

1040	Federal Return Summary	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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Tax Form 1040
 Tax Method Used Qual Div Cap Gain Wrk

Filing Status MFJ
 Dependents 2
 Healthcare Full-year coverage

Income

Salaries & wages	162,420
Taxable interest income	211
Tax exempt interest	
Dividend income	184
Qualified dividends	176
Taxable state/local refunds	165
Alimony received	
Business income/-loss	109,504
Capital gain/-loss	3,501
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	275,985

Adjustments

Moving expenses	
Deductible part of self-employment tax	1,467
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	1,467
Adjusted gross income	274,518

Deductions

Medical and Dental expenses	
Taxes paid	22,314
Interest paid	17,669
Charitable contributions	1,000
Other itemized deductions	
Total allowable itemized deductions	40,983
or, Standard deduction	
Exemption amount	16,200
Taxable income	217,335

Tax Computation

Regular tax	47,555
Alternative minimum tax	3,072
Excess advance premium tax credit	
Total tax before credits	50,627
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	50,627
Self-employment tax	2,933
Additional tax on IRAs, etc.	
Other taxes	294
Total tax	53,854

Payments

Federal income tax withheld	39,136
Estimated payments	
Other payments/credits	
Total payments	39,136

Refund/Amount Due

Amount overpaid	
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	14,718
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	14,718

2018 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income *	28.0	%
Marginal tax rate - Capital income*	15.0	%
Effective tax rate	25.0	%

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

**Imtiaz Ahmad CPA, Inc.
39055 Hastings St Ste 211
Fremont, CA 94538-1518
510-797-1449**

March 7, 2018

CONFIDENTIAL

SHAILESH D & MADHURI KUMARI JHA
35783 CABRAL DR
FREMONT, CA 94536

For professional services rendered in connection with the preparation of your 2017 individual tax return:

Amount due \$ 350.00

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2017

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

Department of the Treasury
Internal Revenue Service

Submission Identification Number (SID) ▶

Taxpayer's name SHAILESH D JHA		Social security number 623-55-5153
Spouse's name MADHURI KUMARI JHA		Spouse's social security number 210-79-2226

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

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	274,518
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	53,854
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	39,136
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	14,718

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

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

Taxpayer's PIN: check one box only

- I authorize **Imtiaz Ahmad CPA, Inc.** to enter or generate my PIN **45941** as my signature on my tax year 2017 electronically filed income tax return. ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ **Signed. Retain for your records.** Date ▶ **03/04/18**

Spouse's PIN: check one box only

- I authorize **Imtiaz Ahmad CPA, Inc.** to enter or generate my PIN **45940** as my signature on my tax year 2017 electronically filed income tax return. ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ **Signed. Retain for your records.** Date ▶ **03/04/18**

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. *****
Don't enter all zeros

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

ERO's signature ▶ **IMTIAZ AHMAD** Date ▶ **03/04/18**

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

Taxpayer Name SHAILESH D JHA
 Spouse Name MADHURI KUMARI JHA

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

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

ERO's PIN *****

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

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

Date (all numerics) 03/04/18

Taxpayer's PIN (enter five numbers, other than all zeroes) 45941

Spouse's PIN (enter five numbers, other than all zeroes) 45940

Form 1310 Signature and Verification

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

Signature of person claiming refund

Date

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2017** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial **SHAILESH D** Last name **JHA** Your social security number **623-55-5153**

If a joint return, spouse's first name and initial **MADHURI KUMARI** Last name **JHA** Spouse's social security number **210-79-2226**

Home address (number and street). If you have a P.O. box, see instructions. **35783 CABRAL DR** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **FREMONT CA 94536** **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. You Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) (see instructions) **3** Married filing separately. Enter spouse's SSN above and full name here. **Check only one box.**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **2**
 b Spouse } No. of children on 6c who:
 • lived with you **2**
 • did not live with you due to divorce or separation (see instructions)
 c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qual. for child tax credit (see instr.)
SMRITI JHA 701-94-2480 Daughter
PRAGYA JHA 634-13-5230 Daughter
 If more than four dependents, see instructions and check here
 d Total number of exemptions claimed **4** Add numbers on lines above **4**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 162,420**
 8a Taxable interest. Attach Schedule B if required **8a 211**
 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. b Tax-exempt interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a 184**
 b Qualified dividends **9b 176**
 10 Taxable refunds, credits, or offsets of state and local income taxes **10 165**
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ **12 109,504**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13 3,501**
 14 Other gains or (losses). Attach Form 4797 **14**
 15a IRA distributions **15a** b Taxable amount **15b**
 16a Pensions and annuities **16a** b Taxable amount **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F **18**
 19 Unemployment compensation **19**
 20a Social security benefits **20a** b Taxable amount **20b**
 21 Other income. List type and amount **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 275,985**

Adjusted Gross Income 23 Educator expenses **23**
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
 25 Health savings account deduction. Attach Form 8889 **25**
 26 Moving expenses. Attach Form 3903 **26**
 27 Deductible part of self-employment tax. Attach Schedule SE **27 1,467**
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid b Recipient's SSN **31a**
 32 IRA deduction **32**
 33 Student loan interest deduction **33**
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36 1,467**
 37 Subtract line 36 from line 22. This is your adjusted gross income **37 274,518**

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	274,518
	39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	40,983
	41	Subtract line 40 from line 38	41	233,535
	42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	217,335
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	47,555
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	3,072
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	47	Add lines 44, 45, and 46	47	50,627
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	50,627

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	2,933
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	294
	63	Add lines 56 through 62. This is your total tax	63	53,854
	64	Federal income tax withheld from Forms W-2 and 1099	64	39,136
	65	2017 estimated tax payments and amount applied from 2016 return	65	

Payments If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	39,136

Refund Direct deposit? See instructions.	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
	b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number <input type="text"/>		
	77	Amount of line 75 you want applied to your 2018 estimated tax	77	
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	14,718
	79	Estimated tax penalty (see instructions)	79	

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

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

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

Your signature Date Your occupation **SOFTWARE ENGINEER** Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Print/Type preparer's name **IMTIAZ AHMAD** Preparer's signature **IMTIAZ AHMAD** Date **03/07/18** Check if self-employed PTIN *********

Preparer Use Only Firm's name **Imtiaz Ahmad CPA, Inc.** Firm's EIN ****--***4515**

Firm's address **39055 Hastings St Ste 211 Fremont CA 94538-1518** Phone no. **510-797-1449**

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

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

▶ Attach to Form 1040.

