1c | .00 |
| d. Enter fund name | code no. | 1d | .00 |
| 2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17 | Total Donations | 2 | .00 |



23816111555

Name(s) shown on Form IT-40PNR

Your Social Security Number

RAVITEJA BHAVIRISETTY

164 35 8082

Section 1: Residency Information

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2016. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

| State of Residence | Date From (MM/DD) | Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. |
|--------------------|-------------------|-----------------|--|
| IL | 01 01 2016 | 06 01 2016 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IN | 06 02 2016 | 12 31 2016 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Your information

| (a) State of Residence | (b) Date From (MM/DD) | (c) Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. |
|---------------------------|--------------------------|------------------------|--|
| 1A NJ | 01 01 2016 | 07 14 2016 | Yes No <input checked="" type="checkbox"/> |
| 1B IN | 07 15 2016 | 12 31 2016 | Yes <input checked="" type="checkbox"/> No |
| 1C | 2016 | 2016 | Yes No |
| 1D | 2016 | 2016 | Yes No |

Spouse's information if married filing jointly

| (a) State of Residence | (b) Date From (MM/DD) | (c) Date To (MM/DD) | Did you file a tax return with the state/country? Place "X" in appropriate box. |
|---------------------------|--------------------------|------------------------|--|
| 2A | 2016 | 2016 | Yes No |
| 2B | 2016 | 2016 | Yes No |
| 2C | 2016 | 2016 | Yes No |
| 2D | 2016 | 2016 | Yes No |

Turn over to complete Section 2



24016111555

Federal/State Adjustment Summary

2016

| | |
|--|---------------------------------------|
| Name as Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| Schedule C | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|-------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) _____

| Schedule E | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|-------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) _____

| Schedule F | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|-------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) _____

| Form 4835 | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) _____

Federal/State Adjustment Summary

2016

| | |
|--|---------------------------------------|
| Name as Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| Schedule K-1 Partnership | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|---------------------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . _____

| Schedule K-1 S Corporation | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|-----------------------------------|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) _____

| Schedule K-1 Estates & Trusts | (A) Fed Income/ Loss Before Passive and At-Risk Adj | (B) Depreciation Adjustment | (C) Other Adjustments | (D) State Inc/ Loss Before Passive and At-Risk Limit | (E) State Inc/ Loss After Passive and At-Risk Limit | (F) Federal Inc/ Loss After Passive and At-Risk Limit |
|--|--|--|------------------------------------|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) _____

| Form 2106 | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|------------------|--|--|------------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income _____
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation _____
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Adjustment Summary

2016

| | |
|--|---------------------------------------|
| Name as Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| Schedule A | | (C) Depreciation Adjustment | (D) Other Adjustments | (E) Total Adjustment (Column C + Column D) |
|-------------------|--|--|------------------------------------|---|
| Schedule A | | | | |

Total Schedule A Depreciation Adjustment (Sum of Column E) _____

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income _____
 Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation _____
 Depreciation Adjustment Included in Schedule A Subject to 2% Limitation _____

Asset Dispositions

| (A) Description of Asset Sold | | (B) If reported on, Ck Box: | | (C) Federal Gain/Loss | (D) Accumulated Depreciation | | (E) Gain Adjustment | (G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F) |
|---|-----------|--|--------------------------|------------------------------------|---|------------------------------------|----------------------------------|---|
| Date Acq | Date Sold | Form 6252 | Form 8824 | | (1) State | (F) Other Adjustments | | |
| | | 6252 | <input type="checkbox"/> | | | | | |
| | | 8824 | <input type="checkbox"/> | | | | | |
| | | 6252 | <input type="checkbox"/> | | | | | |
| | | 8824 | <input type="checkbox"/> | | | | | |
| | | 6252 | <input type="checkbox"/> | | | | | |
| | | 8824 | <input type="checkbox"/> | | | | | |
| | | 6252 | <input type="checkbox"/> | | | | | |
| | | 8824 | <input type="checkbox"/> | | | | | |

Passive/At-Risk/Other Adjustments _____
 Total Sale of Asset Adjustment _____

Section 179 Worksheet

2016

| | |
|--|---------------------------------------|
| Name as Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

| | | |
|--|----|--|
| 1 Federal taxable income computed for the Section 179 limitation | 1 | |
| State adjustments: | | |
| 2 Depreciation adjustment (without Section 179) | 2 | |
| 3 Section 1231 gain adjustment | 3 | |
| 4 Other additions or subtractions to taxable income | 4 | |
| 5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4) | 5 | |
| 6 Total Section 179 before limitation | 6 | |
| 7 Section 179 allowable, if different | 7 | |
| 8 Federal Section 179 allowed | 8 | |
| 9 State Section 179 adjustment | 9 | |
| 10 Carryover to next year | 10 | |

