

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. This isn't a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶

| | |
|--|---------------------------------------|
| Taxpayer's name LAKSHMI SRINIVASA RA KANNIKANTI | Social security number ***-**-9093 |
| Spouse's name | Spouse's social security number |

| Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only) | | |
|--|----------|---------|
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) | 1 | 68,704. |
| 2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) | 2 | 6,528. |
| 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 | 10,312. |
| 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 | 3,784. |
| 5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) | 5 | |

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, 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 _____ to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| * | * | * | * | * |
|---|---|---|---|---|

 as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

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

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, 2016, ending _____, 20

Your first name and initial: **LAKSHMI SRINIVASA RA** Last name: **KANNIKANTI** Your social security number: *****-**-9093**

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. **12430 METRIC BLVD** Apt. no. **9208**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Austin TX 78758**

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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Filing Status

1 Single

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

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

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

5 Qualifying widow(er) with dependent child

Exemptions

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

b Spouse

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

If more than four dependents, see instructions and check here

d Total number of exemptions claimed 1

Boxes checked on 6a and 6b 1

No. of children on 6c who:

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

Dependents on 6c not entered above _____

Add numbers on lines above 1

Income

| | | |
|-----|---|---------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 71,704. |
| 8a | Taxable interest. Attach Schedule B if required | |
| b | Tax-exempt interest. Do not include on line 8a | 8b |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a |
| b | Qualified dividends | 9b |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 |
| 11 | Alimony received | 11 |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 13 |
| 14 | Other gains or (losses). Attach Form 4797 | 14 |
| 15a | IRA distributions | 15a |
| b | Taxable amount | 15b |
| 16a | Pensions and annuities | 16a |
| b | Taxable amount | 16b |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 |
| 18 | Farm income or (loss). Attach Schedule F | 18 |
| 19 | Unemployment compensation | 19 |
| 20a | Social security benefits | 20a |
| b | Taxable amount | 20b |
| 21 | Other income. List type and amount | 21 |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | 71,704. |

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 | 3,000. |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 3,000. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 68,704. |

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 68,704.

39a Check You were born before January 2, 1952, Blind. Spouse was born before January 2, 1952, 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 21,623.

41 Subtract line 40 from line 38 41 47,081.

42 **Exemptions.** If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 4,050.

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 43,031.

44 **Tax** (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 6,528.

45 **Alternative minimum tax** (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 6,528.

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 3800 b 8801 c 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 6,528.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your **total tax** 63 6,528.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 10,312.

65 2016 estimated tax payments and amount applied from 2015 return 65

66a **Earned income credit (EIC)** No 66a

b Nontaxable combat pay election 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 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** 74 10,312.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** 75 3,784.

76a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here 76a 3,784.

Direct deposit? See instructions.

b Routing number * * * * * 5 8 1 3 c Type: Checking Savings

d Account number * * 3 6 8 7

77 Amount of line 75 you want **applied to your 2017 estimated tax** 77

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions 78

79 Estimated tax penalty (see instructions) 79

Third Party Designee

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

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

Sign Here

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

| | | | |
|--|------|-------------------------------------|---|
| Your signature | Date | Your occupation NETWORK ENGINEER | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name H&T Trusted Tax LLC Firm's EIN _____

Firm's address 2405 Hammock Lake Dr Little Elm TX 75068 Phone no. _____

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

LAKSHMI SRINIVASA RA KANNIKANTI

***-**-9093

| | | | | |
|--|--|--|-----------|---------|
| Caution: Do not include expenses reimbursed or paid by others. | | | | |
| Medical and Dental Expenses | 1 Medical and dental expenses (see instructions) | 1 | | |
| | 2 Enter amount from Form 1040, line 38 2 | | | |
| | 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 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): | 5 | 1,852. | |
| | a <input checked="" type="checkbox"/> Income taxes, or | | | |
| | b <input type="checkbox"/> General sales taxes | | | |
| | 6 Real estate taxes (see instructions) | 6 | | |
| | 7 Personal property taxes | 7 | | |
| | 8 Other taxes. List type and amount ► | 8 | | |
| | ----- | | | |
| | 9 Add lines 5 through 8 | | 9 | 1,852. |
| | Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | |
| 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 | | |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | | |
| | 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 | | |
| | 18 Carryover from prior year | 18 | | |
| | 19 Add lines 16 through 18 | | 19 | |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (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.) ► <u>Employee business expenses</u> | 21 | 21,145. | |
| | 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 | 21,145. | |
| | 25 Enter amount from Form 1040, line 38 25 68,704. | | | |
| | 26 Multiply line 25 by 2% (0.02) | 26 | 1,374. | |
| 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | 19,771. | |
| Other Miscellaneous Deductions | 28 Other—from list in instructions. List type and amount ► | | 28 | |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$155,650? | | | |
| | <input checked="" 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. | | 29 | 21,623. |
| | <input 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 | | | |

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **129A**

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

| | | |
|--|---|---------------------------------------|
| Your name LAKSHMI SRINIVASA RA KANNIKANTI | Occupation in which you incurred expenses NETWORK ENGINEER | Social security number ***-**-9093 |
|--|---|---------------------------------------|

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

| | | | |
|---|---|---|---------|
| 1 | Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here | 1 | |
| 2 | Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 | 300. |
| 3 | Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | 12,640. |
| 4 | Business expenses not included on lines 1 through 3. Don't include meals and entertainment | 4 | 4,320. |
| 5 | Meals and entertainment expenses: \$ <u>7,770.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) | 5 | 3,885. |
| 6 | Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) | 6 | 21,145. |

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

► **Information about Form 3903 and its instructions is available at www.irs.gov/form3903.**
► **Attach to Form 1040 or Form 1040NR.**

2016
Attachment
Sequence No. **170**

Name(s) shown on return

LAKSHMI SRINIVASA RA KANNIKANTI

Your social security number

***-**-9093

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

| | | |
|--|----------|--------|
| 1 Transportation and storage of household goods and personal effects (see instructions) | 1 | 3,000. |
| 2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals | 2 | |
| 3 Add lines 1 and 2 | 3 | 3,000. |
| 4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P | 4 | |
| 5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction | 5 | 3,000. |



Tax History Report

2016

▶ Keep for your records

Name(s) Shown on Return

LAKSHMI SRINIVASA RA KANNIKANTI

| Five Year Tax History: | | | | | |
|--|------|------|------|------|---------|
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| Filing status | | | | | Single |
| Total income | | | | | 71,704. |
| Adjustments to income | | | | | 3,000. |
| Adjusted gross income | | | | | 68,704. |
| Tax expense | | | | | 1,852. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions | | | | | 19,771. |
| Other Itemized Deductions | | | | | |
| Total itemized/standard deduction . . | | | | | 21,623. |
| Exemption amount . . | | | | | 4,050. |
| Taxable income | | | | | 43,031. |
| Tax | | | | | 6,528. |
| Alternative min tax . . | | | | | |
| Total credits | | | | | |
| Other taxes | | | | | |
| Payments | | | | | 10,312. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | | 3,784. |
| Effective tax rate % . . | | | | | 9.50 |
| **Tax bracket % | | | | | 25.0 |

**Tax bracket % is based on Taxable income.

IRS e-file Authentication Statement

2016

Keep for your records

Table with 2 columns: Name(s) Shown on Return (LAKSHMI SRINIVASA RA KANNIKANTI) and Social Security Number (***-**-9093)

A - Practitioner PIN Authorization

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

QuickZoom to the Federal Information Worksheet to enter PIN information

Form with checkboxes for Taxpayer(s) entered PIN(s), ERO entered Primary Taxpayer's PIN (checked), ERO entered Secondary Taxpayer's PIN, and ERO entered PIN(s) on behalf of taxpayer(s).

B - Signature of Electronic Return Originator

ERO Declaration:

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

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

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

C - Signature of Taxpayer/Spouse

Perjury Statement:

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

Consent to Disclosure:

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

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

QuickZoom to the Federal Information Worksheet to enter PIN numbers. Taxpayer's PIN (5 numbers) ***** Spouse's PIN (5 numbers) _____ Date _____

D - Form 1310 Signature and Verification

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

Signature of person claiming refund (35 character limit) _____ Date _____

Part I – Personal Information

Taxpayer:

Last name KANNIKANTI
 First name LAKSHMI SRINIVASA RA
 Middle initial _____ Suffix _____
 Social security no. ***-**-9093
 Occupation NETWORK ENGINEER
 Date of birth **/**/1991 (mm/dd/yyyy)
 Age as of 1-1-2017 25
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
 Home phone _____
 Fax number _____

Spouse:

Last name (if different) _____
 First name _____
 Middle initial _____ Suffix _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2017 _____
 Date of death _____
 Legally blind
 E-mail address _____
 Work phone _____ Ext _____
 Cell phone _____
Note: Work phone is transmitted for electronic funds withdrawal.

Best contact phone number _____
 Print phone number on Form 1040 . . . Home Taxpayer work Spouse work
 Address 12430 METRIC BLVD Apt no. 9208
 City Austin State TX ZIP code 78758
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____
 Foreign phone _____
 APO/FPO/DPO address . . APO FPO DPO

Part II – Federal Filing Status

- 1** Single
- 2** Married filing jointly
- 3** Married filing separately
 Taxpayer did **not** live with spouse at any time during year
 Taxpayer eligible to claim spouse's exemption (see Help)
- 4** Head of household
 If qualifying person is child but not dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number _____
- 5** Qualifying widow(er)
 Year spouse died 2014 2015

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

| First name Last name | MI Suff | Social security number *Relationship | Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)** | A G E E I C | Dependent Identity Protection PIN (see tax help) | | Qualified child and dependent care expenses incurred and paid in 2016 Code | Not qual for child tax credit Or non U.S.*** |
|-------------------------|------------|--|--|--------------------------------|---|--------------------------------|--|--|
| | | | | | Lived with taxpyr in U.S. | Educ Tuition and Fees | | |
| ----- | ----- | ----- | ----- | ----- | | | ----- | |
| ----- | ----- | ----- | ----- | ----- | | | ----- | |
| ----- | ----- | ----- | ----- | ----- | | | ----- | |
| ----- | ----- | ----- | ----- | ----- | | | ----- | |
| ----- | ----- | ----- | ----- | ----- | | | ----- | |

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

Part-Year Resident State Allocation Worksheet

2016

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return LAKSHMI SRINIVASA RA KANNIKANTI | Social Security Number ***-**-9093 |
|--|---------------------------------------|

| INCOME | Federal Amount | Resident State | Source State | Allocated Amount |
|--|----------------|----------------|--------------|------------------|
| 1 T Wages, salaries, tips | 71,704. | MI | MI | 51,585. |
| | | TX | TX | 20,119. |
| | | MI | TX | |
| S Wages, salaries, tips | | — | — | |
| | | — | — | |
| | | — | — | |
| | | — | — | |

* Enter state of source only if income is associated with a trade or a business ▼

| | Federal Amount | Residency Info | | | * Src St | Allocated Amount |
|---|----------------|----------------|----------|--------|----------|------------------|
| | | From mm/dd | To mm/dd | Res St | | |
| 2 T Taxable interest | | | | | | |
| S Taxable interest | | | | | | |
| 3 T Dividends | | | | | | |
| S Dividends | | | | | | |
| 4 T State/local tax refund | | | | | | |
| S State/local tax refund | | | | | | |
| 5 T Alimony received. | | | | | | |
| S Alimony received. | | | | | | |