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

Department of the Treasury
Internal Revenue Service

(99)

Name(s) shown on Form 1040

Your social security number

SHAILESH D & MADHURI KUMARI JHA

623-55-5153

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (0.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	14,550		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	7,338		
7	Personal property taxes	7	426		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8			9	22,314
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	17,669
Note: Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. See instructions.		14	
		15 Add lines 10 through 14		15	17,669
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	500
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	500
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	1,000
Casualty and Theft Losses		20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ▶		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38		25	
		26 Multiply line 25 by 2% (0.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$156,900?		29	40,983
		<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2017

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

2017

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor **SHAILESH D JHA** Social security number (SSN) **623-55-5153**

A Principal business or profession, including product or service (see instructions)
IT CONSULTING **B** Enter code from instructions
▶ **541600**

C Business name. If no separate business name, leave blank. **D** Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **35783 CABRAL DR**
City, town or post office, state, and ZIP code **FREMONT CA 94536**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here ▶ Yes No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	124,400
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	124,400
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	124,400
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	124,400

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	35
9 Car and truck expenses (see instructions)	9	2,943	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	267	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	755
17 Legal and professional services	17	200	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	962
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **5,162**

29 Tentative profit or (loss). Subtract line 28 from line 7 **119,238**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 **9,734**

31 **Net profit or (loss).** Subtract line 30 from line 29. **109,504**

- If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, (or **Form 1040NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

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

2017
Attachment
Sequence No. **12**

Name(s) shown on return

SHAILESH D & MADHURI KUMARI JHA

Your social security number

623-55-5153

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	30,392	28,132	0	2,260
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6 ()	
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	2,260

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	5,961	5,063	0	898
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	343
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14 ()	
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	1,241

For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	16	3,501
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)] <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	()
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2017

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

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

SHAILESH D & MADHURI KUMARI JHA

623-55-5153

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	180.932 sh MCKESSON CORP	Various	Various	30,392	28,033	B	0	2,359
	LENDING CLUB			0	74			-74
	LENDING CLUB			0	25			-25
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				30,392	28,132		0	2,260

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

SHAILESH D & MADHURI KUMARI JHA

623-55-5153

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
		04/29/16	06/26/17	5,961	5,063			898
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			5,961	5,063		0	898

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

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) SHAILESH D JHA	Social security number of person with self-employment income ▶	623-55-5153
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Section B — Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ▶ <input type="checkbox"/>		
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)	2	109,504
3 Combine lines 1a, 1b, and 2	3	109,504
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	101,127
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	101,127
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0
6 Add lines 4c and 5b	6	101,127
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2017	7	127,200
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$127,200 or more, skip lines 8b through 10, and go to line 11	8a	127,200
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	2,933
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	2,933
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	1,467

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$7,800, or (b) your net farm profits ² were less than \$5,631.		
14 Maximum income for optional methods	14	5,200
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,631 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **6251**

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

▶ Go to www.irs.gov/Form6251 for instructions and the latest information.

2017

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

SHAILESH D & MADHURI KUMARI JHA

623-55-5153

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	233,535
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	22,314
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	0
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$156,900 or less, enter -0-. Otherwise, see instructions	6	()
7	Tax refund from Form 1040, line 10 or line 21	7	165
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	0
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$249,450 see instructions.)	28	255,684

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .		
	Single or head of household \$120,700 \$54,300	}	
	Married filing jointly or qualifying widow(er) 160,900 84,500		
	Married filing separately 80,450 42,250		
	If line 28 is over the amount shown above for your filing status, see instructions.	29	60,804
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	194,880
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. • All others: If line 30 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result.	}	
		31	50,627
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	50,627
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	47,555
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	3,072

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **6251** (2017)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	194,880
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	1,417
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	1,417
40	Enter the smaller of line 36 or line 39	40	1,417
41	Subtract line 40 from line 36	41	193,463
42	If line 41 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	42	50,414
43	Enter: <ul style="list-style-type: none"> • \$75,900 if married filing jointly or qualifying widow(er), • \$37,950 if single or married filing separately, or • \$50,800 if head of household. 	43	75,900
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	215,918
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0
46	Enter the smaller of line 36 or line 37	46	1,417
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	1,417
49	Enter: <ul style="list-style-type: none"> • \$418,400 if single • \$235,350 if married filing separately • \$470,700 if married filing jointly or qualifying widow(er) • \$444,550 if head of household 	49	470,700
50	Enter the amount from line 45	50	0
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	215,918
52	Add line 50 and line 51	52	215,918
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	254,782
54	Enter the smaller of line 48 or line 53	54	1,417
55	Multiply line 54 by 15% (0.15)	55	213
56	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56	1,417
57	Subtract line 56 from line 46	57	0
58	Multiply line 57 by 20% (0.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	58	
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25)	61	
62	Add lines 42, 55, 58, and 61	62	50,627
63	If line 36 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	63	50,810
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	50,627

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

2017

Attachment Sequence No. **52**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

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

**SHAILESH D JHA
MADHURI KUMARI JHA**

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

623-55-5153

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

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

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

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

14a	Total distributions you received in 2017 from all HSAs (see instructions)	14a	125
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	125
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	125
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	▶	<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8889** (2017)

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

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

Additional Medicare Tax

Department of the Treasury
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

2017

Attachment
Sequence No. **71**

Name(s) shown on return

SHAILESH D & MADHURI KUMARI JHA

Your social security number

623-55-5153

Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	165,886	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	165,886	
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000	
6 Subtract line 5 from line 4. If zero or less, enter -0-	6		0
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	101,127	
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000	
10 Enter the amount from line 4	10	165,886	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	84,114	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		17,013
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		153

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15	250,000	
16 Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		153
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	2,405	
20 Enter the amount from line 1	20	165,886	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	2,405	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960**

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

OMB No. 1545-2227

2017

Attachment
Sequence No. **72**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Your social security number or EIN
623-55-5153

SHAILESH D & MADHURI KUMARI JHA

Part I Investment Income

- Section 6013(g) election (see instructions)
- Section 6013(h) election (see instructions)
- Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	211
2	Ordinary dividends (see instructions)	2	184
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	3,501
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	3,501
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	3,896

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	192
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	192
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	192

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-	12	3,704
13	Modified adjusted gross income (see instructions)	13	274,518
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	24,518
16	Enter the smaller of line 12 or line 15	16	3,704
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)	17	141
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)	21	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8960** (2017)

Form **8829**

Expenses for Business Use of Your Home

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**
▶ **Go to www.irs.gov/Form8829 for instructions and the latest information.**

2017
Attachment Sequence No. **176**

Name(s) of proprietor(s)

SHAILESH D JHA

Your social security number

623-55-5153

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	300
2	Total area of home	2	1740
3	Divide line 1 by line 2. Enter the result as a percentage	3	17.24 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	17.24 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8	119,238
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	21,350
11	Real estate taxes (see instructions)	11	8,866
12	Add lines 9, 10, and 11	12	30,216
13	Multiply line 12, column (b), by line 7	13	5,209
14	Add line 12, column (a), and line 13	14	5,209
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	114,029
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	748
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	5,500
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	6,248
23	Multiply line 22, column (b), by line 7	23	1,077
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	1,077
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	1,077
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	112,952
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	3,448
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	3,448
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	3,448
33	Add lines 14, 26, and 32	33	9,734
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	9,734

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	550,000
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	550,000
39	Business basis of building. Multiply line 38 by line 7	39	94,820
40	Depreciation percentage (see instructions)	40	3.6360 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	3,448

Part IV Carryover of Unallowed Expenses to 2018

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2017
 Attachment Sequence No. **179**

▶ Attach to your tax return.
 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return **SHAILESH D & MADHURI KUMARI JHA** Identifying number **623-55-5153**