QuickZoom to Activity Worksheet ➔

| Form 2106 | P/Y Copy # | (A) Fed Total Section 179 Before Limitation | (B) Federal Net Section 179 After Limitation | (C) State Current Year Expense | (D) State Carryover From Prior Year | (E) State Total Section 179 Before Limitation |
|-----------|------------|--|---|-----------------------------------|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Form 2106 Section 179 Carryovers | (F) State Total Section 179 Before Limitation | (G) State Section 179 Allowed | (H) Carryover |
|----------------------------------|--|----------------------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total Form 2106 Section 179 Adjustment (Column B minus Column G) _____

Schedule A

| (A) Federal Total Section 179 Before Limitation | (B) Federal Net Section 179 After Limitation | (C) State Current Year Expense | (C) State Carryover From Prior Year | (D) State Total Section 179 Before Limitation | (E) State Section 179 Allowed | (F) State Section 179 Carryover To Next Year |
|--|---|-----------------------------------|--|--|----------------------------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule A Section 179 Adjustment (Column B minus Column E) _____

Indiana Information Worksheet

2016

▶ Keep for your records — **Do not file**

Part I – Personal Information

Taxpayer:

Last name BHAVIRISETTY
 Middle initial Suffix
 First name RAVITEJA
 Social security no. . . 164-35-8082
 Date of birth 02/14/1991
 Age as of 12-31-2016 or as of date of death . . . 25
 Date of death
 Daytime phone (512) 865-9388 *
 Home phone *

Spouse:

Last name
 Middle initial Suffix
 First name
 Social security no. . .
 Date of birth
 Age as of 12-31-2016 or as of date of death . . .
 Date of death
 Daytime phone *
 * Check a box to print phone number on the return

Address 653 WALTER WAY Apartment number . . D
 City WARSAW
 State IN ZIP/Postal code . . . 46580
 Foreign code Foreign country . .
 E-mail address where Indiana Dept. of Revenue can reach you (optional) . . .

County Information

Taxpayer

Spouse

County of **residence** on January 1, 2016 ▶ OOS - OTHER
 County of **employment** on January 1, 2016 ▶ OOS - OTHER
 » Put in county of residence if you were retired, unemployed or a homemaker on January 1, 2016

Part II – Main Form

- Form IT-40** - Full-Year Resident ▶
 Form IT-40PNR - Part-Year Resident ▶
 Form IT-40PNR - Nonresident ▶

IT-40PNR filers

- Enter IN residency dates . . . ▶
- Other state residency dates . . ▶
- Other state of residence . . . ▶

Nonresidents only

- Enter state of residence . . . ▶

| | Taxpayer | | Spouse | |
|-----------------------------------|---------------------|-------------------|---------------------|---------------------|
| | From | To | From | To |
| Enter IN residency dates . . . ▶ | <u>07/15/2016</u> | <u>12/31/2016</u> | <u> </u> | <u> </u> |
| Other state residency dates . . ▶ | <u>01/01/2016</u> | <u>07/14/2016</u> | <u> </u> | <u> </u> |
| Other state of residence . . . ▶ | <u>NJ</u> | | <u> </u> | <u> </u> |
| Enter state of residence . . . ▶ | <u> </u> | | <u> </u> | <u> </u> |

- Form IT-40RNR** - Reciprocal Nonresident (**KY, MI, OH, PA, WI only**) ▶
 State of residence ▶ **KY** **MI** **OH** **PA** **WI**

File IT-40RNR if your state of residence is KY, MI, OH, PA or WI **and** the only Indiana income is from wages, salaries, or tips **and** your Indiana credits are from state or county taxes withheld.

Important Do not use IT-40RNR if you had Indiana riverboat winnings. You must file Form IT-40PNR.

Part III – Filing Status

- Single or widowed
 Married filing joint return
 Married filing separate returns
 Taxpayer did not live with spouse **at any time** during the year.