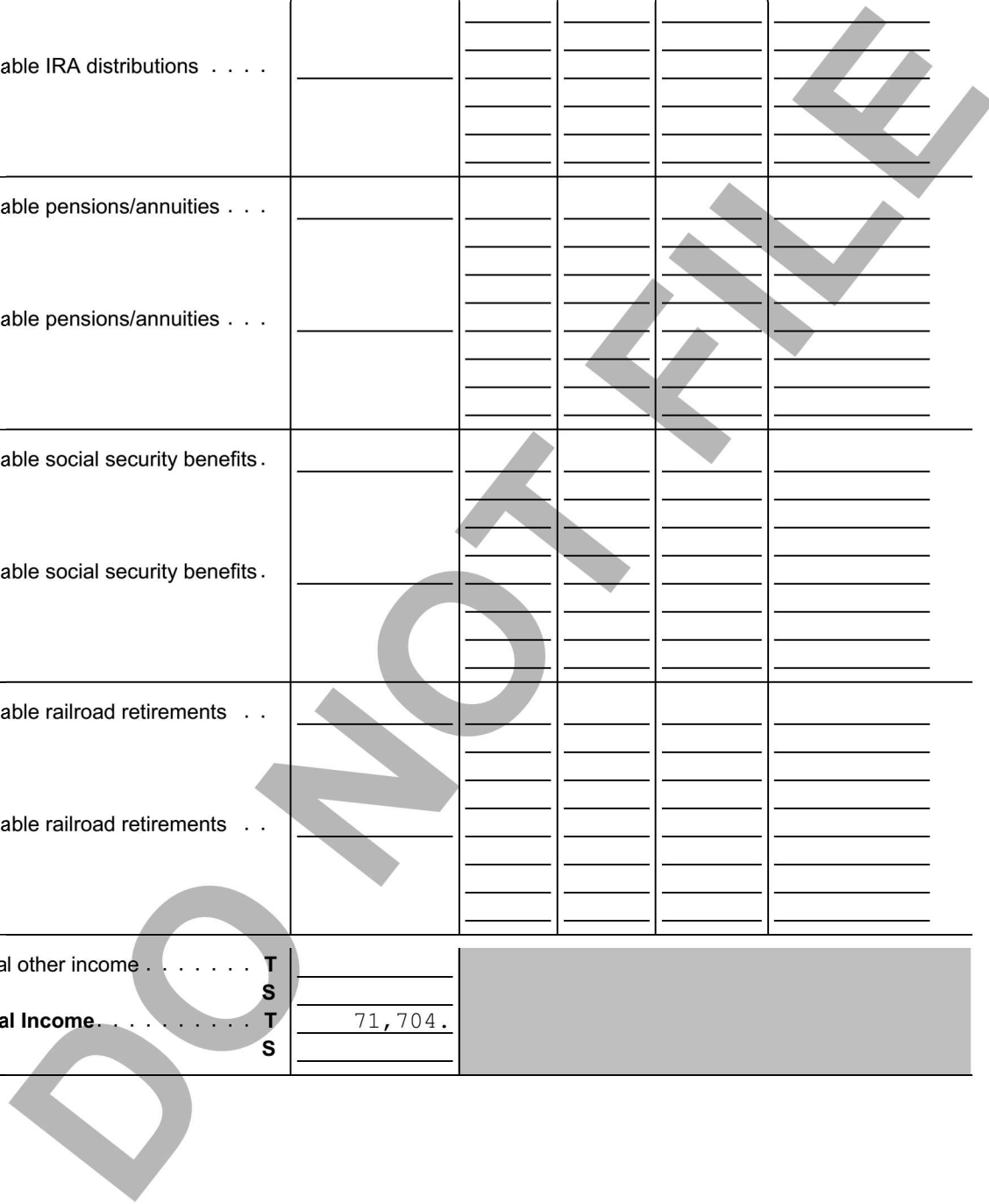
* Enter the state of source for this income ▼

| INCOME (continued) | Federal Amount | | Residency Info | | | * Src St | Allocated Amount |
|-----------------------------------|----------------|----------|---|-------------|-----------|----------------|---------------------|
| | Total | Subtotal | From mm/dd | To mm/dd | Res St | | |
| 6 T Business inc or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| S Business inc or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 T Farm income or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| S Farm income or loss . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 8 Total Schedule E. T | | | See Sch E Income Allocation Smart Worksheet | | | | |
| S | | | | | | | |

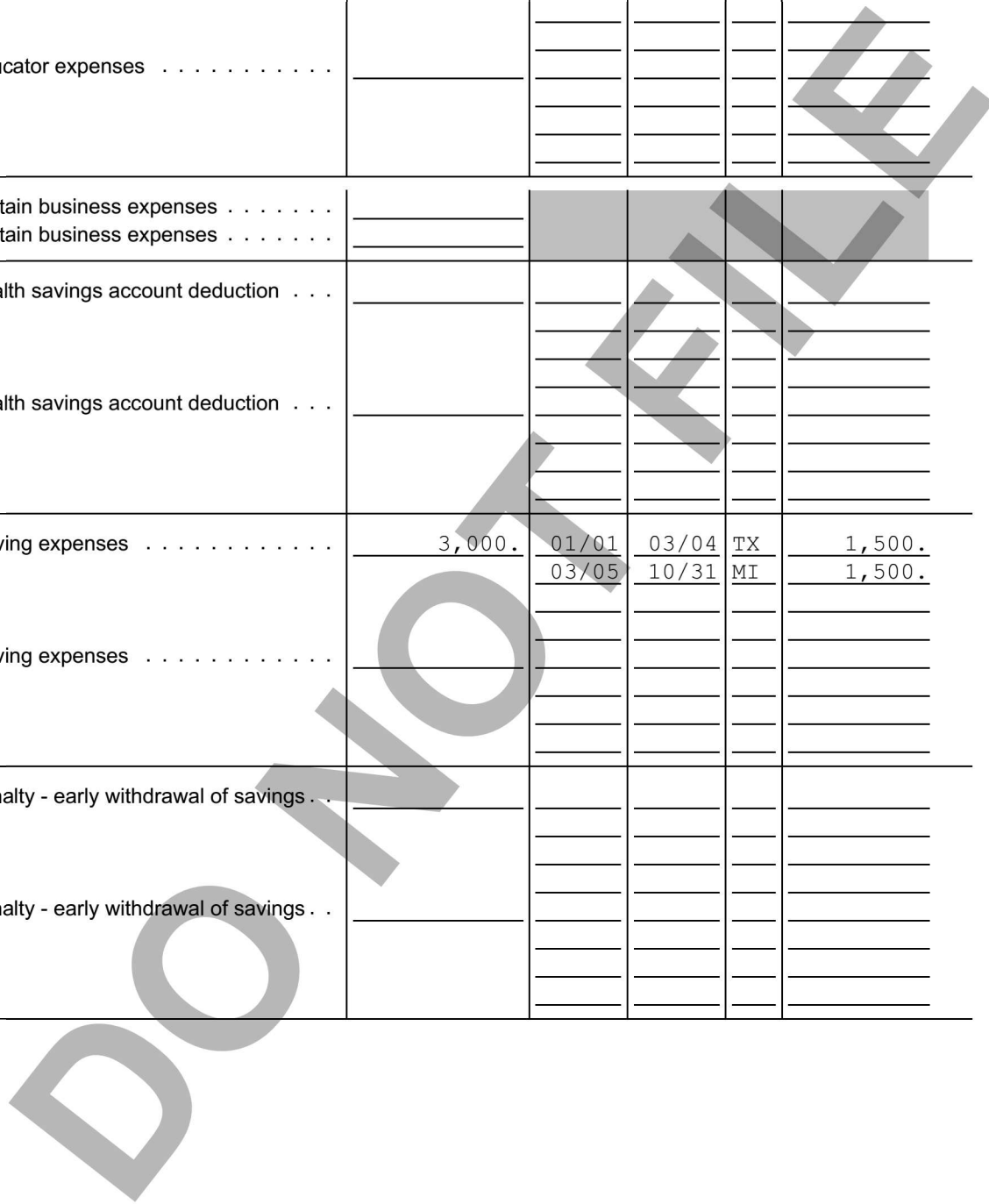
* Enter the state of source for this income (See Tax Help) ▼

| INCOME (continued) | Federal Amount | Residency Info | | | * Src St | Allocated Amount |
|---|-------------------|----------------|-------------|-----------|----------------|---------------------|
| | | From mm/dd | To mm/dd | Res St | | |
| 9 T Capital gain or loss | | | | | | |
| | | | | | | |
| | | | | | | |
| S Capital gain or loss | | | | | | |
| | | | | | | |
| | | | | | | |
| 10 T Other gains/losses | | | | | | |
| | | | | | | |
| | | | | | | |
| S Other gains/losses | | | | | | |
| | | | | | | |
| | | | | | | |
| 11 T Unemployment compensation . | | | | | | |
| | | | | | | |
| | | | | | | |
| S Unemployment compensation . | | | | | | |
| | | | | | | |
| | | | | | | |

