

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

Your first name and initial: **SHARMILADEVI** Last name: **KRISHNASAMY** Your social security number: **154-27-8838**

If a joint return, spouse's first name and initial: **ARIHARAN** Last name: **MANI PILLAI** Spouse's social security number: **942-97-9025**

Home address (number and street): **1620 VOGT DR** Apt. no.: **103**

City, town or post office, state, and ZIP code: **WEST BEND WI 53095**

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

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:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
KAUSHIK	ARIHARAN	948-98-8732	SON	<input checked="" 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 **3**

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

No. of children on 6c who:
 • lived with you: **1**
 • did not live with you due to divorce or separation (see instructions): _____

Dependents on 6c not entered above: _____

Add numbers on lines above: **3**

Income	Amount	Code	Total
7 Wages, salaries, tips, etc. Attach Form(s) W-2	DCB 5,000	7	113,581
8a Taxable interest. Attach Schedule B if required		8a	
b Tax-exempt interest. Do not include on line 8a		8b	
9a Ordinary dividends. Attach Schedule B if required		9a	
b Qualified dividends		9b	
10 Taxable refunds, credits, or offsets of state and local income taxes		10	
11 Alimony received		11	
12 Business income or (loss). Attach Schedule C or C-EZ		12	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	
14 Other gains or (losses). Attach Form 4797		14	
15a IRA distributions	15a	15b Taxable amount	
16a Pensions and annuities	16a	16b Taxable amount	
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	20b Taxable amount	
21 Other income		21	
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	113,581

Adjusted Gross Income	Amount	Total
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	3,928
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	3,928
37 Subtract line 36 from line 22. This is your adjusted gross income	37	109,653

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	109,653
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
41	Subtract line 40 from line 38	41	97,053
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	84,903
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	12,774
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	12,774
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	1,000
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,000
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	11,774

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60 a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	11,774

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	12,477
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	12,477

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	703
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	703
b	Routing number <input type="checkbox"/> 011900254 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> 385019299404		
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 **Sanjay Lodha** Phone no. **412-269-0499** Personal identification number (PIN) **00099**

Sign Here

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

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

Your signature	Date	Your occupation	Daytime phone number
78838	03-07-2017	IT PROFESSIONAL	860-944-4576
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst.)
79025	03-07-2017	HOMEMAKER	

Paid Preparer Use Only

Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Sanjay Lodha	03-14-2017		P00446378
Print/Type preparer's name	Sanjay Lodha		
Firm's name	Dwyer & Lodha Associates Inc	Firm's EIN	27-3372315
Firm's address	280 Moon Clinton Road Moon Township, PA 15108		Phone no. 412-269-0499

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
 ▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.

Name(s) shown on return: SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI
 Your social security number: 154-27-8838

Part I **Persons or Organizations Who Provided the Care - You must complete this part.**
 (If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
NONE				

Did you receive dependent care benefits?
--

→
No
→ Complete only Part II below.
Yes
→ Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

2	(a) Qualifying person's name <small>First Last</small>	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3																																																											
4 Enter your earned income . See instructions	4																																																											
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5																																																											
6 Enter the smallest of line 3, 4, or 5	6																																																											
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7																																																											
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																												
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions	9																																																											
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	12,774																																																										
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11																																																											

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	5,000
13	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15	5,000
16	Enter the total amount of qualified expenses incurred in 2016 for the care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	
18	Enter your earned income . See instructions	18	108,581
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	
20	Enter the smallest of line 17, 18, or 19	20	
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	
23	Subtract line 22 from line 15	23	5,000
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	5,000

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You cannot take the credit. Exception. If you paid 2015 expenses in 2016, see the instructions for line 9	29	
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit

OMB No. 1545-0074

2016

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

154-27-8838

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)

! Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

CAUTION

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

A For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes **No**

B For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes **No**

C For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes **No**

D For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers

<p>1 If you file Form 2555 or 2555-EZ stop here, you cannot claim the additional child tax credit.</p>			
<p>If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:</p>			
<p>1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).</p>		1	
<p>1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).</p>			
<p>1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).</p>			
<p>2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49</p>		2	
<p>3 Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit</p>		3	
<p>4a Earned income (see separate instructions)</p>	4a		
<p>b Nontaxable combat pay (see separate instructions)</p>	4b		
<p>5 Is the amount on line 4a more than \$3,000?</p> <p><input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6.</p> <p><input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result</p>	5		
<p>6 Multiply the amount on line 5 by 15% (0.15) and enter the result</p> <p>Next. Do you have three or more qualifying children?</p> <p><input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13.</p> <p><input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.</p>	6		

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), Child Tax Credit (CTC), and American Opportunity Tax Credit (AOTC)

► **To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.**
► **Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.**

Taxpayer name(s) shown on return <u>SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI</u>	Taxpayer identification number <u>154-27-8838</u>
--	--

Enter preparer's name and PTIN
Sanjay Lodha P00446378

Due Diligence Requirements

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
1 Did you complete the return based on information for tax year 2016 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? Answer "Yes" only if you can answer "Yes" to both 3a and 3b. To meet the knowledge requirement, did you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Interview the taxpayer, ask adequate questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Review adequate information to determine that the taxpayer is eligible to claim the credit(s) and in what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct or complete information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, did you keep a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on. <u>Form 8867,</u> _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you complete the required recertification form(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If the taxpayer is reporting self-employment income, did you ask adequate questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to question 10.)

	EIC	CTC/ACTC	AOTC
9a Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules), and have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to question 11.)