Part IV – Farmer/Fisherman Information

- 2/3 of 2015 or 2016 gross income is from farming and fishing
 You checked the box above and will file the return and pay all tax due by March 1, 2017

Part V – Miscellaneous Information

Sch IN K-1 Recipient (Partner or Shareholder)

Check this box if you received Schedule IN K-1

QuickZoom to Sch IN K-1 Information Worksheet

Unified Tax Credit for the Elderly

File Form SC-40 to claim the elderly credit. Box is automatically checked if the taxpayer qualifies
File Form IT-40 or IT-40PNR instead of Form SC-40 to claim the elderly credit.

Yes No
I am filing a federal income tax return for 2016
I authorize the Indiana Dept of Revenue to discuss the return with my personal representative
If yes, complete information below.

Personal Representative

Name First name M.I. Last name Suffix
Address
City, state and zip code
Phone number

Part VI – Electronic Filing Information

Yes No
Do you want to use Federal PIN(s) to sign your Indiana electronic return?
Date Post Filing Coupon was given to client

Part VII – Direct Deposit Information

Yes No
Use direct deposit for state tax refund
Financial Institution name (optional) Digital Federal Credit Union
Account type Checking Savings
Routing number 211391825
Account number 40396780
Deposit Indiana tax refund to Hoosier Works MasterCard account.

International ACH Transactions

Yes No
Will the funds for this refund go to an account outside the U.S.?

Part VIII – Payment by Credit Card or Electronic Check (eCheck)

Balance due will be paid by credit card
Date of credit card payment
Balance due will be paid by eCheck
Date of eCheck payment

Part IX – Extension Status

Yes **No**

Has the tax return due date been extended by filing Indiana Form IT-9?

Has the tax return due date been extended by filing federal Form 4868?

Extended due date _____

QuickZoom to Form IT-9, Application for Automatic Extension of Time to File ▶ _____

Part X – Amended Return

You are filing an **Indiana amended return** (Form IT-40X)

Tax year you are amending _____ 2016

Previous Indiana payment made _____

Previous Indiana refund received _____

QuickZoom to Form IT-40X, Amended Individual Income Tax Return ▶ _____

Tax Payments Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name as Shown on Return Raviteja Bhavirisetty | Social Security Number 164-35-8082 |
|--|---------------------------------------|

| Tax Payments for the Current Year | Date | Payment |
|--|-------------|----------------|
| 1 First payment | | |
| 2 Second payment | | |
| 3 Third payment | | |
| 4 Fourth payment | | |
| Additional Payments | | |
| 5 a Payment | | |
| b Payment | | |
| c Payment | | |
| d Payment | | |
| e Payment | | |
| 6 Overpayment from previous year applied to current year | 6 | |
| 7 Amount paid with current year extension | 7 | |
| 8 Total tax payments | 8 | |

| Income Taxes Withheld for the Current Year | State | County |
|---|--------------|---------------|
| 9 Withholding on Forms W-2 | 949 . | 288 . |
| 10 Withholding on Forms W-2G | | |
| 11 Withholding on Forms 1099-R | | |
| 12 a Withholding on Forms 1099-MISC | | |
| b Withholding on Forms 1099-G | | |
| c Withholding on Forms 1099-K | | |
| 13 Other tax withholding | | |
| 14 Total income tax withheld | 949 . | 288 . |

| | | |
|---|-----------|--|
| 15 Date return will be filed and balance paid | 15 | |
|---|-----------|--|

► Keep for your records

Name(s) Shown on Return
Raviteja Bhavirisetty

Your Social Security Number
164-35-8082

Part I 2017 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:

- a 100% (110%) of **2016** taxes (default, see Tax Help) 916.
- b 100% of tax on **2017** estimated taxable income 896.
- c 90% of tax on **2017** estimated taxable income 807.
- d 66-2/3% of tax on **2017** estimated taxable income (farmers and fishermen) 598.
- e Equal to 100% of overpayment (no vouchers) 321.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a 2017 Required Annual Payment based on your choice above 916.
- b Estimated 2017 credits PLUS state and county income tax withholding 1,237.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$1,000 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available 321.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply ►
- f Amount applied to 2017 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 321.