Business or activity to which this form relates
IT CONSULTING

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	223
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		222	5.0	HY	200DB	44
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	267
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
AUTO 01/01/16 36.67% S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 5,500
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven 9,500
33 Total miles driven during the year. Add lines 30 through 32 15,000
34 Was the vehicle available for personal use during off-duty hours? [X] Yes [] No
35 Was the vehicle used primarily by a more than 5% owner or related person? [X] Yes [] No
36 Is another vehicle available for personal use? [X] Yes [] No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? [] Yes [X] No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners [] Yes [X] No
39 Do you treat all use of vehicles by employees as personal use? [] Yes [X] No
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? [] Yes [X] No
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) [] Yes [X] No
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):
43 Amortization of costs that began before your 2017 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 1040	Auto Worksheet	2017
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Name **SHAILESH D & MADHURI KUMARI JHA** Taxpayer Identification Number **623-55-5153**

Description **IT CONSULTING** Form/Schedule **C** Unit number **1**

	Asset Listing Number	Date	Description
Vehicle 1	1	01/01/16	AUTO
Vehicle 2			
Vehicle 3			
Vehicle 4			

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
General Information				
1. Total mileage	15,000			
2. Business miles (53.5 cents per mile)	5,500			
3. Commuting mileage				
4. Other mileage	9,500			
5. Business use percentage	36.67 %			

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Actual Expenses				
6. Parking fees and tolls				
7 a. Gasoline				
b. Oil				
c. Repairs				
d. Maintenance				
e. Tires				
f. Car washes				
g. Insurance				
h. Interest				
i. Registration				
j. Licenses				
k. Property taxes				
l. Other vehicle expenses				
m. Vehicle rentals (net of inclusion amount)				
8. Total expenses. Add lines 7a - 7m				
9. Business use percentage from line 5	36.67 %			
10. Business use portion of actual expenses				
11. Depreciation				
12. Total actual expense allowable. Add lines 6, 10 and 11				

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Standard Mileage Rate Method				
13. Business mileage (line 2) multiplied by applicable rate	2,943			
14. Parking fees and tolls from line 6				
15. Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16. Standard mileage rate	2,943			

Allowable Deduction	Vehicle expense 2,943	Vehicle rentals	Vehicle depreciation	Total allowable deduction 2,943
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Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2017
Name SHAILESH D & MADHURI KUMARI JHA		Taxpayer Identification Number 623-55-5153

1. Enter the amount from Form 1040, line 43. However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets	1.	<u>217,335</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>176</u>
3. Are you filing Schedule D?*		
<input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	▶ 3.	<u>1,241</u>
<input type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	<u>1,417</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>0</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>1,417</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>215,918</u>
8. Enter:		
\$37,950 if single or married filing separately,		
\$75,900 if married filing jointly or qualifying widow(er),	▶ 8.	<u>75,900</u>
\$50,800 if head of household.		
9. Enter the smaller of line 1 or line 8	9.	<u>75,900</u>
10. Enter the smaller of line 7 or line 9	10.	<u>75,900</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0</u>
12. Enter the smaller of line 1 or line 6	12.	<u>1,417</u>
13. Enter the amount from line 11	13.	<u>0</u>
14. Subtract line 13 from line 12	14.	<u>1,417</u>
15. Enter:		
\$418,400 if single,		
\$235,350 if married filing separately,	▶ 15.	<u>470,700</u>
\$470,700 if married filing jointly or qualifying widow(er),		
\$444,550 if head of household.		
16. Enter the smaller of line 1 or line 15	16.	<u>217,335</u>
17. Add lines 7 and 11	17.	<u>215,918</u>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>1,417</u>
19. Enter the smaller of line 14 or line 18	19.	<u>1,417</u>
20. Multiply line 19 by 15% (0.15)	20.	<u>213</u>
21. Add lines 11 and 19	21.	<u>1,417</u>
22. Subtract line 21 from line 12	22.	<u>0</u>
23. Multiply line 22 by 20% (0.20)	23.	<u>0</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 tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>47,342</u>
25. Add lines 20, 23, and 24	25.	<u>47,555</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 tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>47,738</u>
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)	27.	<u>47,555</u>

*If you are filing Form 2555 or 2555-EZ, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form 1040	General Sales Tax Deduction Worksheet	2017
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Name as shown on return SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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State of California	Locality of
-------------------------------	-------------

General Sales Tax from IRS Tables

- | | | |
|---|----|-----------------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 38 | 1. | <u>274,518</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | <u> </u> |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2017 | 3. | <u>6</u> |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>274,524</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9 | 5. | <u>1,937</u> |
| 6. Enter the number of days of residence in state | 6. | <u> </u> |
| 7. Total days in year | 7. | <u>365</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | <u> </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>1,937</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|-----------------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | <u> </u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi (city of Jackson or Tupelo only), Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | <u> </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | <u> </u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | <u> </u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | <u> </u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 | 15. | <u> </u> |
| 16. Enter the number of days of residence in locality | 16. | <u> </u> |
| 17. Total days in year | 17. | <u>365</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | <u> </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | <u> </u> |

General Sales Tax Summary

- | | | |
|---|-----|-----------------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>1,937</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | <u> </u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>1,937</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | <u> </u> |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>1,937</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) | 25. | <u> </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>1,937</u> |
| 27. Enter total state and local income taxes paid | 27. | <u>14,550</u> |

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form 1040	AMT Schedule D Tax Worksheet	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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NOTE: All forms referenced below refer to the AMT versions

1. Enter the amount from Form 6251, line 30. (However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter instead the amount from line 3 of the AMT Foreign Earned Income Tax Worksheet in the instructions for Form 6251) **1. 194,880**
2. Enter your qualified dividends from Form 1040, line 9b (or Form 1040NR, line 10b) **2. 176**
3. Form 4952, line 4g amount **3. _____**
4. Form 4952, line 4e amount **4. _____**
5. Subtract line 4 from line 3. If zero or less, enter -0- **5. 0**
6. Subtract line 5 from line 2. If zero or less, enter -0- **6. 176**
7. Enter the **smaller** of line 15 or line 16 of Schedule D **7. 1,241**
8. Enter the **smaller** of line 3 or line 4 **8. _____**
9. Subtract line 8 from line 7. If zero or less, enter -0- **9. 1,241**
10. Add lines 6 and 9 **10. 1,417**
11. Add the AMT 28% Rate Capital Gain and the AMT Unrecaptured Section 1250 Gain **11. _____**
12. Enter the **smaller** of line 9 or line 11 **12. _____**
13. Subtract line 12 from line 10. Enter the result here and on Form 6251, line 37 **13. 1,417**

Form 1040	AMT Disposition of Property/Exemption Worksheets	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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Form 6251, Line 17 - Disposition of Property (difference between AMT and Regular Tax Gain or Loss)