10a Does the child reside with the taxpayer who is claiming the CTC/ACTC? (If "Yes," go to question 10c. If "No," answer question 10b.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c Have you determined that the taxpayer has not released the claim to another person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to *Credit Eligibility Certification*.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--

- ▶ **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - B. Submit Form 8867 in the manner required;
 - C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867,
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 - 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 - 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 - 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- ▶ **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

Credit Eligibility Certification

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	---

Name(s) shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Your social security number

154-27-8838

- 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	3,984
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	2,022
3	Add lines 1 and 2	3	6,006
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	2,078
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	3,928

General Instructions
Future Developments

For the latest information about developments related to Form 3903 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form3903.

What's New

For 2016, the standard mileage rate for using your vehicle to move to a new home is 19 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Moving Expenses You Can Deduct

You can deduct the reasonable expenses of moving your household goods and personal effects and of traveling from your old home to your new home. Reasonable expenses can include the cost of lodging (but not meals) while traveling to your new home. You cannot deduct the cost of sightseeing trips.

Who Can Deduct Moving Expenses

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance and time tests that follow. Also, your move must be closely related both in time and place to the start of work at your new job location. For more details, see Pub. 521.

TIP *Members of the Armed Forces may not have to meet the distance and time tests. See Members of the Armed Forces later in the instructions.*

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.

TIP *To see if you meet the distance test, you can use the worksheet below.*

Distance Test Worksheet

Keep a Copy for Your Records

1.	Number of miles from your old home to your new workplace	1.	<u>1,024</u> miles
2.	Number of miles from your old home to your old workplace	2.	<u>8</u> miles
3.	Subtract line 2 from line 1. If zero or less, enter -0-	3.	<u>1,016</u> miles

Is line 3 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.

CTINST

Filing Instructions

2016

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

SSN or EIN

154-27-8838

Date to file by: 04-18-2017

Form to be filed: CT1040NR and supplemental forms and schedules

Sign and Date: Taxpayer and spouse, if filing jointly, must sign and date the return.

Refund: \$0.00

Address to file: Department of Revenue Services
State of Connecticut
PO Box 2988
Hartford, CT 06104-2988

DRS Use ONLY ▶
M M D D Y Y Y Y

NRPY1216V011024



Form CT-1040NR/PY - 2016
Connecticut Nonresident and Part-Year
Resident Income Tax Return (Rev. 12/16)

Page 1 of 4

Other taxable year, beginning:

and ending:

N S Y FJ

N FS

N HH N QW

154 - 27 - 8838 942 - 97 - 9025

SHARMILADEVI
ARIHARAN

KRISHNASAMY
MANI PILLAI

N Dec. N P
N Dec. Y N

1620 VOGT DR APT 103

N CT-AIT N CT-2210

N CT-8379 N CT-1040CRC

WEST BEND

WI 53095 -

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	109653
2. Additions to federal adjusted gross income (from Schedule 1, Line 40)	2.	0
3. Add Line 1 and Line 2	3.	109653
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	109653
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	2
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	109653
8. Income tax	8.	5211
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.0000
10. Line 9 multiplied by Line 8	10.	0
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	0
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	0
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	0
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	0

Clip check here. Do not staple.
Do not send W-2 or 1099 forms.



NRPY1216V011024

NRPY1216V021024



• 154278838

19. Amount from Line 18

19. • 0

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #	Col. B - CT Wages, Tips, etc.	Sch. CT K-1	Col. C - CT Income Tax Withheld
20a. -	• 0	•	0
20b. -	• 0	•	0
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		20f.	0

20. Total Connecticut income tax withheld: Amounts in Column C.	20.	0
21. All 2016 estimated tax payments and any overpayments applied from a prior year	21.	0
22. Payments made with Form CT-1040 EXT	22.	0
22a. Claim of right credit (from Form CT-1040CRC, Line 6)	22a.	0
23. Total payments: Add Lines 20, 21, 22 and 22a.	23.	0

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2017 estimated tax	25.	0
26. CHET contribution (from Schedule CT-CHET, Line 4)	26.	0
26a. Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.	0

27. **Refund:** Lines 25, 26, and 26a subtracted from Line 24. 27. 0

If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.

27a. Acct. type	Ck.	Sv.	27b. Rout. #	27c. Acct. #
27d. Refund going to a bank account outside the U.S.	27d. N			
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.	0		
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.	0		
30. If late: Interest entered. Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).	30.	0		
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.	0		
32. Total amount due: Add Lines 28 through 31.	32.	0		

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	78838	Date	Home/cell telephone number
Spouse's signature (if joint return)	79025	Date	Daytime telephone number
Paid preparer's signature		Date	Preparer's SSN or PTIN
SANJAY LODHA		• 412-269-0499	P00446378
Firm's name, address, and ZIP code	DWYER & LODHA ASSOCIATES INC	FEIN	273372315
• 280 MOON CLINTON ROAD	MOON TOWNSHIP PA 15108		

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
• SANJAY LODHA	• 412-269-0499	• 00099

Sign Here
Keep a copy for your records.