Part III Rounding and Printing Options

1 Select rounding option:

- a ◀ Round up to next \$1
- b ◀ Round up to next \$10
- c ◀ Round up to next \$100
- d ◀ Round to nearest \$1

2 Select voucher printing option:

- a ◀ Print (per Part I, lines 3a - c)
- b ◀ Print only name, etc.
- c ◀ Do **not** print vouchers

3 Select first quarter payment option:

- ◀ Form IT-40ES voucher (default)
- ◀ Form IT-40 or IT-40PNR (if Part II, Box 2d is checked)

Part IV Estimated Tax Payment Summary

| | 1 Apr 18, 2017 | 2 Jun 15, 2017 | 3 Sep 15, 2017 | 4 Jan 16, 2018 | Total |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 1 If you have already made payments, enter amounts. . . | | | | | |
| 2 Payment due next (e.g., if it's now May 1, 2017, check col. 2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Required payment. | | | | | |
| 4 Overpayment applied | | | | | |
| 5 Net payment due | | | | | |
| 6 Voucher amounts | | | | | |
| QuickZoom to voucher. ► | | | | | |

Part V Changes to Income, Deductions and Withholding for 2017

- 2016 income and deductions are shown in the '2016 Actual' column below.
- For each line in '2017 Estimated' column, enter estimated 2017 amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line.

| | 2016 Actual | 2017 Estimated |
|---|-------------|----------------|
| 1 Federal adjusted gross income | 28,750. | |
| 2 Additions to federal adjusted gross income | | |
| 3 Deductions from federal adjusted gross income | | |
| 4 Indiana adjusted gross income | 28,750. | |
| 5 a State tax withheld | 949. | |
| b County tax withheld | 288. | |
| c Total state and county tax withholding (line 5a plus line 5b) | 1,237. | |
| 6 Indiana credits | | |

Part VI Filing Status, Residency and Personal Exemptions for 2017

- 1 2017 filing status:
 Single Married filing jointly
 Married filing separately Head of Household Qualifying widow(er)
- 2 2017 residency status:
 Taxpayer Resident Nonresident
 Spouse Resident Nonresident
- 3 Enter county of residence as of Jan 1, 2017 (if the resident box is marked on line 2) or enter county of employment as of Jan 1, 2017 (if the nonresident box is marked on line 2):
 Taxpayer OUT-OF-STATE
 Spouse _____
- 4 Total number of exemptions claimed on federal return 1
- 5 Total number of additional exemptions for certain dependent children _____
- 6 Check box(es) below if, by December 31, 2017
 Taxpayer is 65 or older and/or Blind
 Spouse is 65 or older and/or Blind
 Number of exemptions for 65 or older, or blind _____
- 7 Check box(es) below if
 Taxpayer is 65 or older and 2017 federal adjusted gross income less than \$40,000
 Spouse is 65 or older and 2017 federal adjusted gross income less than \$40,000
 Number of exemptions for 65 or older with federal adjusted gross income less than \$40,000 _____

Part VII Estimated Taxable Income and Tax for 2017

| | Column A Spouse | Column B Taxpayer or Joint |
|--|--------------------|----------------------------------|
| <input type="checkbox"/> Check if filing a joint return in 2017 and on January 1, 2017 taxpayer and spouse anticipate living in different counties (or working in different counties if both are nonresidents). Be sure to complete Column A if this box is checked. | | |
| 1 Estimated Indiana adjusted gross income | | 28,750. |
| 2 Total exemption amount. | | 1,000. |
| 3 Amount subject to Indiana income tax (line 1 minus line 2) | | 27,750. |
| 4 a County tax rate. | | 0.0000000 |
| b County income tax due (line 3 times county tax rate above) | | 0. |
| 5 State income tax due (line 3 times .0323) | | 896. |
| 6 Total state and county tax due for 2017 (line 4b plus line 5) | | 896. |
| 7 Total anticipated credits (including 2017 state and county income tax withheld) | | 1,237. |
| 8 Total estimated tax due (line 6 minus line 7) | | 0. |

Tax Summary
 ▶ Keep for your records

2016

| | |
|---|---------|
| Name(s) Raviteja Bhavirisetty | |
| Indiana total income | 28,750. |
| Indiana deductions | |
| Indiana adjusted gross income | 28,750. |
| Exemptions | 1,000. |
| Indiana taxable income | 27,750. |
| State tax | 916. |
| County tax | 0. |
| Other taxes | |
| Total tax | 916. |
| State tax withheld | 949. |
| County tax withheld | 288. |
| Estimated tax paid for 2016 | |
| Total Indiana payments and credits | 1,237. |
| Overpayment | 321. |
| Contributions | |
| Amount applied to 2017 estimated tax | |
| Penalties and interest | |
| Refund | 321. |
| Amount due | |