1. Enter the amount of the AMT ordinary gain(loss) calculated on line 17 of AMT 4797	1.	
2. Enter the amount of ordinary gain(loss) calculated on Form 4797, line 17	2.	
3. Subtract line 2 from line 1. This is the adjustment from the disposition of ordinary income property.	3.	0
4. Enter the amount of the AMT taxable gain(loss) calculated on the AMT Sch D	4.	3,501
5. Enter the amount of the taxable capital gain(loss) reported 1040 line 13	5.	3,501
6. Subtract line 5 from line 4. This is the adjustment from the disposition of capital income property.	6.	0
7. Add lines 3 and 6. This is the difference between AMT and regular tax gain or loss. Enter the disposition of property adjustment on Form 6251 line 17	7.	0

Form 6251, Line 29 - Exemption Worksheet

1. Enter \$54,300 if single or head of household; \$84,500 if married filing jointly or qualifying widow(er); \$42,250 if married filing separately	1.	84,500
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 28	2.	255,684
3. Enter \$120,700 if single or head of household; \$160,900 if married filing jointly or qualifying widow(er); \$80,450 if married filing separately	3.	160,900
4. Subtract line 3 from line 2. If zero or less, enter -0-	4.	94,784
5. Multiply line 4 by 25% (.25)	5.	23,696
6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under Certain Children Under Age 24 apply to you, complete lines 7 through 10. Otherwise, stop here and enter this amount on Form 6251, line 29, and go to Form 6251, line 30	6.	60,804
7. Minimum exemption amount for certain children under age 24	7.	
8. Enter your earned income , if any. See instructions	8.	
9. Add lines 7 and 8	9.	
10. Enter the smaller of line 6 or line 9 here and on Form 6251, line 29, and go to Form 6251, line 30	10.	

Form 1040	Form 8960 - Net Investment Income Worksheet 3	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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Form 8960, Lines 9 and 10, State income tax and Miscellaneous expenses allocable to investment income

1. State and local income taxes	See Stmt	1.	<u>13,552</u>
2. Tax preparation fees		2.	
3. Investment income, Form 8960 line 8	3. <u>3,896</u>		
4. Adjusted gross income	4. <u>274,518</u>		
5. Divide line 3 by line 4	5. <u>0.0142</u>		
6. State and local tax allocable to net investment income (Multiply line 1 by line 5)		6.	<u>192</u>
7. Tax preparation fees allocable to net investment income (Multiply line 2 by line 5)		7.	
Application of limitation under section 67			
8. Miscellaneous expenses allocable to net investment income		8.	
9. Total miscellaneous expenses (line 7 plus line 8)	9. _____		
10. Enter the limited miscellaneous deductions from line 27, Schedule A	10. _____		
11. If line 10 is less than line 9, divide line 10 by line 9. Else, enter 1.00	11. <u>1.000</u>		
12. 8960 line 9c, Miscellaneous expenses after Sec 67 (Miscellaneous expenses from line 8 multiplied by line 11)		12.	
13. 8960 line 10, Additional modifications after Sec 67 (Tax preparation fees from line 7 multiplied by line 11)		13.	<u>0</u>
Application of limitation under section 68			
14. Total of misc expenses after Sec 67 (line 12 + line 13)		14.	
15. State and local taxes allocable to net investment income (line 6)		15.	<u>192</u>
16. Other itemized deductions		16.	
17. Total		17.	<u>192</u>
18. Enter the total itemized deductions from line 29, Schedule A	18. <u>40,983</u>		
19. Deductions not subject to limitation under section 68	19. _____		
20. Subtract line 19 from line 18. If zero or less, stop here . No deductions are allowed.		20.	<u>40,983</u>
21. If line 20 is less than line 17, divide line 20 by line 17. Else enter 1.00		21.	<u>1.000</u>
22. Form 8960 line 9b, State income tax (line 15 multiplied by line 21)		22.	<u>192</u>
23. Form 8960 line 9c, Miscellaneous investment expense (line 12 multiplied by line 21)		23.	
24. Form 8960 line 10, Additional modifications (lines 13 and 16 multiplied by line 21)		24.	

Form 8960, Line 5c, Adjustment from disposition of partnership interest or S corporation stock

1. Amount of net gain from the disposition of a partnership or S corporation to which section 1411(c)(4)(A) applies	1. _____		
2. Amount of net gain included in net investment income after application of Regulations section 1.1411-7 (But not more than line 1)	2. _____		
3. Enter the difference between line 1 and line 2 (Enter as a negative number)		3.	
4. Amount of net loss from the disposition of a partnership or S corporation to which section 1411(c)(4)(A) applies	4. _____		
5. Amount of net loss included in net investment income after application of Regulations section 1.1411-7 (But not more than line 4)	5. _____		
6. Enter the difference between line 4 and line 5		6.	
7. Amount of net gain attributable to payments received on an installment sale obligation that was attributable to the disposition of a partnership or S corporation in a prior year	7. _____		
8. Amount of net gain attributable to installment sale obligations after application of Regulations section 1.1411-7 (But not more than line 7)	8. _____		
9. Enter the difference between line 7 and line 8 (Enter as a negative number)		9.	
10. Total adjustment from disposition of partnership interest or S corporation stock (Sum of lines 3, 6, and 9) This is the amount reported on Form 8960 line 5c		10.	

Form 1040	Net Earnings from Self-Employment Worksheet	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F	_____	_____
Farm Partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from farm partnerships	(_____)	(_____)
Amortization from farm partnerships	(_____)	(_____)
Depreciation & Section 179 from farm partnerships	(_____)	(_____)
Depletion from farm partnerships	(_____)	(_____)
Other expenses from farm partnerships	(_____)	(_____)
Home office expenses from farm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from farm partnerships	(_____)	(_____)
Debt financed acquisition interest from farm partnerships	(_____)	(_____)
Farm adjustment to SE Income	_____	_____
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code Z - Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	109,504	_____
Nonfarm partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from nonfarm partnerships	(_____)	(_____)
Amortization from nonfarm partnerships	(_____)	(_____)
Depreciation & section 179 from nonfarm partnerships	(_____)	(_____)
Depletion from nonfarm partnerships	(_____)	(_____)
Other expenses from nonfarm partnerships	(_____)	(_____)
Home office expenses from nonfarm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from nonfarm partnerships	(_____)	(_____)
Debt financed acquisition interest from nonfarm partnerships	(_____)	(_____)
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	(_____)	(_____)
Nonfarm adjustment to SE income	_____	_____
Self-employment income reported as other income	_____	_____
Self-employment income from contracts and straddles	_____	_____
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)	_____	_____
Net nonfarm profit or (loss) - Schedule SE line 2	109,504	0
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	(_____)	(_____)
Earnings while debtor in a chapter 11 bankruptcy case	_____	_____
Taxable community property income/-loss	_____	_____
Exempt community property income/-loss	(_____)	(_____)
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	109,504	0
Church employee income - Schedule SE, Page 2 line 5a	_____	_____