NRPY1216V031024



• 154278838

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	35.	0
36. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	36.	0
37. Loss on sale of Connecticut state and local government bonds	37.	0
38. Domestic production activities (from federal Form 1040, Line 35)	38.	0
39. Other-specify •	39.	0
40. Total additions: Add Lines 33 through 39.	40.	0
41. Interest on U.S. government obligations	41.	0
42. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	42.	0
43. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	43.	0
44. Refunds of state and local income taxes	44.	0
45. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	45.	0
46. Military retirement pay	46.	0
47. 25% of Connecticut teacher's retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 41 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code	54. •	•
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

NRPY1216V041024



• 154278838

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62. Individual use tax: Add Lines 62a, 62b, and 62c.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MR	63f.	0
63g. CBS	63g. •	0
63. Total Contributions: Add Lines 63a through 63g.	63.	0

Taxpayer email

SHARMILA.K86@GMAIL.COM

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at **www.ct.gov/TSC** using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** completed pages of CT-1040 NY/PY, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, and Form CT-6251. Send all four pages of your completed return, the completed Schedule CT-CHET, and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2016 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2922
Hartford CT 06104-2922

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2988
Hartford CT 06104-2988
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040NRPY.

Do not send this sheet with your return.

Schedule CT-SI

Nonresident or Part-Year Resident

Schedule of Income From Connecticut Sources

2016

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.

Complete in blue or black ink only.

Your first name and middle initial SHARMILADEVI KRISHNASAMY	Last name KRISHNASAMY	Your Social Security Number 154278838
If joint return, spouse's first name and middle initial ARIHARAN MANI PILLAI	Last name PILLAI	Spouse's Social Security Number 942979025

See instructions on Page 28 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*.

Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	▶	1	2	
2. Taxable interest	▶	2		
3. Ordinary dividends	▶	3		
4. Alimony received	▶	4		
5. Business income or (loss)	▶	5		
6. Capital gain or (loss)	▶	6		
7. Other gains or (losses)	▶	7		
8. Taxable amount of IRA distributions	▶	8		
9. Taxable amount of pensions and annuities	▶	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶	10		
11. Farm income or (loss)	▶	11		
12. Unemployment compensation	▶	12		
13. Taxable amount of social security benefits	▶	13		
14. Other income: See instructions	▶	14		
15. Gross income from Connecticut sources: Add Lines 1 through 14	▶	15	2	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶	16		
17. Certain business expenses of reservists, performing artists, and fee-basis government officials	▶	17		
18. Health savings account deduction	▶	18		
19. Moving expenses	▶	19		
20. Deductible part of self-employment tax	▶	20		
21. Self-employed SEP, SIMPLE, and qualified plans	▶	21		
22. Self-employed health insurance deduction	▶	22		
23. Penalty on early withdrawal of savings	▶	23		
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	▶	24		
25. IRA deduction	▶	25		
26. Student loan interest deduction	▶	26		
27. Tuition and fees	▶	27		
28. <i>Reserved for future use</i>	▶	28		
29. Total adjustments: Add Lines 16 through 27	▶	29		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6	▶	30	2	00

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 32.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places	E	.	
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1.	G		
Basis, if other than working days: _____			

Form CT-1040TCS

2016 Tax Calculation Schedule

Name(s) SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI	Social Security No. 154-27-8838
--	------------------------------------

Tax Calculation Schedule

Complete Lines 2, 4, 5, 6, and 8, using *Tables A through E*.

1. Enter Connecticut adjusted gross income (AGI) from Form CT-1040 , Line 5, or Form CT-1040NR/PY , Line 7. Form CT-1040NR/PY filers must enter income from Connecticut sources if it exceeds Connecticut AGI.	1.	109,653	00
2. Enter the exemption amount from <i>Table A, Personal Exemptions</i> . If zero, enter "0."	2.	0	00
3. Connecticut Taxable Income: Subtract Line 2 from Line 1. If less than zero, enter "0."	3.	109,653	00
4. Tax Calculation: See <i>Table B, Tax Calculation</i> .	4.	5,131	00
5. Enter the phase-out amount from <i>Table C, 3% Tax Rate Phase-Out Add-Back</i> . If zero, enter "0."	5.	80	00
6. Enter the recapture amount from <i>Table D, Tax Recapture</i> . If zero, enter "0."	6.	0	00
7. Connecticut Income Tax: Add Lines 4, 5, and 6.	7.	5,211	00
8. Enter the decimal amount from <i>Table E, Personal Tax Credits</i> . If zero, enter "0."	8.	0.00	
9. Multiply the amount on Line 7 by the decimal amount on Line 8.	9.	0	00
10. Connecticut Income Tax: Subtract Line 9 from Line 7. Enter here and on Form CT-1040 , Line 6, or Form CT-1040NR/PY , Line 8.	10.	5,211	00

CTEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2016

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Identification Number

***-**-8838

Address

1620 VOGT DR APT 103
WEST BEND, WI 53095

Thank you for participating in IRS e-file.

1. Your 2016 state income tax return for CT1040NR was filed electronically.
The electronic filing services were provided by Dwyer & Lodha Associates .Inc
2. Your return was accepted on 03-10-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 2541602017069lypsh0e.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

NJINST

Filing Instructions

2016

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

SSN or EIN

154-27-8838

DATE TO FILE BY: 04-18-2017

FORM TO BE FILED: NJ1040 AND SUPPLEMENTAL FORMS AND SCHEDULES

SIGN AND DATE: BE SURE TO SIGN AND DATE YOUR RETURN.

REFUND: \$330.00

ADDRESS TO FILE: NEW JERSEY DIVISION OF TAXATION
REVENUE PROCESSING CENTER - REFUNDS
PO BOX 555
TRENTON, NJ 08647-0555

TRANSACTION METHOD: THE REFUND WILL BE DIRECTLY DEPOSITED INTO YOUR CHECKING ACCOUNT AT BANK OF AMERICA NA ENDING IN 9404.