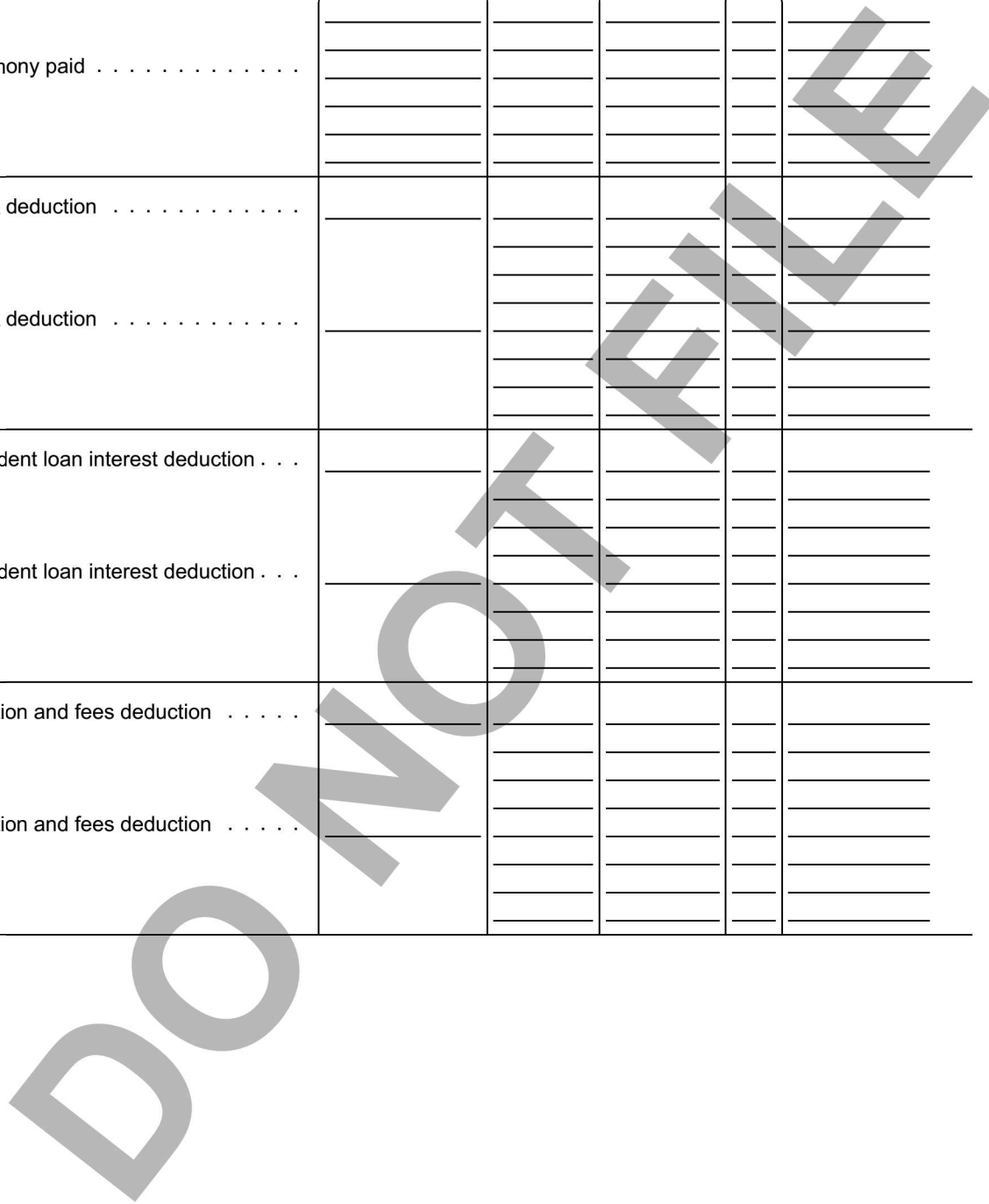
| | Federal Amount | Residency Info | | | Allocated Amount |
|---|----------------|----------------|----------|-----------|------------------|
| | | From mm/dd | To mm/dd | Res State | |
| 12 T Taxable IRA distributions | | | | | |
| S Taxable IRA distributions | | | | | |
| 13 T Taxable pensions/annuities | | | | | |
| S Taxable pensions/annuities | | | | | |
| 14a T Taxable social security benefits | | | | | |
| S Taxable social security benefits | | | | | |
| b T Taxable railroad retirements | | | | | |
| S Taxable railroad retirements | | | | | |
| 15 Total other income T | | | | | |
| S | | | | | |
| 16 Total Income T | 71,704. | | | | |
| S | | | | | |



| ADJUSTMENTS | Federal Amount | Residency Info | | | Allocated Amount |
|---|----------------|----------------|----------------|----------|------------------|
| | | From mm/dd | To mm/dd | Res St | |
| 17 T Educator expenses | | | | | |
| S Educator expenses | | | | | |
| 18 T Certain business expenses | | | | | |
| S Certain business expenses | | | | | |
| 19 T Health savings account deduction . . . | | | | | |
| S Health savings account deduction . . . | | | | | |
| 20 T Moving expenses | 3,000. | 01/01 03/05 | 03/04 10/31 | TX MI | 1,500. 1,500. |
| S Moving expenses | | | | | |
| 21 T Penalty - early withdrawal of savings . . | | | | | |
| S Penalty - early withdrawal of savings . . | | | | | |



| ADJUSTMENTS (continued) | Federal Amount | Residency Info | | | Allocated Amount |
|---|-------------------|----------------|-------------|-----------|---------------------|
| | | From mm/dd | To mm/dd | Res St | |
| 22 T Alimony paid | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| S Alimony paid | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 23 T IRA deduction | | | | | |
| | | | | | |
| | | | | | |
| S IRA deduction | | | | | |
| | | | | | |
| | | | | | |
| 24 T Student loan interest deduction . . . | | | | | |
| | | | | | |
| | | | | | |
| S Student loan interest deduction . . . | | | | | |
| | | | | | |
| | | | | | |
| 25 T Tuition and fees deduction | | | | | |
| | | | | | |
| | | | | | |
| S Tuition and fees deduction | | | | | |
| | | | | | |
| | | | | | |



* Enter the state of source for this adjustment

| ADJUSTMENTS (continued) | Federal Amount | Residency Info | | | * Src St | Allocated Amount |
|--|-------------------|----------------|-------------|-----------|----------------|---------------------|
| | | From mm/dd | To mm/dd | Res St | | |
| 26 T Self-employment tax | | | | | | |
| S Self-employment tax | | | | | | |
| 27 T SEP, SIMPLE and qualified plans . | | | | | | |
| S SEP, SIMPLE and qualified plans . | | | | | | |
| 28 T Self-employed health insurance . . | | | | | | |
| S Self-employed health insurance . . | | | | | | |
| 29 T Domestic production activities . . . | | | | | | |
| S Domestic production activities . . . | | | | | | |
| 30 Other adjustments T | | | | | | |
| S | | | | | | |
| 31 Total adjustments T | 3,000. | | | | | |
| S | | | | | | |
| 32 Adjusted gross income T | 68,704. | | | | | |
| S | | | | | | |

Electronic Filing Information Worksheet

2016

Keep for your records

Name(s) Shown on Return
LAKSHMI SRINIVASA RA KANNIKANTI

Social Security Number
***-**-9093

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

Date Form 1040-V was given to client

Electronic Return Originator Information

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

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

ERO Name ERO Electronic Filers Identification Number (EFIN)
ERO Address ERO Employer Identification Number
City State ZIP Code ERO Social Security Number or PTIN
Country

Paid Preparer Information

Firm Name Social Security Number or PTIN
H&T Trusted Tax LLC
Name Employer Identification Number
Address Phone Number Fax Number
2405 Hammock Lake Dr
City State ZIP Code
Little Elm TX 75068
Country E-mail Address

Non Paid Preparer Information

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

IRS-reviewed
IRS-prepared
Prepared by taxpayer or other non-paid preparer

Amended Returns

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

Form with checkboxes for State/City selection, including New York and Vermont.

Miscellaneous Electronic Filing Items

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

Enter an 'in care of addressee' if applicable

Name of personal representative for deceased returns

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

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

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

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

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

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

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

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

► Keep for your records

Name(s) Shown on Return
LAKSHMI SRINIVASA RA KANNIKANTI

Social Security Number
***-**-9093

| Form W-2 Employer | SP | Wages | Federal Tax | State Wages | State Tax |
|-------------------|----|---------|-------------|-------------|-----------|
| WAYNYS INC | | 59,263. | 8,506. | 51,585. | 1,852. |
| WAYNSYS | | 12,441. | 1,806. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | 71,704. | 10,312. | 51,585. | 1,852. |

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|---|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 71,704. | | 71,704. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages | | | |
| | Unreported tips | | | |
| 2 | Total federal tax withheld | 10,312. | | 10,312. |
| 3 & 7 | Total social security wages/tips | 12,441. | | 12,441. |
| 4 | Total social security tax withheld | 771. | | 771. |
| 5 | Total Medicare wages and tips | 12,441. | | 12,441. |
| 6 | Total Medicare tax withheld | 180. | | 180. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contributions to 401(k) & 403(b) plans | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan | | | |
| g | Income 409A nonqual deferred comp plan | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | Total deductible employee expenses | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | 51,585. | | 51,585. |
| 17 | Total state tax withheld | 1,852. | | 1,852. |
| 19 | Total local tax withheld | | | |

Keep for your records

Name as shown on return
LAKSHMI SRINIVASA RA KANNIKANTI

Social Security Number
***-**-9093

Employer EIN **-***4300

Employer Name WAYNYS INC

Name (cont.)

Street Address or P. O. Box 3 ETHEL RD STE # 307

City Edison

State NJ

ZIP 08817

Foreign Addr . []

Foreign Country

[] Spouse's W-2

[] Do not transfer this W-2 to next year

[] Automatically calculate lines 3 through 6 and line 16.

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

1 Wages, tips, other comp 59,263. 2 Federal tax withheld 8,506.

3 Social security wages 4 Social sec tax withheld

5 Medicare wages and tips 6 Medicare tax withheld

7 Social security tips 8 Allocated tips

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

Table with 2 columns: Box 12 Code, Box 12 Amount. Includes instructions for codes A, M, P, R, W, G.

Table with 4 columns: Box 15 State, Employer's state I.D. no., Box 16 State wages, tips, etc., Box 17 State income tax.

Table with 4 columns: Box 20 Locality name, Box 18 Local wages, tips, etc., Box 19 Local income tax, Associated State.

- 9 Verification Code 9
10 Dependent care benefits (Check if employer furnished care at work) . . . [] 10
Dependent care benefits - Amount forfeited from flexible spending account . . .
11 Distributions from Section 457 and other nonqualified plans (See help, if EIC, Child Care, Child Tax Credit, or IRAs.) 11

Table with 3 columns: Box 14 Description or Code on Actual Form W-2, Amount, ProSeries Identification of Description or Code.

Keep for your records

LAKSHMI SRINIVASA RA KANNIKANTI

***-**-9093 Page 2

Employer Name . . . WAYNYS INC

Part I Statutory employees

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

C

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

Clergy only:

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

D

E

Non-Clergy only:

- G **If no FICA was withheld**, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

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

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. ***-**-9093

First name M.I. Last name Suff.
LAKSHMI SRINIVASA RA KANNIKANTI

Address City St ZIP code
12430 METRIC BLVD, Apt. 9208 Austin TX 78758

Foreign Country

Keep for your records

Name as shown on return
LAKSHMI SRINIVASA RA KANNIKANTI

Social Security Number
***-**-9093

Employer EIN **-***4300

Employer Name WAYNSYS

Name (cont.)

Street Address or P. O. Box 3 ETHEL RD STE # 307

City Edison

State NJ

ZIP 08817

Foreign Addr . []

Foreign Country

[] Spouse's W-2

[] Do not transfer this W-2 to next year

[] Automatically calculate lines 3 through 6 and line 16.

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

Table with 2 columns: Line number and Amount. Rows include Wages, tips, other comp (12,441), Federal tax withheld (1,806), Social security wages (12,441), Social sec tax withheld (771), Medicare wages and tips (12,441), Medicare tax withheld (180), and Social security tips.

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

Table for Box 12: Code and Amount. Includes instructions for codes A, M, P, R, W, and G.

Table for Boxes 15, 16, and 17: State, Employer's state I.D. no., State wages, tips, etc., and State income tax.

Table for Boxes 18, 19, and Associated State: Local wages, tips, etc., Local income tax, and Associated State.

- 9 Verification Code
10 Dependent care benefits (Check if employer furnished care at work)
11 Distributions from Section 457 and other nonqualified plans

Table for Box 14: Description or Code on Actual Form W-2, Amount, and ProSeries Identification of Description or Code.