Form 1040	Tax Refund Worksheets	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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	2016	2015	2014
1. State and local tax refunds	1. <u>165</u>		
2a. State and local tax refunds with no tax benefit derived	2a. _____		
2b. Sales tax benefit reduction	2b. _____		
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. <u>165</u>		
4. Total itemized deductions from Schedule A	4. <u>38,828</u>		
5. Standard deduction	5. <u>12,600</u>		
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. <u>26,228</u>		
7. Enter the smaller of line 3 or line 6	7. <u>165</u>		
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	8. <u>139,653</u>		
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	9. <u>165</u>		
● 0 or more, enter the amount from line 7.			
● A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2016	2015	2014
1. State and local tax refunds subject to phase-out	1. _____		
2a. State and local tax refunds with no tax benefit derived	2a. _____		
2b. Sales tax benefit reduction	2b. _____		
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. _____		
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income	4. _____		
5. AGI threshold	5. _____		
6. Line 4 minus line 5	6. _____		
7. Itemized deductions before phase-out	7. _____		
8. Itemized deductions subject to phase-out	8. _____		
9. Multiply line 6 by 3% (.03)	9. _____		
10. Multiply line 8 by 80% (.80)	10. _____		
11. Phase-out (smaller of line 9 or line 10)	11. _____		
12. Allowable itemized deductions (line 7 minus line 11)	12. _____		
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)	13. _____		
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14. _____		
15. Multiply line 14 by 80% (.80)	15. _____		
16. Adjusted phase-out (smaller of line 9 or 15)	16. _____		
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17. _____		
18. Standard deduction	18. _____		
19. Enter the larger of line 17 or line 18	19. _____		
20. Line 12 minus line 19	20. _____		
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	21. _____		
22. Enter the following amount to include on Form 1040, line 10: If line 21 is:	22. _____		
● 0 or more, enter the amount from line 20.			
● A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

Federal Statements

Form 1040. Dividend Income

Payer	Ordinary Dividends	Qualified Dividends
FIDELITY	\$ 7	\$ 7
FIDELITY INVESTMENTS	177	169
Total	\$ <u>184</u>	\$ <u>176</u>

Capital Gain Distributions

Payer	Capital Gain Distribution
FIDELITY	\$ <u>343</u>
Total	\$ <u>343</u>

Federal Statements

Schedule A, Line 5 - State and Local Taxes

Description	Amount
State Withholding on W-2s	\$ 13,552
State Disability Fund W/H	998
Total Income Taxes*	<u>14,550</u>
General Sales Tax	1,937
Total Sales Taxes	<u>1,937</u>

*Income taxes are being deducted

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
NonBus RE Tax - Form 8829	\$ 7,338
Total	<u>\$ 7,338</u>

Schedule A, Line 7 - Personal Property Taxes

Description	Amount
AUTO REGISTRATION	\$ 426
Total	<u>\$ 426</u>

Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098

Description	Amount
BANK OF AMERICA	\$
CASH CALL	
CASH CALL	
Mort Int from 8829 Form/Wrkst	17,669
Total	<u>\$ 17,669</u>

Schedule A, Line 16 - Charitable Contributions by Cash or Check

Description	Amount
Cash Contributions	\$ 500
Total	<u>\$ 500</u>

Federal Statements

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Form 8829, Line 10 - Indirect Deductible Mortgage Interest and Qualified Mortgage Insurance

<u>Description</u>	<u>Amount</u>
Mortgage interest (8829, C, 1)	\$ 21,350
Total	\$ 21,350

IT CONSULTING

Form 8829, Line 11 - Indirect Real Estate Taxes

<u>Description</u>	<u>Amount</u>
Real estate taxes (8829, C, 1)	\$ 8,866
Total	\$ 8,866

IT CONSULTING

Form 8829, Line 17 - Indirect Insurance

<u>Description</u>	<u>Amount</u>
Insurance (8829, C, 1)	\$ 748
Total	\$ 748

Form 8960 - Net Investment Income Worksheet 3 - State and Local Income Taxes

<u>Description</u>	<u>Amount</u>
State Withholding on W-2s	\$ <u>13,552</u>
Total	\$ <u><u>13,552</u></u>

Amount Allocated to Tax Paid in the Following Year

<u>Description</u>		<u>Amount</u>
CA		
1.	2016 payment paid in 2017	\$ 0
2.	2016 extension paid in 2017	0
3.	2016 additional payment paid in 2017	0
4.	Total 2016 payments paid in 2017 (sum of lines 1 through 3)	0
5.	Total payments on the 2016 return	9,535
6.	Total 2016 overpayment/refund	<u>165</u>
7.	2016 refund attributable to tax paid in 2017 (Line 4 divided by line 5 multiplied by line 6)	\$ 0
8.	State/local tax refund (line 6 minus line 7)	<u>\$ 165</u>

MCKESSON CORPORATION

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Section 401(k) contributions	\$ 8,432
Employer (and employee sect. 125) contributions to HSA	1,800
Cost of employer-sponsored health coverage	<u>15,972</u>
Total	<u>\$ 26,204</u>

Federal Asset Report

IT CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
3	COMPUTER	7/01/17	445		X	222	5 HY 200DB	0	267
			<u>445</u>			<u>222</u>		<u>0</u>	<u>267</u>
Other Depreciation:									
2	HOME OFFICE	1/01/16	550,000	17.24		94,820	27 MO S/L	3,448	3,448
	Total Other Depreciation		<u>550,000</u>			<u>94,820</u>		<u>3,448</u>	<u>3,448</u>
	Total ACRS and Other Depreciation		<u>550,000</u>			<u>94,820</u>		<u>3,448</u>	<u>3,448</u>
Listed Property:									
1	AUTO	1/01/16	0	36.67		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		550,445			95,042		3,448	3,715
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>550,445</u>			<u>95,042</u>		<u>3,448</u>	<u>3,715</u>

Bonus Depreciation Report

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: IT CONSULTING								
3	COMPUTER	7/01/17	445		0	223	0	222
	IT CONSULTING		<u>445</u>		<u>0</u>	<u>223</u>	<u>0</u>	<u>222</u>
	Grand Total		<u>445</u>		<u>0</u>	<u>223</u>	<u>0</u>	<u>222</u>

AMT Asset Report

IT CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:										
3	COMPUTER	7/01/17	445		X	222	5	HY 200DB	0	267
			<u>445</u>			<u>222</u>			<u>0</u>	<u>267</u>
Other Depreciation:										
2	HOME OFFICE	1/01/16	0	17.24		0	0	HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Listed Property:										
1	AUTO	1/01/16	0	36.67		0	0	HY	0	0
			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Grand Totals		445			222			0	267
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>445</u>			<u>222</u>			<u>0</u>	<u>267</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
MACRS Adjustments:						
C	1	3	COMPUTER	<u>267</u>	<u>267</u>	<u>0</u>
				<u>267</u>	<u>267</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
3	COMPUTER	7/01/17	445	71	71
			<u>445</u>	<u>71</u>	<u>71</u>
<u>Other Depreciation:</u>					
2	HOME OFFICE	1/01/16	550,000	3,448	0
	Total Other Depreciation		<u>550,000</u>	<u>3,448</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>550,000</u>	<u>3,448</u>	<u>0</u>
<u>Listed Property:</u>					
1	AUTO	1/01/16	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>550,445</u>	<u>3,519</u>	<u>71</u>