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
▶ See instructions.

2016

▶ 00254160078657

Taxpayer's name SHARMILADEVI KRISHNASAMY		Social security number 154-27-8838
Spouse's name or Civil Union Prtnr's ARIHARAN MANI PILLAI		Spouse's social security number or Civil Union Prtnr's 942-97-9025

Part I Tax Return Information - Tax Year Ending December 31, 2016 (Whole Dollars Only)

1	New Jersey Taxable income	1	5591.
2	Total tax	2	78.
3	New Jersey income tax withheld	3	408.
4	Refund	4	330.
5	Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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 complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

RTN 011900254
DAN 385019299404
DUE DATE

Taxpayer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2016 electronically filed income tax return.

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
(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2016 electronically filed income tax return.

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 ▶ _____
or Civil Union Prtnr's

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 25416000099
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ SANJAY LODHA Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2016 or Other Tax Year
Beginning _____, 20____ Month Ending _____, 20____
On-line Federal Extension Confirmation # _____

KRISHNASAMY SHARMILADEVI & MANI PILLAI ARIHAR

1620 VOGT DR APT 103

WEST BEND WI 53095 0906

1024 12

154278838 942979025

P00446378 273372315



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> 78838 _____ > 79025 _____
Your Signature Date Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature Federal Identification Number
SANJAY LODHA P00446378

Firm's Name DWYER & LODHA ASSOCIATES INC 280 MOO Federal Employer Identification Number
MOON TOWNSHIP PA 15108 273372315

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY - TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.



KRISHNASAMY SHARMILADEVI & MANI PILLAI ARIHAR

154278838

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Residency Status If you were a New Jersey resident for ONLY part of the taxable year give the period of New Jersey residency

From 010116 To 013116

FILING STATUS

- 1. Single
2. Married/CU Couple filing joint return X
3. Married/CU Couple filing separate return
4. Head of Household
5. Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

- 6. Regular 2
7. Age 65 or Over
8. Blind or Disabled
9. Number of qualified dependent children 1
10. Number of other dependents
11. Dependents attending college
12a. Total (Line 12a - Add Lines 6, 7, 8, and 11) 2
12b. Total (Line 12b - Add Lines 9 and 10) 1

CHECKBOXES FOR EXEMPTIONS

- Regular Spouse/CU Partner X Domestic Partner
Age 65 or older Yourself Spouse/CU Partner
Blind or disabled Yourself Spouse/CU Partner

Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

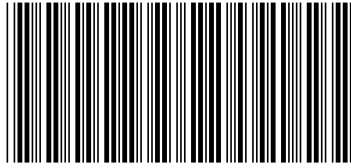
Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR. Row A: ARIHARAN KAUSHIK, 948-98-8732, 2012

If the dependent does not have health insurance including NJ Family Care/Medicaid, Medicare, private or other, check the box

GUBERNATORIAL ELECTIONS FUND

Do you wish to designate \$1 of your taxes for this fund? Yes No
If joint return, does your spouse/CU partner wish to designate \$1? Yes No

Main tax table with 36 rows. Line 26: Total Income 9091. Line 27a: Pension Exclusion. Line 27b: Other Retirement Income Exclusions. Line 27c: Total Exclusion Amount. Line 28: New Jersey Gross Income 9091. Line 29: Total Exemption Amount 3500. Line 35: Total Exemptions and Deductions 3500. Line 36: Taxable Income 5591.



040MP03160

KRISHNASAMY SHARMILADEVI & MANI PILLAI ARIHAR

154278838

1024

37a.	Total Property Taxes Paid (See instruction page 29)	37a.	.
37b.	Block, Lot, and Qualifier (to be entered on page 1)	37b.	.
37c.	County/Municipality Code (to be entered on page 1)	37c.	.
38.	Property Tax Deduction (See instruction page 32)	38.	.
39.	NEW JERSEY TAXABLE INCOME (Subtract Line 38 from Line 36) If zero or less, MAKE NO ENTRY	39.	5591 .
40.	Tax (From Tax Tables, page 53)	40.	78 .
41.	Credit For Income Taxes Paid to Other Jurisdictions	41.	.
41a.	Jurisdiction code (See instructions)	41a.	.
42.	Balance of Tax (Subtract Line 41 from Line 40)	42.	78 .
43.	Sheltered Workshop Tax Credit	43.	.
44.	Balance of Tax after Credit (Subtract Line 43 from Line 42)	44.	78 .
45.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See worksheet and instruction page 36) If no Use Tax, enter ZERO	45.	0 .
46.	Penalty for Underpayment of Estimated Tax	46.	.
46a.	Fill in if Form 2210 is enclosed	46a.	.
47.	Total Tax and Penalty (Add Lines 44, 45, and 46)	47.	78 .
48.	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	48.	408 .
49.	Property Tax Credit (See instruction page 32)	49.	.
50.	New Jersey Estimated Tax Payments/Credit from 2015 tax return	50.	.
51.	New Jersey Earned Income Tax Credit (See instruction page 38)	51.	.
51b.	Fill in the box if you had the IRS figure your Federal Earned Income Credit	51b.	.
51c.	Fill in the box if you are a CU couple claiming the NJ Earned Income Tax Credit	51c.	.
52.	EXCESS New Jersey UI/SF/SWF Withheld (See instruction page 39) (Enclose Form NJ-2450)	52.	.
53.	EXCESS Disability Insurance Withheld (See instruction page 39) (Enclose Form NJ-2450)	53.	.
54.	EXCESS New Jersey Family Leave Withheld (See instruction page 39) (Enclose Form NJ-2450)	54.	.
55.	Total Payments/Credits (Add Lines 48 through 54)	55.	408 .
56.	If Line 55 is LESS THAN Line 47, enter AMOUNT YOU OWE If you owe tax, you may make a donation by entering an amount on Lines 59, 60, 61, 62, 63, and/or 64 and adding this to your payment amount	56.	.
57.	If Line 55 is MORE THAN Line 47, enter OVERPAYMENT Deductions from Overpayment on Line 57 which you elect to credit to:	57.	330 .
58.	Your 2017 tax	58.	.
59.	New Jersey Endangered Wildlife Fund	59.	.
60.	New Jersey Children's Trust Fund	60.	.
61.	New Jersey Vietnam Veterans' Memorial Fund	61.	.
62.	New Jersey Breast Cancer Research Fund	62.	.
63.	U.S.S. New Jersey Educational Museum Fund	63.	.
64.	Other Designated Contribution (See instruction page 40)	64.	.
64c.	Designation code	64c.	.
65.	Total Deductions from Overpayment (Add Lines 58 through 64)	65.	.
66.	REFUND (Amount to be sent to you. Subtract Line 65 from Line 57)	66.	330 .