Keep for your records

LAKSHMI SRINIVASA RA KANNIKANTI

***-**-9093 Page 2

Employer Name . . . WAYNSYS

Part I Statutory employees

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

C

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

Clergy only:

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

D

E

Non-Clergy only:

- G If no FICA was withheld, check the applicable box below
 - 1 Pay self-employment tax on this W-2 income
 - 2 Exempt from self-employment tax and has approved Form 4029

Part III Unreported Tip Income

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

H1

H2

H3

H4

H5

Part IV Substitute Form W-2

I a If substitute Form W-2 needed, double-click to link this W-2 to a Form 4852

Part V Inmate In a Penal Institution

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

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

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

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

Employee's SSN. ***-**-9093

First name M.I. Last name Suff.
LAKSHMI SRINIVASA RA KANNIKANTI

Address City St ZIP code
12430 METRIC BLVD, Apt. 9208 Austin TX 78758

Foreign Country

Healthcare Entry Sheet

2016

▶ Keep for your records

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

Yes No/Partial

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

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

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

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

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

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

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

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

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

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

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

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

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

*Short Gap
Eligible*
Yes No*

| | a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|----------------------------------|--------|--------|--------------------------|-------------------|-----|--------------------------|------------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | _____ | _____ | _____ | <input type="checkbox"/> | <i>Short gap:</i> | | <input type="checkbox"/> | Yes <input type="checkbox"/> | <input type="checkbox"/> | No <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Earned Income Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>LAKSHMI SRINIVASA RA KANNIKANTI</u> | Social Security Number <u>***-**-9093</u> |
|---|--|

| Part I – Earned Income Credit Wks Computation | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

| Part II – Form 2441 and Standard Deduction Worksheet Computations | | | |
|---|---------|--|---------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 71,704. | | 71,704. |
| 7 a Taxable employer-provided adoption benefits | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 71,704. | | 71,704. |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5 | 71,704. | | 71,704. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 71,704. | | 71,704. |

| Part III – IRA Deduction Worksheet Computation | | | |
|--|---------|--|---------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 71,704. | | 71,704. |
| 17 Net self-employment loss | | | |
| 18 Alimony received | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. | 71,704. | | 71,704. |

| Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations | | | |
|---|---------|--|---------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 71,704. | | 71,704. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 71,704. | | 71,704. |

Federal Carryover Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>LAKSHMI SRINIVASA RA KANNIKANTI</u> | Social Security Number <u>***-**-9093</u> |
|---|--|

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

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

| Other Tax and Income Information | | | 2015 | 2016 |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | | 1 Single |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | | 21,623. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | | 68,704. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | | 6,528. |
| 7 | Alternative minimum tax | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ▶

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

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

| | |
|--|---------------------------------------|
| Your Name LAKSHMI SRINIVASA RA KANNIKANTI | Social Security Number ***-**-9093 |
|--|---------------------------------------|

Occupation in Which You Incurred Expenses
NETWORK ENGINEER

Line 4 – Other Business Expenses

| | | | |
|---|--|---|--------|
| 1 | Business gifts | 1 | |
| 2 | Education | 2 | |
| 3 | Home office (QuickZoom to Employee Home Office Wks) ▶ | 3 | |
| 4 | Trade publications | 4 | |
| 5 | Depreciation and amortization (for vehicles, use the Vehicle Expenses Worksheet) | 5 | |
| 6 | Other: INTERNET CHARGES (12 MON *\$55PM) | 6 | 660. |
| | CELL PHONE CHARGES (12 MON * 55PM) | | 660. |
| | RELOCATION EXP | | 3,000. |
| 7 | Total other business expenses. Add lines 1 through 6. Carries to Form 2106, line 4 | 7 | 4,320. |

Line 7 – Allocation of Employer Reimbursements

| | | | |
|--|---|----|--|
| 8 | Reimbursements that were not reported in box 1 of Form W-2 | 8 | |
| 9 | Total expenses for the period(s) covered by the reimbursements on line 8 | 9 | |
| 10 | Meal and entertainment expenses included in line 9 | 10 | |
| 11 | Divide line 10 by line 9 | 11 | |
| 12 | Employer reimbursement for meals and entertainment. Multiply line 8 by line 11. Carries to Form 2106, line 7, column B | 12 | |
| 13 | Employer reimbursement for other than meals and entertainment. Subtract line 12 from line 8. Carries to Form 2106, line 7, column A | 13 | |
| Department of Transportation (DOT) Employees - complete lines 14 - 19 | | | |
| 14 | Employer reimbursement for meals and entertainment expenses | 14 | |
| 15 | Total meals and entertainment expenses for the period(s) covered by the reimbursements on line 14 | 15 | |
| 16 | Meal expenses included in line 15 that are covered by DOT rules regarding hours of service limits | 16 | |
| 17 | Divide line 16 by line 15 | 17 | |
| 18 | Employer reimbursement for DOT meals. Multiply line 14 by line 17 | 18 | |
| 19 | Employer reimbursement for other meals and entertainment. Subtract line 18 from line 14 | 19 | |

Line 10 – Allocation of Business Expenses

(Qualified Performing Artists, Armed Forces Reservists, and Disabled Individuals)

| | | | |
|----|---|----|---------|
| 20 | Total employee expenses from Form 2106, line 10. | 20 | 21,145. |
| 21 | Qualified performing artist expenses. Carries to Form 1040, line 24 (or to Form 1040NR, line 35) | 21 | |
| 22 | Armed Forces Reservists related travel more than 100 miles from home (up to the federal per diem rate). Carries to Form 1040, line 24 (not applicable to Form 1040NR) | 22 | |
| 23 | Impairment-related work expenses. Carries to Schedule A (Form 1040), line 28 (or to Schedule A (Form 1040NR), line 14) | 23 | |
| 24 | Net employee expenses. Subtract lines 21, 22, and 23 from line 20. Carries to Schedule A (Form 1040), line 21 (or to Schedule A (Form 1040NR), line 7) | 24 | 21,145. |

Tax Summary Report

2016

Name(s) Shown on Return
 LAKSHMI SRINIVASA RA KANNIKANTI

Filing status Single Number of exemptions 1

Gross Income

| | |
|---|----------------|
| Wages and salaries | 71,704. |
| Interest and dividend income | _____ |
| Business income (loss) | _____ |
| Capital gains (losses) | _____ |
| Pensions and annuities | _____ |
| Rents, royalties, partnerships, etc | _____ |
| Farm income (loss) | _____ |
| Social security benefits | _____ |
| Other income | _____ |
| Total Gross Income | 71,704. |

Adjustments to Income 3,000.

Adjusted Gross Income (Last year's AGI) 68,704.

Itemized/Standard Deductions

| | |
|--|----------------|
| Medical and dental | _____ |
| Taxes | 1,852. |
| Interest | _____ |
| Contributions | _____ |
| Casualty or theft loss(es) | _____ |
| Miscellaneous | 19,771. |
| Phaseout of itemized deductions | _____ |
| Total Itemized Deductions | 21,623. |
| Standard deduction | _____ |
| Exemption amount | 4,050. |

Taxable Income 43,031.

| | |
|---|---------------|
| Income tax | 6,528. |
| Alternative minimum tax | _____ |
| Total Taxes before Credits | 6,528. |
| Nonbusiness credits | _____ |
| Business credits | _____ |
| Total Credits | _____ |
| Self-employment tax | _____ |
| Other taxes | _____ |

Total Tax 6,528.

| | |
|---|----------------|
| Withholding | 10,312. |
| Estimated tax payments | _____ |
| Other payments | _____ |
| Total Payments | 10,312. |
| Estimated tax penalty | _____ |
| Refund applied to next year's estimated tax | _____ |

Amount Overpaid 3,784.

Refund 3,784.

Amount Applied to Estimate _____

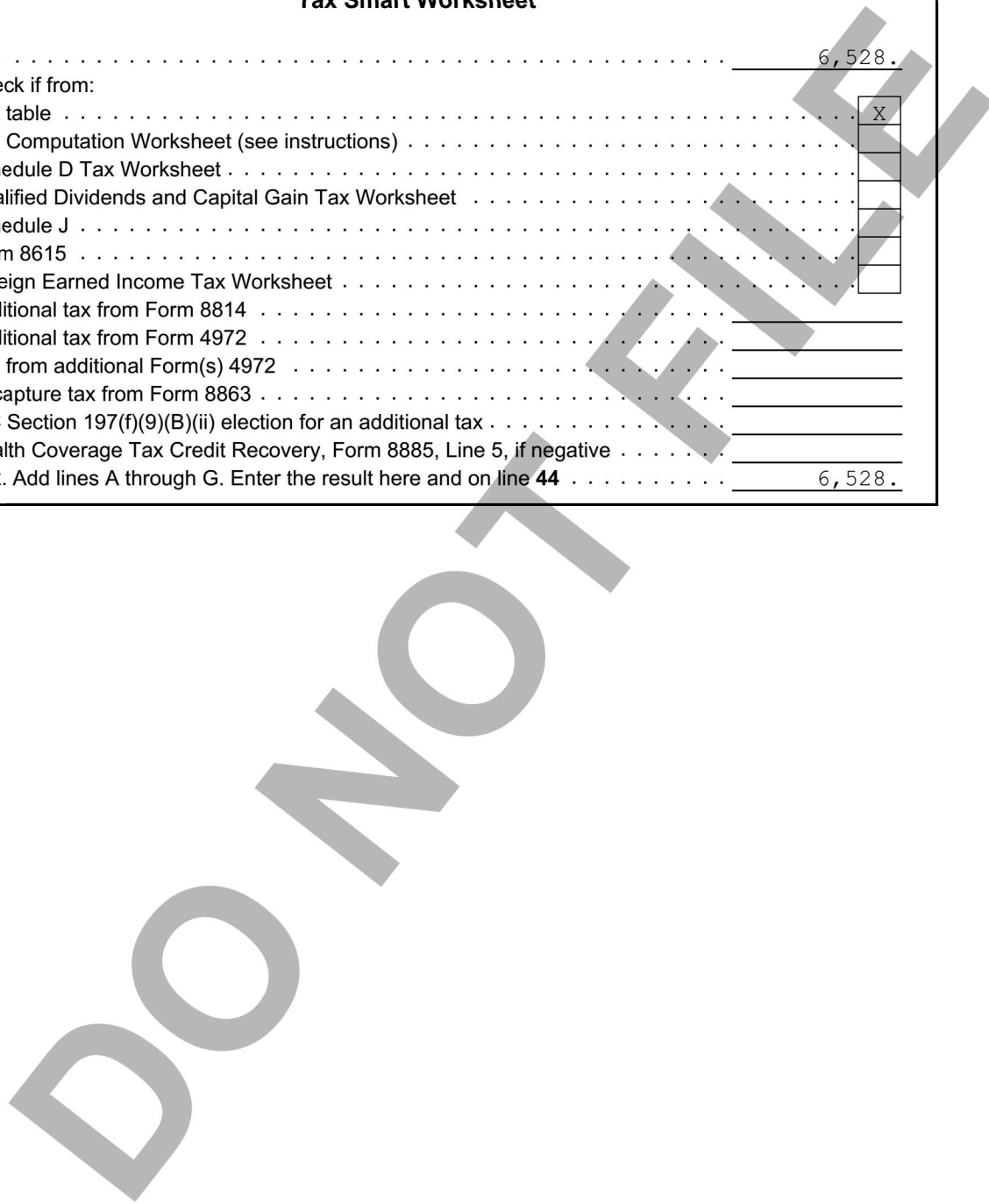
Amount Due 0.

| | |
|------------------------------|--------|
| Tax bracket | 25.0 % |
| Effective tax rate | 9.50 % |

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040: Individual Tax Return

| Tax Smart Worksheet | |
|--|-------------------------------------|
| A Tax | 6,528. |
| Check if from: | |
| 1 Tax table | <input checked="" type="checkbox"/> |
| 2 Tax Computation Worksheet (see instructions) | <input type="checkbox"/> |
| 3 Schedule D Tax Worksheet | <input type="checkbox"/> |
| 4 Qualified Dividends and Capital Gain Tax Worksheet | <input type="checkbox"/> |
| 5 Schedule J | <input type="checkbox"/> |
| 6 Form 8615 | <input type="checkbox"/> |
| 7 Foreign Earned Income Tax Worksheet | <input type="checkbox"/> |
| B Additional tax from Form 8814 | |
| C Additional tax from Form 4972 | |
| D Tax from additional Form(s) 4972 | |
| E Recapture tax from Form 8863 | |
| F IRC Section 197(f)(9)(B)(ii) election for an additional tax | |
| G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative | |
| H Tax. Add lines A through G. Enter the result here and on line 44 | 6,528. |



SMART WORKSHEET FOR: Schedule A: Itemized Deductions

State and Local Taxes Smart Worksheet

Enter sales tax information below. The greater of sales taxes from line I plus line J, or income taxes on line K, will flow to line 5. See Help.