Form 1040	Pension/Annuity Report	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	T	STATE STREET RETIREE SERVICES FOR	_____	-	_____
B	-	_____	_____	-	_____
C	-	_____	_____	-	_____
D	-	_____	_____	-	_____
E	-	_____	_____	-	_____
F	-	_____	_____	-	_____
G	-	_____	_____	-	_____
H	-	_____	_____	-	_____
I	-	_____	_____	-	_____
J	-	_____	_____	-	_____
K	-	_____	_____	-	_____
L	-	_____	_____	-	_____
M	-	_____	_____	-	_____
N	-	_____	_____	-	_____
O	-	_____	_____	-	_____
		Taxpayer	_____	-	_____
		Spouse	_____	-	_____
		Total	_____	-	_____

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-	_____	_____	_____	_____	_____
B	-	_____	_____	_____	_____	_____
C	-	_____	_____	_____	_____	_____
D	-	_____	_____	_____	_____	_____
E	-	_____	_____	_____	_____	_____
F	-	_____	_____	_____	_____	_____
G	-	_____	_____	_____	_____	_____
H	-	_____	_____	_____	_____	_____
I	-	_____	_____	_____	_____	_____
J	-	_____	_____	_____	_____	_____
K	-	_____	_____	_____	_____	_____
L	-	_____	_____	_____	_____	_____
M	-	_____	_____	_____	_____	_____
N	-	_____	_____	_____	_____	_____
O	-	_____	_____	_____	_____	_____
		Taxpayer	_____	_____	_____	_____
		Spouse	_____	_____	_____	_____
		Total	_____	_____	_____	_____

Form **1040** | **Salaries & Wages Report** | **2017**

Name **SHAILESH D & MADHURI KUMARI JHA** | Taxpayer Identification Number **623-55-5153**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	T MCKESSON CORPORATION	162,420	39,136	127,200
B	T AKSHAYA INC			
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer Spouse Totals		162,420	39,136	127,200
Totals		162,420	39,136	127,200

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	7,886	165,886	2,405				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer Spouse Totals	7,886	165,886	2,405				
Totals	7,886	165,886	2,405				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	CA	162,420	13,552	State Dis		SDI 998
B	CA			State Dis		
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer Spouse Totals		162,420	13,552			998
Totals		162,420	13,552			998

Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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	2016		2017		Differences
		MFJ		MFJ	
Filing Status					
Dependents claimed		2		2	
1. Salaries and wages	1.	143,795	1.	162,420	18,625
2. Interest income	2.	465	2.	211	-254
3. Tax exempt interest income	3.		3.		
4. Dividend income	4.	50	4.	184	134
5. Qualified dividend income	5.	50	5.	176	126
6. Taxable state/local refunds	6.	206	6.	165	-41
7. Alimony received	7.		7.		
8. Business income/loss	8.	50,617	8.	109,504	58,887
9. Capital gain/loss	9.	226	9.	3,501	3,275
10. Other gains/losses	10.		10.		
11. Taxable IRA distributions	11.		11.		
12. Taxable pensions	12.		12.		
13. Rent and royalty income including farm rental	13.		13.		
14. Partnership/S corp income	14.		14.		
15. Estate or trust income	15.		15.		
16. Farm income/loss	16.		16.		
17. Unemployment compensation	17.		17.		
18. Taxable social security	18.		18.		
19. Other income	19.		19.		
20. Total income	20.	195,359	20.	275,985	80,626
21. Moving expenses	21.		21.		
22. Deductible part of self-employment tax	22.	678	22.	1,467	789
23. SEP/SIMPLE/Qualified plans deductions	23.		23.		
24. SE health insurance	24.		24.		
25. Penalty on early withdrawal of savings	25.		25.		
26. Alimony paid	26.		26.		
27. IRA deductions	27.		27.		
28. Student loan interest	28.		28.		
29. Other adjustments	29.		29.		
30. Adjusted gross income	30.	194,681	30.	274,518	79,837
31. Medical	31.		31.		
32. Taxes	32.	18,729	32.	22,314	3,585
33. Interest	33.	19,099	33.	17,669	-1,430
34. Contributions	34.	1,000	34.	1,000	
35. Casualty losses	35.		35.		
36. Miscellaneous expenses	36.		36.		
37. Allowable itemized deductions	37.	38,828	37.	40,983	2,155
38. Standard deduction	38.	12,600	38.	12,700	100
		Itemized		Itemized	
39. Deduction taken	39.	38,828	39.	40,983	2,155
40. Subtract line 39 from line 30	40.	155,853	40.	233,535	77,682
41. Exemptions	41.	16,200	41.	16,200	
42. Taxable income	42.	139,653	42.	217,335	77,682

Form 1040	Two Year Comparison Report - Page 2	2016 & 2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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		2016	2017	Differences
43. Taxable income from 2YR page 1, line 42	43.	139,653	217,335	77,682
44. Tax on taxable income	44.	26,428	47,555	21,127
45. Alternative minimum tax	45.		3,072	3,072
46. Excess advance premium tax credit	46.			
47. Child care credit	47.			
48. Education credits	48.			
T 49. Retirement savings credit	49.			
a 50. Child tax credit	50.			
x 51. General business credit	51.			
52. Other credits	52.			
C 53. Total credits	53.			
o 54. Net tax liability	54.	26,428	50,627	24,199
m 55. Self-employment taxes	55.	1,356	2,933	1,577
p 56. Other taxes	56.		294	294
u 57. Total tax	57.	27,784	53,854	26,070
t 58. Income tax withheld	58.	28,869	39,136	10,267
a 59. Estimated tax payments	59.			
t 60. Earned income credit	60.			
i 61. Additional Child tax credit	61.			
o 62. Other refundable tax credits	62.	139		-139
n 63. Other payments	63.			
64. Total payments	64.	29,008	39,136	10,128
65. Tax due/-refund	65.	-1,224	14,718	15,942
66. Penalties and interest	66.			
67. Net tax due/-refund	67.	-1,224	14,718	15,942
68. Refund applied to estimated tax payments	68.			
69. Refund received	69.	-1,224		1,224
70. Marginal tax rate	70.	25.0 %	28.0 %	
71. Effective tax rate	71.	20.0 %	25.0 %	

Form 1040	Two Year Comparison Report - Schedule C	2016 & 2017
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Name SHAILESH D JHA	Taxpayer identification number 623-55-5153
Principal business or profession IT CONSULTING	Unit 1

		2016	2017	Differences
Income				
1. Gross receipts or sales	1.	64,049	124,400	60,351
2. Returns and allowances	2.			
3. Cost of goods sold	3.			
4. Gross profit	4.	64,049	124,400	60,351
5. Other income	5.			
6. Gross income	6.	64,049	124,400	60,351