DIRECT DEPOSIT INFORMATION

dd1.	Refund check box ('1' for refund, '4' for no refund)	dd1.	1
dd2.	Account type ('C' for Checking, 'S' for Savings)	dd2.	C
dd3.	Fill in the checkbox if refund is going to an account outside the United States	dd3.	
dd4.	Routing Number	dd4.	011900254
dd5.	Account Number	dd5.	385019299404
dnm.	Do Not Mail indicator	dnm.	X
pa.	Power of Attorney indicator	pa.	X
pdr.	Presidential Disaster Relief indicator	pdr.	

NJEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2016

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Identification Number

***-**-8838

Address

1620 VOGT DR APT 103
WEST BEND, WI 53095

Thank you for participating in IRS e-file.

1. Your 2016 state income tax return for NJ1040 was filed electronically.
The electronic filing services were provided by Dwyer & Lodha Associates .Inc
2. Your return was accepted on 03-11-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 2541602017069yqu31qe.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

WIEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2016

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Identification Number

***-**-8838

Address

1620 VOGT DR APT 103
WEST BEND, WI 53095

Thank you for participating in IRS e-file.

1. Your 2016 state income tax return for WI1NPR was filed electronically.
The electronic filing services were provided by Dwyer & Lodha Associates .Inc
2. Your return was accepted on 03-11-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 2541602017069vz2fxj0.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return Complete form using BLACK INK

DO NOT STAPLE

Form fields for personal information: Your legal last name (KRISHNASAMY), Legal first name (SHARMILADEVI), M.I., Your social security number (154 27 8838), Spouse's legal last name (MANI PILLAI), Spouse's legal first name (ARIHARAN), M.I., Spouse's social security number (942 97 9025), Home address (1620 VOGT DR), Apt. no. (103), City or post office (WEST BEND), State (WI), Zip code (53095).

Filing status

- Single
[X] Married filing joint return (even if only one had income)
Married filing separate return. Fill in spouse's SSN above and full name here
Head of household (with qualifying person), (see page 8). Also, check here if married

Special conditions

Tax district: Check below then fill in either the name of Wisconsin city, village, or town, and the county in which you lived at the end of 2016 or before leaving Wisconsin (nonresidents leave blank).

City, village, or town: [X] City [] Village [] Town. Selected: WEST BEND

County of: WASHINGTON

School district number See page 43

PAPER CLIP withholding statements here

Resident status Check the status that applies You Spouse

- Full-year resident of Wisconsin
Nonresident of Wisconsin; state of residence _____ (2-letter state abbreviation)
[X] Part-year resident of Wisconsin from 02 01 2016 to 12 31 2016



Note: Complete residence questionnaire, page 51.

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (113581.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (Not taxable), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see page 15) (.00), Farm income or (loss) (see page 15) (.00), Unemployment compensation (see page 16) (.00), Social security benefits (see page 16) (Not taxable), Other income (see pages 16-23). Enclose Schedule M (.00), Combine lines 1 through 15 (113581.00).

I-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 23)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23)	.00	.00
19	Health savings account deduction (see page 23)	.00	.00
20	Moving expenses (see page 23)	3928 .00	3928 .00
21	Deductible part of self-employment tax (see page 23)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 23)	.00	.00
23	Self-employed health insurance deduction (see page 24)	.00	.00
24	Penalty on early withdrawal of savings (see page 24)	.00	.00
25	Alimony paid (see page 24)	.00	.00
26	IRA deduction (see page 24)	.00	.00
27	Student loan interest deduction (see page 24)	.00	.00
28	Tuition and fees (see page 24)	Not deductible for Wisconsin	
29	Domestic production activities deduction (see page 24)	Not deductible for Wisconsin	
30	Other adjustments included in Form 1040, line 36 (see page 24) (list type and amount)	.00	.00
31	Total adjustments to income. Add lines 17 through 30	3928 .00	3928 .00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		96157 .00
33	Federal income. Subtract line 31, column A from line 16, column A	109653 .00	
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 25)	. 8 7 6 9	
Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)		109653 .00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 25		<input type="checkbox"/>
36b	Aliens (see page 25 to determine if you must check line 36b)		<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 41		1528 .00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)		108125 .00
38	Exemptions (Caution: see page 25)		
a	Fill in exemptions from your federal return <u>3</u> x \$700	2100 .00	
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <u> </u> x \$250	.00	
c	Add lines 38a and 38b		2100 .00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)		106025 .00
40	Tax (see table on page 44)		6248 .00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	.00	
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2016-heat included <u>.00</u> } Find credit from table page 27	.00	
	Rent paid in 2016-heat not included <u>.00</u> }	.00	
b	Property taxes paid on home in 2016 <u>.00</u> } Find credit from table page 28	.00	
43	Add credits on lines 41, 42a, and 42b		.00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)		6248 .00
45	Fill in ratio from line 34	. 8 7 6 9	
46	Multiply line 44 by ratio on line 45		5479 .00