A Income from Form 1040, line 38 68,704 .

B Nontaxable income entered elsewhere on return

C Available income: 2015 refundable credits in excess of tax 0 .

D Enter any additional nontaxable income

E Total available income for sales taxes 68,704 .

F Sales tax table information:

Enter total (combined) state and local sales tax rate in column (d) for each state listed in column (a).
If AZ, CO, IL, LA, MS or NY column (a):
QuickZoom to Misc Global Options to enter default locality ▶
or Double-click in column (d) to select your locality for each state entered.

| (a) ST | (b) Lived in State From | (c) Lived in State To | (d) Enter Total Tax Rate | (e) State Tax Rate (%) | (f) Local Tax Rate (%) | (g) State Table Amount | (h) Local Sales Taxes | (i) Prorated or Total Amount |
|-----------|----------------------------------|--------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| TX | 01/01/16 | 03/04/16 | 6.2500 | 6.2500 | 0.0000 | 759. | 0. | 133. |
| MI | 03/05/16 | 10/31/16 | 6.0000 | 6.0000 | 0.0000 | 628. | 0. | 414. |
| | | | | | | | | |
| | | | | | | | | |

Total general sales taxes from table 547 .

H Enter additions to table amount (motor vehicle, boat)

I Total sales taxes from table plus additions to table amount 547 .

J Enter actual sales taxes paid (in lieu of table amount)

K Total income taxes paid 1,852 .

SMART WORKSHEET FOR: Form 3903 (MI): Moving Expenses

General Information Smart Worksheet

A Enter the new principal place of work for this move . . . MI

B If you are NOT in the military, enter the total amount your employer paid for your move (Enter **ONLY** if your Form W-2 does not show an amount in Box 12 with code **P**) . . .

C Enter the number of miles from your **old home** to your **new workplace** 1,151 miles

D Enter the number of miles from your **old home** to your **old workplace** 20 miles

E Subtract line D from line C. If zero or less, enter -0- 1,131 miles

Is line E at least 50 miles?
Yes ▶ You meet this test.
No ▶ You do not meet this test. You **cannot** deduct your moving expenses.
Do Not complete Form 3903.

F For **foreign** moves check here **only** if **all** the following apply.

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
- Any amount your employer paid for storage fees is included as wages in box 1 of Form W-2

SMART WORKSHEET FOR: Form 3903 (MI): Moving Expenses

| Moving Expenses Smart Worksheet | |
|--|--------|
| Enter your moving expenses: | |
| A Transportation expenses for this move. | 1,500. |
| B Storage of household goods and personal effects | 1,500. |
| C Travel expenses for this move (See Tax Help for new mileage rates). | _____ |
| D Lodging expenses for this move | _____ |

DO NOT FILE

2016 MICHIGAN Individual Income Tax Return MI-1040

Return is due April 18, 2017.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

| | | | | | | |
|---|--|------|--------------------------------|--------------------------|--|--|
| 1. Filer's First Name LAKSHMI SRINIVASA | | M.I. | Last Name KANNIKANTI | | 2. Filer's Full Social Security No. (Example: 123-45-6789) * * * — * * — 9093 | |
| If a Joint Return, Spouse's First Name | | M.I. | Last Name | | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — | |
| Home Address (Number, Street, or P.O. Box) 12430 METRIC BLVD, APT. 9208 | | | | | 4. School District Code (5 digits – see page 60) 33130 | |
| City or Town AUSTIN | | | State TX | ZIP Code 78758 | | |

| | |
|--|--|
| <p>5. STATE CAMPAIGN FUND Check if you (and/or your spouse, if filing a joint return) want \$3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.</p> <p>a. <input type="checkbox"/> Filer b. <input type="checkbox"/> Spouse</p> | <p>6. FARMERS, FISHERMEN, OR SEAFARERS</p> <p><input type="checkbox"/> Check this box if 2/3 of your income is from farming, fishing, or seafaring.</p> |
|--|--|

| | |
|--|---|
| <p>7. 2016 FILING STATUS. Check one.</p> <p>a. <input checked="" type="checkbox"/> Single * If you check box "c," complete line 3 and enter spouse's full name below:</p> <p>b. <input type="checkbox"/> Married filing jointly</p> <p>c. <input type="checkbox"/> Married filing separately*</p> | <p>8. 2016 RESIDENCY STATUS. Check all that apply.</p> <p>a. <input type="checkbox"/> Resident * If you check box "b" or "c," you must complete and attach Schedule NR.</p> <p>b. <input type="checkbox"/> Nonresident *</p> <p>c. <input checked="" type="checkbox"/> Part-Year Resident *</p> |
|--|---|

9. EXEMPTIONS. NOTE: If someone else can claim you as a dependent, check box 9d, enter 0 on line 9a and enter \$1,500 on line 9d (see instr.).

| | | | | | | |
|---|-----|--------------------------|-----------|-----|------|----|
| a. Number of exemptions claimed on 2016 federal return..... | 9a. | 1 | x \$4,000 | 9a. | 4000 | 00 |
| b. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally and permanently disabled..... | 9b. | | x \$2,600 | 9b. | | 00 |
| c. Number of qualified disabled veterans..... | 9c. | | x \$400 | 9c. | | 00 |
| d. Claimed as dependent, see line 9 NOTE above..... | 9d. | <input type="checkbox"/> | | 9d. | | 00 |
| e. Add lines 9a, 9b, 9c and 9d. Enter here and on line 15..... | 9e. | | | 9e. | 4000 | 00 |

| | | | |
|---|-----|-------|----|
| 10. Adjusted Gross Income from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions)..... | 10. | 68704 | 00 |
| 11. Additions from Schedule 1, line 9. Attach Schedule 1 | 11. | | 00 |
| 12. Total. Add lines 10 and 11..... | 12. | 68704 | 00 |
| 13. Subtractions from Schedule 1, line 27. Attach Schedule 1 | 13. | 17119 | 00 |
| 14. Income subject to tax. Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0"..... | 14. | 51585 | 00 |
| 15. Exemption allowance. Enter amount from line 9e or Schedule NR, line 19..... | 15. | 3003 | 00 |
| 16. Taxable income. Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0"..... | 16. | 48582 | 00 |
| 17. Tax. Multiply line 16 by 4.25% (0.0425)..... | 17. | 2065 | 00 |

| | | AMOUNT | CREDIT | |
|--|------|--------|--------|---------|
| 18. Income Tax Imposed by government units outside Michigan. Attach a copy of the return (see instructions)..... | 18a. | 00 | 18b. | 00 |
| 19. Michigan Historic Preservation Tax Credit carryforward and/or Small Business Investment Tax Credit (see instructions)..... | 19a. | 00 | 19b. | 00 |
| 20. Income Tax. Subtract the sum of lines 18b and 19b from line 17. If the sum of lines 18b and 19b is greater than line 17, enter "0"..... | 20. | | 20. | 2065 00 |

Filer's Full Social Security Number

| |
|-----------------|
| *** — ** — 9093 |
|-----------------|

| | | | |
|--|-----|------|----|
| 21. Enter amount of Income Tax from line 20..... | 21. | 2065 | 00 |
| 22. Voluntary Contributions from Form 4642, line 11. Attach Form 4642 | 22. | | 00 |
| 23. USE TAX. Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1 (see instructions)..... | 23. | 0 | 00 |
| 24. Total Tax Liability. Add lines 21, 22 and 23..... | 24. | 2065 | 00 |

REFUNDABLE CREDITS AND PAYMENTS

| | | | |
|--|------|------|----|
| 25. Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 | 25. | | 00 |
| 26. Farmland Preservation Tax Credit. Attach MI-1040CR-5 | 26. | | 00 |
| 27. a. Federal Earned Income Tax Credit..... | 27a. | | 00 |
| b. Michigan Earned Income Tax Credit. Multiply line 27a by 6% (0.06)..... | 27b. | | 00 |
| 28. Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581 | 28. | | 00 |
| 29. Michigan tax withheld from Schedule W, line 7. Attach Schedule W (do not submit W-2s) | 29. | 1852 | 00 |
| 30. Estimated tax, extension payments and 2015 credit forward..... | 30. | | 00 |
| 31. Total refundable credits and payments. Add lines 25, 26, 27b, 28, 29 and 30..... | 31. | 1852 | 00 |

REFUND OR TAX DUE

| | | | |
|---|-----|-----|----|
| 32. If line 31 is less than line 24, subtract line 31 from line 24. Include interest <input type="text"/> and penalty <input type="text"/> if applicable (see instr.) YOU OWE | 32. | 213 | 00 |
| 33. Overpayment. If line 31 is greater than line 24, subtract line 24 from line 31..... | 33. | | 00 |
| 34. Credit Forward. Amount of line 33 to be credited to your 2017 estimated tax for your 2017 tax return ... | 34. | | 00 |
| 35. Subtract line 34 from line 33..... REFUND | 35. | | 00 |

DIRECT DEPOSIT

Deposit your refund directly to your financial institution! See instructions and complete a, b and c.

| | | |
|----------------------------------|--------------------------|---|
| a. Routing Transit Number | b. Account Number | c. Type of Account |
| | | 1. <input type="checkbox"/> Checking 2. <input type="checkbox"/> Savings |

| | | | |
|---|-----|---|-----|
| Deceased Taxpayer. If Filer and/or Spouse died after December 31, 2015, enter dates below. ENTER DATE OF DEATH ONLY. Example: 04-15-2016 (MM-DD-YYYY) | | Preparer Certification. I declare under penalty of perjury that this return is based on all information of which I have any knowledge. | |
| Filer | — — | Spouse | — — |
| Taxpayer Certification. I declare under penalty of perjury that the information in this return and attachments is true and complete to the best of my knowledge. | | Preparer's PTIN, FEIN or SSN | |
| Filer's Signature | | Preparer's Name (print or type) | |
| Date | | Preparer's Business Name, Address and Telephone Number | |
| Spouse's Signature | | H&T TRUSTED TAX LLC | |
| Date | | 2405 HAMMOCK LAKE DR | |
| <input type="checkbox"/> By checking this box, I authorize Treasury to discuss my return with my preparer. | | LITTLE ELM TX 75068 | |

Refund, credit, or zero returns. Mail your return to: **Michigan Department of Treasury, Lansing, MI 48956**

Pay amount on line 32. Mail your check and return to: **Michigan Department of Treasury, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print the last four digits of your **Social Security number** and "**2016 Income Tax**" on the front of your check. If paying on behalf of another taxpayer, **write the filer's name and the last four digits of the filer's Social Security number** on the check. Do not staple your check to the return. You can pay electronically using Michigan's e-Payments service. Keep a copy of your return and supporting schedules for six years. For more information and to check your refund status, have a copy of your MI-1040 available when you visit www.michigan.gov/iit.