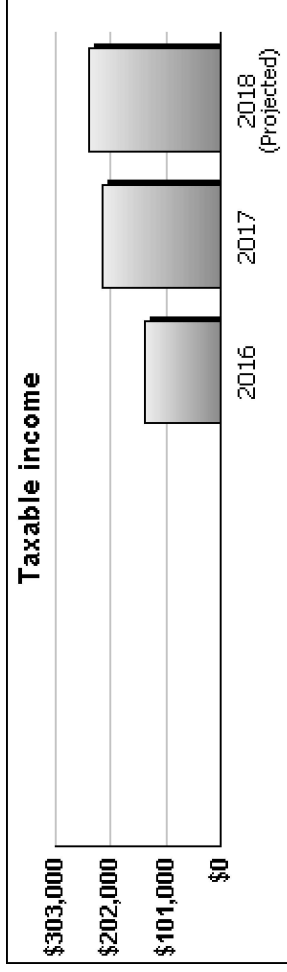
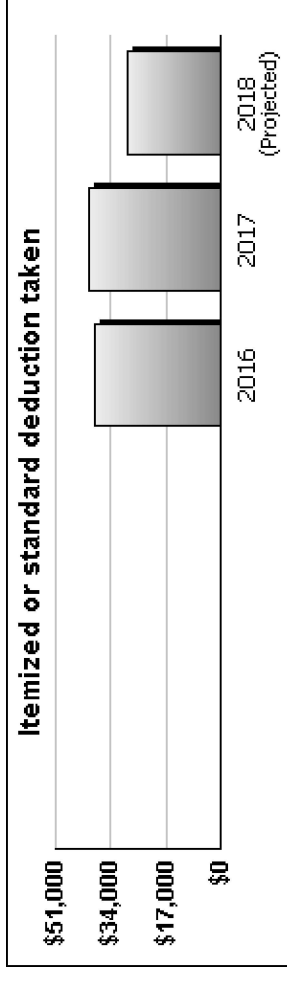
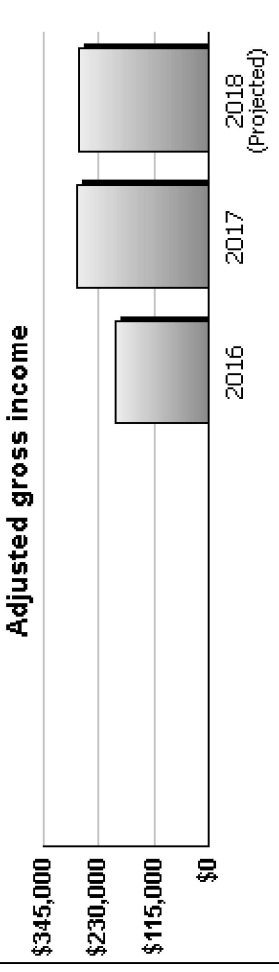
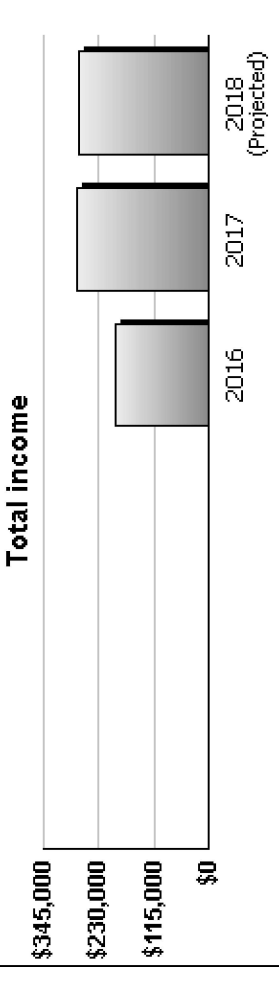
		2016	2017	Differences
Expenses				
7. Advertising	7.			
8. Car and truck expenses	8.	1,350	2,943	1,593
9. Commissions and fees	9.			
10. Contract labor	10.			
11. Depletion	11.			
12. Depreciation and section 179 expense deduction	12.		267	267
13. Employee benefit programs	13.			
14. Insurance (other than health)	14.			
15. Interest - mortgage (paid to banks, etc.)	15.			
16. Interest - other	16.			
17. Legal and professional services	17.	250	200	-50
18. Office expense	18.		35	35
19. Pension and profit-sharing plans	19.			
20. Rent or lease - vehicles, machinery, and equipment	20.			
21. Rent or lease - other business property	21.			
22. Repairs and maintenance	22.			
23. Supplies (not included in cost of goods sold)	23.	211		-211
24. Taxes and licenses	24.			
25. Travel	25.			
26. Total meals and entertainment	26.	1,810	1,510	-300
26a. Nondeductible meals and entertainment	26a.	905	755	-150
26b. Deductible meals and entertainment	26b.	905	755	-150
27. Utilities	27.			
28. Wages (less employment credits)	28.			
29. Other expenses	29.	695	962	267
30. Total expenses	30.	3,411	5,162	1,751

		2016	2017	Differences
Profit/ (loss)				
31. Tentative profit (loss)	31.	60,638	119,238	58,600
32. Expenses for business use of home	32.	10,021	9,734	-287
33. Net profit or (loss)	33.	50,617	109,504	58,887

		2016	2017	Differences
Cost of Goods Sold				
34. Inventory - Beginning of year	34.			
35. Purchases	35.			
36. Labor	36.			
37. Materials	37.			
38. Other costs	38.			
39. Goods available for sale (sum of lines 34-38)	39.			
40. Inventory - End of year	40.			