Name(s) shown on Form 1NPR SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI	Your social security number 154 27 8838
---	--

47	Fill in amount from line 46		47	5479 .00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48		.00
49	Working families tax credit. (Full-year Wisconsin residents only)	49		.00
50	Certain nonrefundable credits from line 11 of Schedule CR	50		.00
51	Add lines 48 through 50	51		.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52		5479 .00
53	Alternative minimum tax. Enclose Schedule MT	53		.00
54	Add lines 52 and 53	54		5479 .00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55		.00
56	Other credits from Schedule CR, line 35. Enclose Schedule CR	56		.00
57	Net income tax paid to another state. Enclose Schedule OS	57		.00
58	Add lines 55, 56, and 57	58		.00
59	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax	59		5479 .00
60	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 31) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	60		.00
61	Donations (decreases refund or increases amount owed)			
	a Endangered resources .00	e Military family relief .00		
	b Cancer research .00	f Second Harvest/Feeding Amer. .00		
	c Veterans trust fund. .00	g Red Cross WI Disaster Relief .00		
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00		
	Total (add lines a through h)			61i .00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 32) $\times .33 =$	62		.00
63	Credit repayments and other penalties (see page 32)	63		.00
64	Add lines 59 through 63	64		5479 .00

Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65		5931 .00
66	2016 Wisconsin estimated tax paid and amount applied from 2015 return	66		.00
67	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children \times Federal credit \times .00 \times % =	67		.00
68	Farmland preservation credit. a. Schedule FC, line 18	68a		.00
	b. Schedule FC-A, line 13	68b		.00
69	Repayment credit	69		.00
70	Homestead credit. (Full-year Wisconsin residents only)	70		.00
71	Eligible veterans and surviving spouses property tax credit	71		.00
72	Refundable credits from Schedule CR, line 39	72		.00
73	AMENDED RETURN ONLY - amount previously paid (see page 36)	73		.00
74	Add lines 65 through 73	74		5931 .00
75	AMENDED RETURN ONLY - amounts previously refunded (see page 36)	75		.00
76	Subtract line 75 from line 74	76		5931 .00

I-050at



Paper clip a copy of your federal income tax return and schedules to this return.

SSN 154 27 8838

2016 Form 1NPR

Refund or Amount You Owe

77	If line 76 is more than line 64, subtract line 64 from line 76. This is the AMOUNT OVERPAID	77	_____	452 .00
78	Amount of line 77 you want REFUNDED TO YOU	78	_____	452 .00
79	Amount of line 77 to be APPLIED TO YOUR 2017 ESTIMATED TAX	79	_____	.00
80	If line 76 is less than line 64, subtract line 76 from line 64 This is the AMOUNT YOU OWE	80	_____	.00
81	Underpayment interest. Fill in exception code - see Sch. U → _____	81	_____	.00

Also include on line 80 (see page 37).

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 38)? **Yes** Complete the following. **No**

Designee's name ▶ **SANJAY LODHA** Phone no. ▶ **(412-269-0499)** Personal identification number (PIN) ▶

0	0	0	9	9
---	---	---	---	---

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here ▶ Your signature _____ Spouse's signature (if filing jointly, BOTH must sign) _____ Date **03-14-2017**

Mail your return to: Wisconsin Department of Revenue

(if tax is due)	(if refund or no tax due)
PO Box 268	PO Box 59
Madison WI 53790-0001	Madison WI 53785-0001

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

1	Medical and dental expenses from line 4, federal Schedule A. See instructions for exceptions	1	_____	.00
2	Interest paid from lines 10-12 and 14, federal Schedule A. See instructions for exceptions	2	_____	.00
3	Gifts to charity from line 19, federal Schedule A. See instructions for exceptions	3	_____	.00
4	Casualty losses from line 20, federal Schedule A <u>only</u> if the loss is directly related to a federally-declared disaster	4	_____	.00
5	Add lines 1 through 4	5	_____	.00
6a	Wisconsin standard deduction from Form 1NPR, line 36c	6a	_____	.00
6b	Ratio from Form 1NPR, line 34	6b	_____	<u>8</u> <u>7</u> <u>6</u> <u>9</u>
6c	Multiply line 6a by ratio on line 6b. Fill in the result on line 6c	6c	_____	.00
7	Subtract line 6c from line 5. If line 6c is more than line 5, fill in 0 (zero)	7	_____	.00
8	Rate of credit is .05 (5%)	8	_____	x .05
9	Multiply line 7 by line 8. Fill in here and on line 41 of Form 1NPR	9	_____	0 .00

Schedule 2 - Married Couple Credit May be claimed only when both spouses have earned income taxable by Wisconsin.