2016 MICHIGAN Schedule 1 Additions and Subtractions

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: Ø 1 4 7

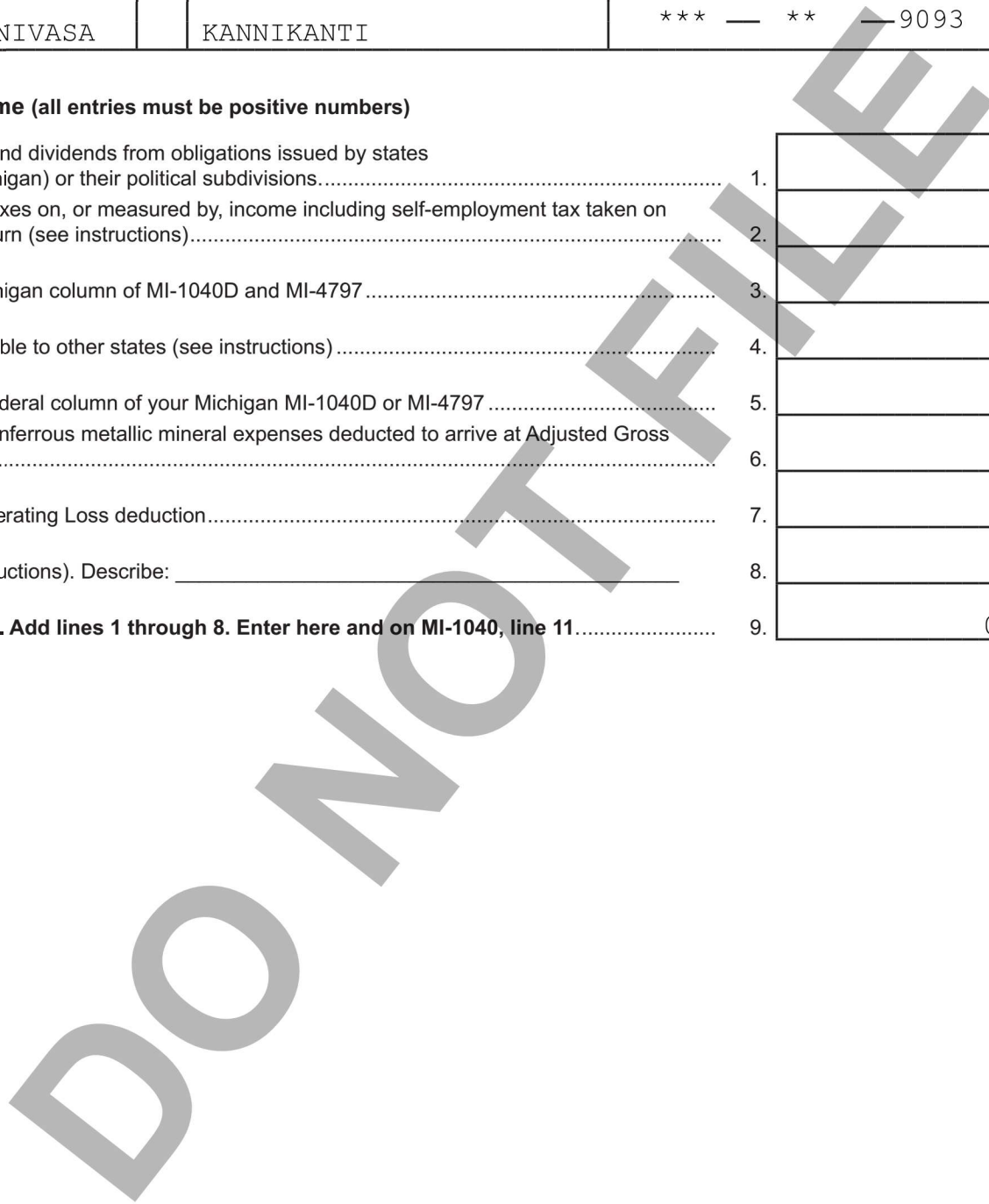
Attachment 01

Attach to Form MI-1040.

| | | | |
|--|------|--------------------------------|---|
| Filer's First Name LAKSHMI SRINIVASA | M.I. | Last Name KANNIKANTI | Filer's Full Social Security No. (Example: 123-45-6789) *** — ** — 9093 |
|--|------|--------------------------------|---|

Additions to Income (all entries must be positive numbers)

| | | | |
|--|----|----|----|
| 1. Gross interest and dividends from obligations issued by states (other than Michigan) or their political subdivisions..... | 1. | | 00 |
| 2. Deduction for taxes on, or measured by, income including self-employment tax taken on your federal return (see instructions)..... | 2. | | 00 |
| 3. Gains from Michigan column of MI-1040D and MI-4797 | 3. | | 00 |
| 4. Losses attributable to other states (see instructions) | 4. | | 00 |
| 5. Net loss from federal column of your Michigan MI-1040D or MI-4797 | 5. | | 00 |
| 6. Oil, gas, and nonferrous metallic mineral expenses deducted to arrive at Adjusted Gross Income (AGI) | 6. | | 00 |
| 7. Federal Net Operating Loss deduction..... | 7. | | 00 |
| 8. Other (see instructions). Describe: _____ | 8. | | 00 |
| 9. Total additions. Add lines 1 through 8. Enter here and on MI-1040, line 11 | 9. | 0. | 00 |



2016 MICHIGAN Schedule 1 Additions and Subtractions

| | | | |
|--|------|--------------------------------|---|
| Filer's First Name LAKSHMI SRINIVASA | M.I. | Last Name KANNIKANTI | Filer's Full Social Security No. (Example: 123-45-6789) *** — ** — 9093 |
|--|------|--------------------------------|---|

Subtractions from Income (all entries must be positive numbers)

| | | | |
|--|-----|-------|----|
| 10. Income from U.S. government bonds and other U.S. obligations included in MI-1040, line 10. Attach U.S. <i>Schedule B</i> if over \$5,000 | 10. | | 00 |
| 11. Amount included in MI-1040, line 10, from military retirement benefits due to service in the U.S. Armed Forces or Michigan National Guard, or taxable railroad retirement benefits | 11. | | 00 |
| 12. Gains from federal column of Michigan MI-1040D and MI-4797 | 12. | | 00 |
| 13. Income attributable to another state. Explain type and source: <u>SCHEDULE NR</u> | 13. | 17119 | 00 |
| 14. Taxable Social Security benefits or military pay (not retirement) included on MI-1040, line 10 .. | 14. | | 00 |
| 15. Income earned while a resident of a Renaissance Zone (see instructions) | 15. | | 00 |
| 16. Michigan state and local income tax refunds received in 2016 and included on MI-1040, line 10..... | 16. | | 00 |
| 17. Michigan Education Savings Program and MI 529 Advisor Plan | 17. | | 00 |
| 18. Michigan Education Trust | 18. | | 00 |
| 19. Oil, gas, and nonferrous metallic minerals income included in AGI..... | 19. | | 00 |
| 20. Resident Tribal Member income exempted under a State/Tribal tax agreement or pursuant to <i>Revenue Administrative Bulletin 1988-47</i> | 20. | | 00 |
| 21. Michigan Net Operating Loss Deduction | 21. | | 00 |
| 22. Miscellaneous subtractions (see instructions). Describe: | 22. | | 00 |

Deduction Based on Year of Birth

Complete this section if you are eligible to claim the Michigan Standard Deduction, the deduction for retirement benefits or the deduction for senior investment income on lines 24, 25 or 26. If you complete line 24, 25 or 26, lines 23A through 23F must be completed for you and your spouse, if married.

NOTE: See instructions before continuing with this section.

| | | | | | | |
|-----|----------------------|--------------------|--------------------------|----------------------|--------------------|--------------------------|
| 23. | FILER | | | SPOUSE | | |
| | A. | B. Age | C. | D. | E. Age | F. |
| | Year of Birth (19xx) | (as of 12-31-2016) | Check if SSA Exempt | Year of Birth (19xx) | (as of 12-31-2016) | Check if SSA Exempt |
| | 1991 | 25 | <input type="checkbox"/> | | | <input type="checkbox"/> |

| | | | |
|---|-----|--|----|
| 24. Michigan Standard Deduction. Complete this line ONLY if the older of you or your spouse (if married) was born during the period January 1, 1946 through January 1, 1950, and reached age 67 on or before December 31, 2016. Do not complete lines 25 and 26 | 24. | | 00 |
| 25. Retirement benefits. Enter amount from line 15, 26, 27 or 28 of Form 4884, <i>Michigan Pension Schedule</i> . Attach Form 4884 | 25. | | 00 |
| 26. Dividend/interest/capital gains deduction for taxpayers 71 years and older . Deduction is limited to \$11,115 for single or married filing separately filers and \$22,229 for joint filers, less any deduction for retirement benefits (see instructions)..... | 26. | | 00 |

Check this box if you are the unremarried surviving spouse claiming a dividend, interest or capital gains deduction for someone born before 1946 who was at least age 65 at the time of death.

| | | | |
|--|-----|--------|----|
| 27. Total subtractions. Add lines 10 through 26. Enter here and on MI-1040, line 13 | 27. | 17119. | 00 |
|--|-----|--------|----|

2016 MICHIGAN Nonresident and Part-Year Resident Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0 1 4 7

Attach to Form MI-1040. Read all instructions before completing this form.