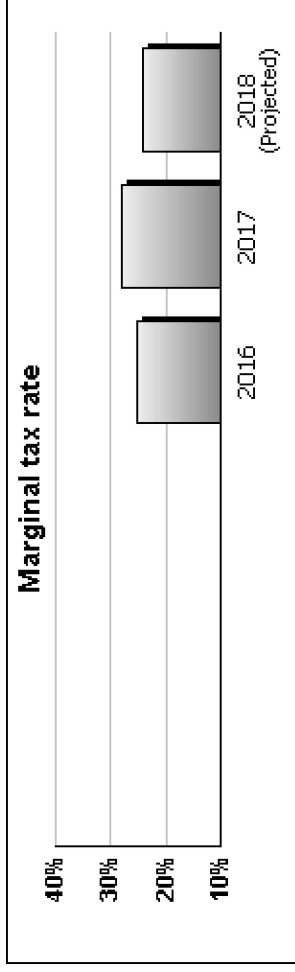
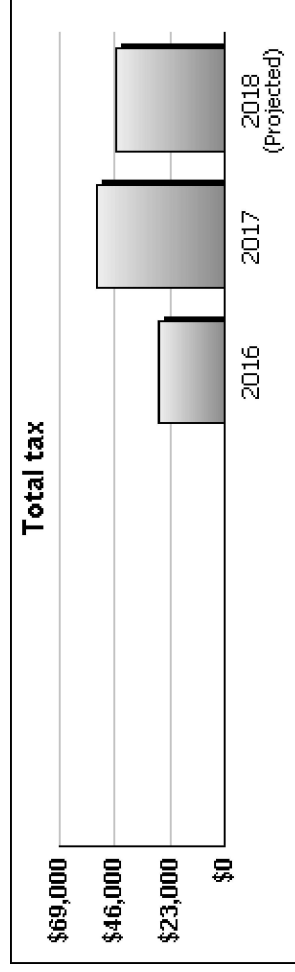
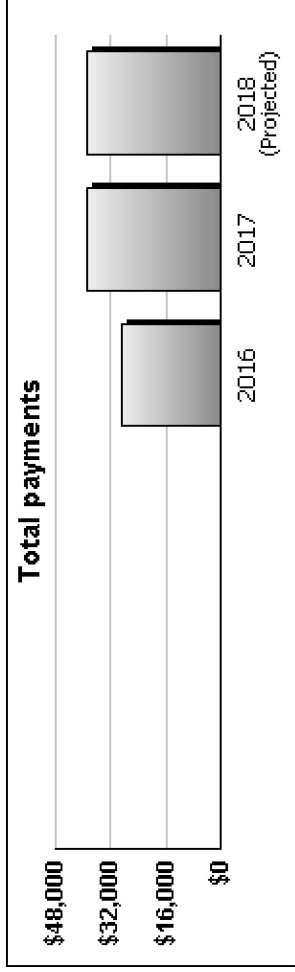
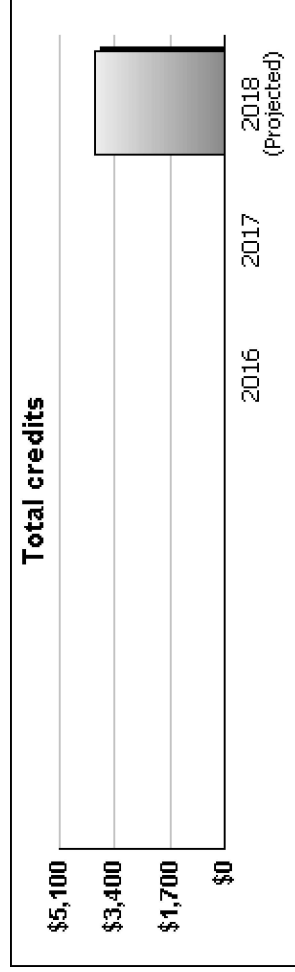
Filing Status	2016		2017		2018 Projected
	MFJ	MFJ	MFJ	MFJ	MFJ
Salaries and wages	143,795	162,420	162,420	162,420	
Interest income	465	211	211	211	
Dividend income	50	184	184	184	
Business income/loss	50,617	109,504	109,504	109,504	
Capital gains/losses	226	3,501	3,501		
Other gains/losses					
IRA distributions, pensions, annuities					
Rent, royalty, farm rental income					
Partnership/S corp income					
Estate or trust income					
Farm income/loss					
Other income/loss	206	165	165		
Total income	195,359	275,985	275,985	272,319	
Total adjustments	678	1,467	1,467	1,467	
Adjusted gross income	194,681	274,518	274,518	270,852	
Allowable itemized deductions	38,828	40,983	40,983	28,669	
Standard deduction	12,600	12,700	12,700	24,000	
Itemized or standard deduction taken	38,828	40,983	40,983	28,669	
Exemptions	16,200	16,200	16,200		
Taxable income before QBID				242,183	
Qualified business income deduction					
Taxable income	139,653	217,335	217,335	242,183	

* Combined with Rent, royalty, farm rental income on the Federal Tax Projection Worksheet as Schedule E income/loss



Form **1040** | **SHAILLESH D & MADHURI KUMARI JHA** | **Tax Return History Report - Page 2** | **2017** | 623-55-5153

	2016	2017	2018 Projected
Taxable income	139,653	217,335	242,183
Tax on taxable income and Form 8962	26,428	47,555	46,687
Alternative minimum tax		3,072	
Total credits			4,000
Net tax liability	26,428	50,627	42,687
Self-employment taxes	1,356	2,933	2,933
Other taxes		294	168
Total tax	27,784	53,854	45,788
Income tax withheld	28,869	39,136	39,136
Estimated tax payments			
Other payments	139		
Total payments	29,008	39,136	39,136
Total due/-refund	-1,224	14,718	6,652
Penalties and interest			
Net tax due/-refund	-1,224	14,718	6,652
Refund applied to estimated tax payments			
Refund received	-1,224		
Marginal tax rate	25.0%	28.0%	24.0%
Effective tax rate	20.0%	25.0%	19.0%



Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number 623-55-5153
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Reconciliation Tax Summary

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status	Married filing jointly
Tax Method	Qualified Dividends & Capital Gain Tax Worksheet
Tax Pct Total Tax (ln 27) divided Total Taxable Income (ln 19)	22.0 %

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	215,918	28.0 %	47,342	\$153,100 - \$233,350	17,432
Capital Income	1,417	15.0 %	213	\$75,900 - \$470,700	469,283
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under \$100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within \$50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

	(a) Taxable Income	(b) Tax*
Income taxed at ordinary rates		
1. 10% rate <small>Maximum taxable income per this bracket: \$18,650</small>	1a. 18,650	1b. 1,869
2. 15% rate <small>Maximum taxable income per this bracket: \$57,250</small>	2a. 57,250	2b. 8,590
3. 25% rate <small>Maximum taxable income per this bracket: \$77,200</small>	3a. 77,200	3b. 19,294
4. 28% rate <small>Maximum taxable income per this bracket: \$80,250</small>	4a. 62,818	4b. 17,589
5. 33% rate	5a. _____	5b. _____
6. 35% rate	6a. _____	6b. _____
7. 39.6% rate	7a. _____	7b. _____
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. 215,918	8b. 47,342
Income taxed at capital gains rates		
9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate <small>Maximum taxable income per this bracket: \$394,800</small>	10a. 1,417	10b. 213
11. 20% capital gains rate	11a. _____	11b. _____
12. 25% capital gains rate <small>Unrecaptured Section 1250 Gain</small>	12a. _____	12b. _____
13. 28% capital gains rate <small>Small business stock, collectibles</small>	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13.	14a. 1,417	14b. 213
Total taxable income		
15. Total ordinary taxable income. Enter the amount from line 8a.		15. 215,918
16. Total capital gains taxable income. Enter the amount from line 14a.		16. 1,417
17. Add lines 15 and 16.		17. 217,335
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.		18. _____
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.		19. 217,335
Total tax		
20. Total ordinary tax. Enter the amount from line 8b.		20. 47,342
21. Total capital gains tax. Enter the amount from line 14b.		21. 213
22. Tax on child's interest and dividend.		22. _____
23. Tax on lump-sum distribution.		23. _____
24. Other taxes.		24. _____
25. Add lines 20 through 24.		25. 47,555
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.		26. _____
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.		27. 47,555

Electronic Filing	Electronic Funds Withdrawal	2017
Name SHAILESH D & MADHURI KUMARI JHA		Taxpayer Identification Number 623-55-5153

Form Payment Record

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances by electronic funds withdrawal

Taxpayer SSN	623-55-5153
Spouse SSN	210-79-2226
Taxpayer Daytime Phone Number	210-630-1135
Routing Transit Number	121000358
Bank Account Number	*****2984
Type of Account (1 = Checking, 2 = Savings)	1
Amount of Tax Payment	14,718
Payment Type	1040
Requested Payment Date	03/09/18

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