	(A) YOURSELF	(B) YOUR SPOUSE
1 Wages, salaries, tips, etc., included in column B of line 1 on Form 1NPR. Do not include deferred compensation (even though reported on a W-2) or taxable scholarships or fellowships not reported on a W-2	_____	_____
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income included in column B on Form 1NPR	_____	_____
3 Combine lines 1 and 2. This is your total Wisconsin earned income	_____	_____
4 Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income	_____	_____
5 Subtract line 4 from line 3. This is your qualified earned income	_____	_____
6 Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	_____	_____
7 Rate of credit is .03 (3%)	_____	_____
8 Multiply line 6 by line 7. Round the result and fill in here and on line 55 of Form 1NPR. Do not fill in more than \$480	_____	_____



(keep for your records)

Name(s)

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Social Security No.

154 27 8838

Section 1: Wisconsin Child Care Subtraction

- 1. Number of qualifying person(s) reported on Federal Form 2441, Line 2 1. 1
- 2. Enter \$3,000 if Line 1 is 1, Enter \$6,000 if 2 or more 2. 3000
- 3. Amount reported on Federal Form 2441, Line 6 3. 0
- 4. Enter the lesser of Line 2 or Line 3, if filing WI Form 1 enter this amount on line 11
if filing WI Form 1NPR continue to Section II 4. 0

Section 2: 1NPR Proration

- 5. Enter the amount reported on WI Form 1NPR (Line 16 Column B - Line 31 Column B) 5. 96157
- 6. Enter the amount reported on WI Form 1NPR (Line 16 Column A - Line 31 Column A) 6. 109653
- 7. Divide line 5 by line 6 and enter as a percentage, do not enter more than 100% 7. 87.6921 %
- 8. Multiply line 4 by line 7 and enter on Schedule M line 42 8. _____

LEGAL RESIDENCE (DOMICILE) QUESTIONNAIRE

Your answers to these questions will be used to determine your legal residence. Certain types of income are either taxable or nontaxable to Wisconsin based upon whether you were a legal resident of Wisconsin at the time you received such income. Form 1NPR may be returned to you or its processing delayed if the questionnaire is not completed. If the questionnaire does not fit your situation or you want to submit additional information, enclose an additional sheet describing your particular circumstances.

NAME(S) SHARMILADEVI KRISHNASAMY & ARIH SOCIAL SECURITY NUMBER 154 27 8838

Please check one: (If married filing joint return check one box for each spouse.)

You Spouse

- Full-year Wisconsin resident; did not change domicile from Wisconsin during 2016.
- Changed legal residence from Wisconsin during 2016; have not moved back to Wisconsin.
- Changed legal residence from Wisconsin during or before 2016; have moved back to Wisconsin.
- Changed legal residence to Wisconsin from NJ (state) on 02-01-2016 (date) during 2016; no previous Wisconsin residency. If you check this box, do not complete the rest of the questionnaire.
- Was a nonresident of Wisconsin for all of 2016. Resident of _____ (Nonresident alien; please indicate country)

If you changed your legal residence from Wisconsin during 2015 or 2016 and you did not previously complete a questionnaire for that change, answer the following questions.

1. a. On what date did you move from Wisconsin? _____
b. When you moved from Wisconsin, did you intend to move back to Wisconsin? _____ If yes, when? _____
c. If you moved back to Wisconsin, indicate date and explain the circumstances under which you moved back to Wisconsin. _____
2. Did you establish a legal residence in another state? _____ If yes, in which state and on what date? _____
3. After establishing legal residency in the new state, list the dates you were in Wisconsin. _____
4. When were you physically present in your new state of legal residence (please list dates)? _____
5. Did your spouse and dependent children (if any) move to your new state of legal residence? _____ If yes, when? _____
6. a. On what date did you begin working in your new state of legal residence? _____
b. Was your job permanent, temporary, or seasonal? Check one and explain _____
7. In your new state of legal residence, referred to in question 2, did you:
a. Register to vote? _____ If yes, when? _____ If no, why not? _____
b. Purchase a home? _____ If yes, when? _____ If no, why not? _____
c. Obtain a driver's license? _____ If yes, when? _____ If no, why not? _____
d. Register an auto or other vehicle? _____ If yes, when? _____ If no, why not? _____
e. File resident income tax returns? _____ If yes, what years filed? _____ If no, why not? _____
8. Since changing your legal residence from Wisconsin, have you:
a. Performed services for income in Wisconsin? _____ If yes, when? _____
b. Purchased/renewed Wisconsin auto license plates? _____ If yes, when? _____
c. Renewed a Wisconsin driver's license? _____ If yes, when? _____
d. Voted in Wisconsin, in person or by absentee ballot? _____ If yes, when? _____
e. Attended or sent your children to Wisconsin schools? _____ If yes, when? _____
f. Purchased a Wisconsin resident hunting, fishing, or trapping license? _____ If yes, when? _____
Type of license? _____ County purchased in? _____
g. Listed Wisconsin as your state of legal residence for purposes of your auto insurance? _____
h. Listed Wisconsin as your state of legal residence for purposes of your will? _____
i. Listed Wisconsin as your state of legal residence for purposes of any legal proceedings? _____ If yes, when? _____
j. Obtained or renewed any Wisconsin trade or professional licenses or union memberships? _____ If yes, when? _____
9. If you answered "yes" to any of the questions 8a through 8j, please explain why you have taken such action. _____
10. Did you or your spouse own the real estate you occupied as your home while living in Wisconsin? _____ If yes, have you disposed of it? _____ If yes, when? _____ If you still own the Wisconsin home, what use do you make of it and how often? _____
11. If you established a legal residence in a new state but are using a Wisconsin address on your 2016 tax returns, please explain. _____

(Keep for your records)

Name(s)

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

Social Security No.