Attachment 02

| | | | |
|---|------|--------------------------------|--|
| 1. Filer's First Name LAKSHMI SRINIVASA | M.I. | Last Name KANNIKANTI | 2. Filer's Full Social Security No. (Example: 123-45-6789) *** — ** — 9093 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

4. 2016 RESIDENCY STATUS:

Check all that apply.

a. Nonresident

b. Part-Year Resident of Michigan.
Enter dates of Michigan residency in 2016*

*Dates of Michigan residency in 2016 (Enter dates as MM-DD-YYYY, Example: 04-15-2016)

| | FILER | | SPOUSE | |
|-------|-------|----|--------|---|
| FROM: | 03 | 05 | — | — |
| | 2016 | | 2016 | |
| TO: | 10 | 31 | — | — |
| | 2016 | | 2016 | |

Income Allocation

| | A. Total Income | | B. Michigan Income | | C. Other State(s) Income | |
|--|-----------------|----|--------------------|----|--------------------------|----|
| 5. Wages, salaries, other payments (tips, etc.) | 71704 | 00 | 51585 | 00 | 20119 | 00 |
| 6. Interest and dividends | | 00 | | 00 | | 00 |
| 7. Business and farm income (attach U.S. Schedules C and F)..... | | 00 | | 00 | | 00 |
| 8. Gains/losses from MI-1040D or U.S. Schedule D, and/or MI-4797 or U.S Form 4797..... | | 00 | | 00 | | 00 |
| 9. Income reported on U.S. Schedule E (attach U.S. Schedule E and supporting statements).... | | 00 | | 00 | | 00 |
| 10. Pensions, IRA distributions, annuities and Social Security (see Form 4884)..... | | 00 | | 00 | | 00 |
| 11. Other (see instructions)..... | | 00 | | 00 | | 00 |
| 12. Total income. Add lines 5 through 11..... | 71704 | 00 | 51585 | 00 | 20119 | 00 |
| 13. Enter the total adjustments from U.S. Form 1040 or 1040A. Describe: <u>MOVING EXPENSES</u> | 3000 | 00 | 0 | 00 | 3000 | 00 |
| 14. Subtract line 13 from line 12. The amount in column A should equal MI-1040, line 10. Enter amount in column C on Schedule 1, line 13 or, if a negative amount, enter as a positive amount on Schedule 1, line 4. | 68704 | 00 | 51585 | 00 | 17119 | 00 |

Exemption Allowance (If one spouse is a full-year resident, and the other is not, see instructions.)

| | | | |
|--|-----|-------|----|
| 15. Enter amount from MI-1040, line 9e..... | 15. | 4000 | 00 |
| 16. Enter Michigan source income from line 14, column B..... | 16. | 51585 | 00 |
| 17. Enter total income from line 14, column A..... | 17. | 68704 | 00 |
| 18. Divide line 16 by line 17 (if line 16 is greater than line 17, enter 100%)..... | 18. | 75.08 | % |
| 19. If both spouses are part-year or nonresidents, multiply line 15 by the percentage on line 18 and enter here and on MI-1040, line 15. If one spouse is a full-year resident, complete Worksheet 5 and enter here and on MI-1040, line 15..... | 19. | 3003 | 00 |

2016 MICHIGAN Withholding Tax Schedule

Issued under authority of Public Act 281 of 1967, as amended.

Type or print in blue or black ink. Print numbers like this: 0123456789 - NOT like this: 0147

Attachment 13

INSTRUCTIONS: If you had Michigan income tax withheld in 2016, you must complete a *Withholding Tax Schedule* (Schedule W) to claim the withholding on your *Individual Income Tax Return* (MI-1040, line 29). Report military pay in Table 1 and military retirement benefits and taxable railroad retirement benefits in Table 2 even if no Michigan tax was withheld. Attach your completed Schedule W to Form MI-1040 or MI-1040X-12 where applicable. See complete instructions on page 2 of this form. If you need additional space, attach another Schedule W.

| | | | |
|--|------|-------------------------|---|
| 1. Filer's First Name LAKSHMI SRINIVASA | M.I. | Last Name KANNIKANTI | 2. Filer's Full Social Security No. (Example: 123-45-6789) *** — ** — 9093 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) — — |

TABLE 1: MICHIGAN TAX WITHHELD OR MILITARY PAY REPORTED ON W-2, W-2G or CORRECTED W-2 FORMS

| A | B | C | D | | E | |
|--|---|-------------------------|--|----|--|---------|
| Enter "X" for: Filer or Spouse | Employer's identification number (Example: 38-1234567) | Box c — Employer's name | Box 1 — Wages, tips, other compensation | | Box 17 — Michigan income tax withheld | |
| X | ** — ***4300 | WAYNYS INC | 59263 | 00 | 1852 | 00 |
| | | | | 00 | | 00 |
| | | | | 00 | | 00 |
| | | | | 00 | | 00 |
| | | | | 00 | | 00 |
| | | | | 00 | | 00 |
| Enter Table 1 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | 00 |
| 4. SUBTOTAL. Enter total of Table 1, column E. | | | | | 4. | 1852 00 |

TABLE 2: MICHIGAN TAX WITHHELD OR MILITARY RETIREMENT BENEFITS AND RAILROAD RETIREMENT BENEFITS REPORTED ON 1099 FORMS

| A | B | C | D | E | | |
|--|--|--------------|---|---------------------------------|----|----|
| Enter "X" for: Filer or Spouse | Payer's federal identification number (Example: 38-1234567) | Payer's name | Taxable pension distribution, misc. income, etc. (see inst.) | Michigan income tax withheld | | |
| | | | | 00 | 00 | |
| | | | | 00 | 00 | |
| | | | | 00 | 00 | |
| | | | | 00 | 00 | |
| | | | | 00 | 00 | |
| | | | | 00 | 00 | |
| Enter Table 2 Subtotal from additional Schedule W forms (if applicable)..... | | | | | | 00 |
| 5. SUBTOTAL. Enter total of Table 2, column E. | | | | | 5. | 00 |

2016 MICHIGAN Direct Debit of Individual Income Tax Payment

Issued under authority of Public Act 281 of 1967 and Public Act 284 of 1964, as amended.

DO NOT MAIL TO TREASURY; RETAIN FOR YOUR RECORDS.

MICHIGAN Direct Debit of Individual Income Tax (Form 5472) provides a record of the direct debit request included in the Michigan and/or City of Detroit electronic return submission. Do not use Form 5472 to make payment to the Michigan Department of Treasury.

| | | | |
|---|------|-------------------------|---|
| 1. Filer's First Name LAKSHMI SRINIVASA RA | M.I. | Last Name KANNIKANTI | 2. Filer's Full Social Security No. (Example: 123-45-6789) *** _ ** _ 9093 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Full Social Security No. (Example: 123-45-6789) _ _ _ _ _ |
| Submission Identification Number | | | |

DIRECT DEBIT DETAILS

4. Name of Financial Institution

5. Routing Transit Number (RTN)

6. Account Number

7. Type of Account (a) Checking (b) Savings

8. Establishment Date (MM-DD-YYYY)

| | | | |
|---|-----|-----|----|
| 9. State Individual Income Tax Payment | 9. | 213 | 00 |
| 10. City of Detroit Individual Income Tax Payment | 10. | | 00 |
| 11. Total. Add lines 9 and 10..... | 11. | 213 | 00 |

DEBIT AMOUNT

DIRECT DEBIT AUTHORIZATION

Submitting the return through e-file, and including the direct debit information shown above, authorizes the Michigan Department of Treasury and its designated financial agent to initiate an electronic funds withdrawal entry to the financial institution account indicated above for payment of my Michigan and/or City of Detroit taxes owed on this return. The authorization is valid for this transaction only.

In the event the payment is returned as unpaid, the Michigan Department of Treasury may charge a return item fee, up to the maximum amount allowed by law.

DO NOT FILE

Michigan Information Worksheet

2016

▶ Keep for your records

Part I – Personal Information

Taxpayer:

Last Name KANNIKANTI
 First Name LAKSHMI SRINIVASA RA
 Middle Initial _____ Suffix _____
 Social Security No. ***-**-9093
 Date of Birth **/**/1991 (mm/dd/yyyy)
 Age as of 12/31/2016 25
 Date of death _____
 Occupation NETWORK ENGINEER
 Work Phone _____
 Home Phone _____

Spouse:

Last Name _____
 First Name _____
 Middle Initial _____ Suffix _____
 Social Security No. _____
 Date of Birth _____ (mm/dd/yyyy)
 Age as of 12/31/2016 _____
 Date of death _____
 Occupation _____
 Work Phone _____

Print phone number on city returns Home TP work Spouse work

c/o Name _____
 Address 12430 METRIC BLVD Apt No. 9208
 City Austin State . . TX ZIP Code 78758
 Foreign province/county _____ Foreign postal code _____
 Foreign country _____
 School District Code ▶ 33130

Part II – Main Form

| | | |
|-------------------------------------|------------------------------|--|
| Taxpayer | Spouse (if different) | Form MI-1040: Full-Year Resident ▶ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Form MI-1040: Nonresident ▶ _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form MI-1040: Part-Year Resident ▶ _____ |

Enter Nonresident and Part-Year Resident allocations on Schedule NR. ▶ _____

Taxpayer residency dates From 03/05/2016 To 10/31/2016

Spouse residency dates From _____ To _____

City Resident Status (complete if filing a city income tax return):

| | | | |
|---------------------------------|---|--------------------------------------|---|
| Detroit | Full-year resident <input type="checkbox"/> | Nonresident <input type="checkbox"/> | Part-year resident <input type="checkbox"/> |
| | _____ | _____ | _____ |
| Spouse's residency if different | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | _____ | _____ |

Other cities:

Caution: ProSeries does not support filing of city returns for Hudson or Port Huron (see tax help)

Important: Complete the table below to indicate the residency status and activate the income tax return(s) for any of the following cities: (The program will prepare **Form(s) CF-1040** for you)

- Albion • Battle Creek • Big Rapids • Flint • Grand Rapids • Grayling
- Hamtramck • Highland Park • Ionia • Jackson • Lansing • Lapeer
- Muskegon • Muskegon Heights • Pontiac • Portland • Saginaw • Springfield
- Walker

| City name | Residency Status | | | | Part-year residents only: | | |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------|-------|
| | Full year | Non res | Part-year | Do Not File | Taxpayer's Former address | Dates of residency | |
| | | | | | Spouse's Former address | From | To |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Part III – Filing Status

- Single
- Married, filing jointly
- Married, filing separately

Part IV – Dependent Information

| Full Name | Relationship | Age | Disabled Veteran | Special exemption code | Filing a 2016 Michigan tax return |
|-----------|--------------|-----|--------------------------|------------------------|-----------------------------------|
| | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> |

Part V – Homeowner/Renter Information

Taxpayer's status:

- Homeowner who paid property tax
- Renter (including alternate housing facilities)
- Mobile home park resident

QuickZoom to Property Tax Information Worksheet

Part VI – Electronic Filing Information

- File state return electronically

Electronic PDF Attachments

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

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Fed/State (F/S) Return:

- Yes No
- Use Federal Signature (PIN) in place of MI-8453 (See Help)

State-Only (SO) Return:

- Yes No
- Use Electronic Signature Alternative, (ESA) (Shared Secrets) in place of MI-8453 (See Help)

Michigan EF Signature:

TP's Prior Year Adjusted Gross Income or Household Income (See Help)

TP's Prior Year Refund or Tax Due Amount (See Help)

Spouse's Prior Year Adjusted Gross Income or Household Income (See Help)

Spouse's Prior Year Refund or Tax Due Amount (See Help)

Detroit EF Signature:

TP's Prior Year Adjusted Gross Income (See Help)

TP's Prior Year Refund or Tax Due Amount (See Help)

Spouse's Prior Year Adjusted Gross Income (See Help)

Spouse's Prior Year Refund or Tax Due Amount (See Help)

EF Status Dates:

Date return was EFiled

Date return was accepted by state

Date Form MI-1040-V was given to client

QuickZoom to Form MI-8453 Additional Information Smart Worksheet

Part VII – Direct Deposit Information or Electronic Funds Withdrawal Information

State Information:

- Yes No
- Use direct deposit for any state tax refund
- Use Electronic Funds Withdrawal for state tax payment (Electronic Filing Only)?

State balance-due amount from this return 213.

Enter the payment date to withdraw from the account below 02/06/2017

City Information:

- Use direct deposit for any city tax refund (see help)
- Use electronic funds withdrawal for any city tax due (see help)

Enter the payment date to withdraw from the account below

Bank Information (State and City):

For any of the above options, fill out information below:

For direct deposit or electronic funds withdrawal, fill out information below:

Name of financial institution

Account type Checking Savings

Routing number ****5813

Account number **3687

International ACH Transactions

- Yes No
- Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VIII – Additional Return Information

Exemptions:

| | | |
|--------------------------|--------------------------|--|
| Taxpayer | Spouse | |
| <input type="checkbox"/> | <input type="checkbox"/> | Blind |
| <input type="checkbox"/> | <input type="checkbox"/> | Deaf |
| <input type="checkbox"/> | <input type="checkbox"/> | Paraplegic/Hemiplegic/Quadriplegic |
| <input type="checkbox"/> | <input type="checkbox"/> | Totally and Permanently Disabled |
| <input type="checkbox"/> | <input type="checkbox"/> | Disabled Veteran |
| <input type="checkbox"/> | <input type="checkbox"/> | Can be claimed as a dependent on someone else's return |

Person Filing on Behalf of Deceased:

Use federal Form 1310 in place of Form MI-1310
 Personal Representative
 Claimant

First Name . . . _____ Middle Initial . . . _____ Last Name . . . _____
Address _____
City _____ State . . . _____ ZIP Code . . . _____

Address Change for CF-1040 city returns only (excludes Detroit):

Address is same as last year

State Campaign Fund:

Yes No
 Does TP want \$3 to go to State Campaign Fund?
 Does spouse want \$3 to go to State Campaign Fund?

Part IX – Preparer Information

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

If not signing as preparer, have following printed instead of firm information:

self-prepared or
 prepared by a non-paid preparer

Third Party Designee (See Help):

Yes No
 TP authorizes Michigan Department of Treasury to discuss return with preparer (**MI-1040 and Detroit returns only**)?
 TP authorizes another person (designee) to discuss return with **city** Income Tax Department (**CF-1040 only**)?
 Preparer is third party designee (**CF-1040 only**)?

Third party designee information for CF-1040 city returns only (excludes Detroit):

Designee's name (other than preparer) _____
Designee's phone number (other than preparer) _____
Personal identification number _____

Part X – Extension Status

State Extension:

Yes No
 Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form 4: Application for extension to file tax returns _____ ▶

City Extensions (excludes Detroit):

Yes No
 Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form CF-4868: Application for extension to file **Michigan city** tax returns _____ ▶

QuickZoom to Form CF-4868-EFT: Application for extension to file **Michigan city** tax returns. _____ ▶

QuickZoom to Form MI-1040: Individual Income Tax Return _____ ▶

DO NOT FILE

Total Household Resources Worksheet

2016

▶ Keep for your records

Name as Shown on Return
LAKSHMI SRINIVASA RA KANNIKANTI

Social Security Number
***-**-9093

Household Income Computation (for full year and part-year residents)

| | Column A | Column B |
|--|-----------------|---|
| Full year residents: Complete column A only. | Total Amount | Received during Michigan residency |
| Part-year residents: Complete columns A and B. QuickZoom to Schedule NR before completing column B . . . ▶ _____ | | |
| 1 Wages, salaries, tips, sick, strike and SUB pay ▶ 1 | 71,704. | 51,585. |
| Interest and dividends: | | |
| 2 a Taxable interest and dividend income | | |
| less: interest and dividend income from Schedules K-1 | | |
| b Nontaxable interest | | |
| Interest and dividends (including nontaxable interest) ▶ 2 | | |
| Net business and farm income: | | |
| 3 a U.S. Schedule C income or loss | | |
| b Net farm income or loss | | |
| c Other gains or losses | | |
| d Income from Schedules K-1 | | |
| Net business and farm income ▶ 3 | | 0. |
| Net royalty and rent income: | | |
| 4 U.S. Schedule E income (if negative, enter 0). ▶ 4 | | |
| Retirement pension and annuity benefits: | | |
| 5 a Pension and IRA distributions | | |
| b Lump-sum distribution | | |
| Name of payer: _____ | | |
| Retirement pension and annuity benefits ▶ 5 | | |
| Capital gains or (losses): | | |
| 6 a Capital gains less capital losses | | |
| b Excluded gain on sale of residence | | |
| Combine lines 6a and 6b ▶ 6 | | |
| Alimony and other taxable income: | | |
| 7 a Gambling/lottery winnings | | |
| b Prizes and awards from Form 1099-MISC | | |
| c Combine lines 7a and 7b | | |
| d Line 7c minus \$300 | | |
| e Other income from Form 1099-MISC | | |
| f Alimony received | | |
| g Other taxable income | | |
| h Combine lines 7d through 7g | | |
| less: prior year Michigan Property Tax Credit (see tax help) | | |
| Total. Describe: _____ ▶ 7 | | |
| Social security, SSI and railroad retirement benefits: | | |
| 8 a Social security or railroad retirement benefits | | |
| b Less deductions for medicare premiums | | |
| c Supplemental security income | | |
| d Death benefits and amounts received for minor children or other dependent adults who live with you | | |
| Combine lines 8a through 8d ▶ 8 | | |
| 9 Child support and foster parent payments ▶ 9 | | |
| 10 Unemployment compensation ▶ 10 | | |
| 11 Cash or merchandise received or expenses paid on your behalf (rents, taxes, utilities, food, medical care, etc.) by parents, relatives or friends in excess of \$300 ▶ 11 | | |

| | | | |
|---------------------------------|---|---------|---------|
| Other nontaxable income: | | | |
| 12 a | Compensation for damages to character or for personal injury or sickness | | |
| b | An inheritance or life insurance proceeds (from other than spouse). | | |
| c | Death benefits paid by or on behalf of an employer. | | |
| d | Minister's housing allowance | | |
| e | Forgiveness of debt to the extent not included in income less: exception for 'workout' loan modification | | |
| f | Adoption subsidies. | | |
| g | Combat pay from W-2, box 12 code Q. | | |
| h | Nongovernmental scholarship, stipend, grant, or GI bill benefits and payments made directly to an educational institution. | | |
| i | Reimbursement from dependent care and/or medical care spending accounts. | | |
| j | If you are married, filing separately include your spouse's income unless you maintained separate homesteads. Complete and attach Form 5049 | | |
| k | Other (see <i>Tax Help</i>). Enter description: | | |
| | Total. Describe: ▶ 12 | | |
| 13 | Workers' compensation, veterans' disability compensation ▶ 13 | | |
| 14 | FIP and other MDHHS benefits ▶ 14 | | |
| 15 | Subtotal. Add lines 1 through 14. ▶ 15 | 71,704. | 51,585. |
| Adjustments: | | | |
| 16 a | IRA deduction | | |
| b | Moving expenses | 3,000. | 0. |
| c | One half of self-employment tax | | |
| d | Self-employment health insurance deduction | | |
| e | SEP, SIMPLE or qualified plans | | |
| f | Penalty for early withdrawal. | | |
| g | Alimony paid | | |
| h | Student loan interest deduction. | | |
| i | Health savings account deduction | | |
| j | Net operating loss deduction: (1) Federal net operating loss deduction. (2) Federal modified taxable income (see <i>Help</i>). (3) Enter the smaller of (1) or (2). If less than zero, enter -0-. | | |
| k | Educator expenses | | |
| l | Tuition and fees deduction | | |
| m | Certain business expenses of reservists, performing artists, and fee-basis government officials | | |
| n | Domestic production activities deduction | | |
| o | Archer MSA deduction | | |
| p | Jury duty pay given to employer | | |
| q | Other adjustments | | |
| 16 | Total adjustments. Describe: <u>Moving expenses</u> ▶ 16 | 3,000. | 0. |
| 17 a | Medical insurance or HMO premiums you paid for you and your family (after tax premiums only). | | |
| b | Automobile insurance premiums (medical care portion only) | | |
| 17 | Total medical insurance (line 17a plus line 17b) ▶ 17 | | |
| 18 | Add lines 16 and 17 ▶ 18 | 3,000. | 0. |
| 19 | Total Household Resources. Subtract line 18 from line 15. ▶ 19 | 68,704. | 51,585. |

QuickZoom to Form MI-1040CR (Homestead Property Tax Credit) ▶ _____
 QuickZoom to Form MI-1040CR2 (Property Tax Credit for Veterans and Blind People) ▶ _____
 QuickZoom to Form MI-1040CR7 (Home Heating Credit) ▶ _____

Tax Payments Worksheet

2016

► Keep for your records

| | |
|---|---------------------------------------|
| Name LAKSHMI SRINIVASA RA KANNIKANTI | Social Security Number ***-**-9093 |
|---|---------------------------------------|

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 1,852. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 1,852. |
| 15 | Date return will be filed and balance paid | 15 | |

Smart Worksheets from your 2016 Michigan Tax Return

SMART WORKSHEET FOR: Form 1040 Schedule 1: Additions and Subtractions

| Other States Income Smart Worksheet | |
|--|----------------|
| Full year residents: | |
| A Apportioned income from MI-1040H, line 11 | _____ |
| B Business income (including rents and royalties) derived solely in another state | _____ |
| Part-year or nonresidents: | |
| C Enter the amount of income from Schedule NR, line 14, column C | <u>17,119.</u> |

DO NOT FILE

SMART WORKSHEET FOR: Form 1040 Schedule NR: Nonresident and Part-Year Resident Schedule

| Income Allocation Smart Worksheet | | |
|--|--------------------------------------|---|
| | Column A Total Income | Column B Michigan Income |
| 1 Wages, salaries, tips, sick, strike and SUB pay | 71,704. | 51,585. |
| 2 Interest and dividends from U.S. Schedule B | | |
| 3 Business income or loss from U.S. Schedule C | | |
| 4 Farm income or loss from U.S. Schedule F | | |
| 5 Capital gains/losses from U.S. Schedule D | | |
| 6 Income reported on U.S. Schedule E | | |
| 7 Pension and IRA distributions | | |
| 8 Taxable Social Security benefits | | |
| 9 State and local tax refunds | | |
| 10 Alimony received | | |
| 11 Unemployment compensation | | |
| 12 Other gains or losses from U.S. Form 4797 | | |
| 13 Other income | | |
| 14 Total income. Add lines 1 through 13 | 71,704. | 51,585. |
| 15 Educator expenses | | |
| 16 Certain business expenses of reservists, performing artists, and fee-basis government officials | | |
| 17 IRA deduction | | |
| 18 Student loan interest deduction | | |
| 19 Tuition and fees deduction | 0. | |
| 20 Health savings account deduction | | |
| 21 Moving expenses | 3,000. | 0. |
| 22 One-half of self-employment tax | | |
| 23 Self-employment health insurance deduction | | |
| 24 Self-Employed SEP, SIMPLE or qualified plans | | |
| 25 Penalty for early withdrawal of savings | | |
| 26 Alimony paid | | |
| 27 Domestic production activities deduction | | |
| 28 Archer MSA deduction | | |
| 29 Jury duty pay given to employer | | |
| 30 Other adjustments to income | | |
| 31 Total adjustments. Add lines 15 through 30 | 3,000. | 0. |
| 32 Adjusted gross income. Subtract line 31 from line 14 | 68,704. | 51,585. |