154 27 8838

Part-Year Resident and Nonresident Individuals - Complete the following worksheet to determine the amount to fill in on line 4:

- 1. Wisconsin income from line 32 of Form 1NPR 1. 96157
- 2. Wisconsin net operating loss included on line 15, Column B of Form 1NPR (enter as a positive number) 2. _____
- 3. State income tax refund from line 4, Column A of Form 1NPR 3. _____
- 4. Recoveries of federal itemized deductions included on line 15, Column A of Form 1NPR 4. _____
- 5. Add lines 1 through 4 5. 96157
- 6. Federal income from line 33 of Form 1NPR* 6. 109653
- 7. Federal net operating loss carryover from line 21 of federal Form 1040 (enter as a positive number) 7. _____
- 8. Add lines 6 and 7 8. 109653
- 9. If line 8 is smaller than line 5, subtract line 8 from line 5 and fill in the result. If line 8 is larger than line 5, subtract line 5 from line 8 and fill in the result as a negative number 9. -13496

Fill in the amount from line 9 of the worksheet on line 4 of Schedule MT.

* If military compensation of a nonresident was excluded from line 1, Column A of Form 1NPR, include the amount excluded on line 6.

WIINST**Filing Instructions****2016**

Name(s) as shown on return

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

SSN or EIN

154-27-8838

Date to file by: 04-18-2017**Form to be filed:** WI1NPR and supplemental forms and schedules**Sign and Date:** Please remember to sign and date your return. If a joint return, both spouses must sign.**Refund:** \$452.00**Address to file:** Wisconsin Department of Revenue
PO Box 59
Madison, WI 53785-0001**Transaction Method:** The refund will be directly deposited into your checking account at Bank Of America Na ending in 9404.

IRS e-file Signature Authorization

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.**

2016

Submission Identification Number (SID) ▶ **2541602017069z200fty**

Taxpayer's name SHARMILADEVI KRISHNASAMY		Social security number 154-27-8838
Spouse's name ARIHARAN MANI PILLAI		Spouse's social security number 942-97-9025

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)	1 109,653
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2 11,774
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 12,477
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)	4 703
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 RTN=011900254 Acct=385019299404

I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2016 electronically filed income tax return.

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.
78838

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
as my signature on my tax year 2016 electronically filed income tax return.

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.
79025

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. **254160-00099**
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 ▶ **Sanjay Lodha** Date ▶ **03-14-2017**

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

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

SHARMILADEVI KRISHNASAMY & ARIHARAN

Taxpayer address (optional)

1620 VOGT DR APT 103
WEST BEND, WI 53095

1. Your federal income tax return for 2016 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by Dwyer & Lodha Associates Inc.
2. Your return was accepted on 03-10-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 2541602017069z200fty.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

SHARMILADEVI KRISHNASAMY & ARIHARAN MANI PILLAI

		a Employee's social security number 154-27-8838		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 13-3924155				1 Wages, tips, other compensation 2		2 Federal income tax withheld					
c Employer's name, address, and ZIP code COGNIZANT TECHNOLOGY SOLUTIONS 211 QUALITY CIRCLE COLLEGE STATION TX 77845				3 Social security wages 2		4 Social security tax withheld					
				5 Medicare wages and tips 2		6 Medicare tax withheld					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial SHARMILADEVI		Last name KRISHNASAMY		Suff.		11 Nonqualified plans		12a See instructions for box 12 C 2			
f Employee's address and ZIP code 338 CONESTOGA STREET WINDSOR CT 06095				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
15 State Employer's state ID number CT 8963852000		16 State wages, tips, etc. 2		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2016 Federal tax return by Dwyer & Lodha Associates

		a Employee's social security number 154-27-8838		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 36-6899979				1 Wages, tips, other compensation 57,611			2 Federal income tax withheld 7,069				
c Employer's name, address, and ZIP code CAPGEMINI FINANCIAL 6400 SHAFER CT STE 100 DES PLAINES IL 60018				3 Social security wages 57,611			4 Social security tax withheld 3,572				
				5 Medicare wages and tips 57,611			6 Medicare tax withheld 835				
				7 Social security tips			8 Allocated tips				
d Control number				9			10 Dependent care benefits 2,500				
e Employee's first name and initial SHARMILADEVI		Last name KRISHNASAMY		Suff.		11 Nonqualified plans			12a See instructions for box 12 C 40		
1620 VOGT DR WEST BEND		WI 53095				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>			12b P 2,078		
						14 Other UIWFSWF 39 NJDI 18 FLI 7			12c DD 7,081		
									12d		
f Employee's address and ZIP code											
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	
NJ 366899979000		9,091		408							
WI 036000002931002		49,117		2,923							

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
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EEA The information on the Form W-2 was used to prepare the taxpayer's 2016 Federal tax return by Dwyer & Lodha Associates

		a Employee's social security number 154-27-8838		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 22-2575929				1 Wages, tips, other compensation 50,968		2 Federal income tax withheld 5,408					
c Employer's name, address, and ZIP code CAPGEMINI AMERICA INC 6400 SCHAFFER CT STE 100 DES PLAINES IL 60018				3 Social security wages 50,968		4 Social security tax withheld 3,160					
				5 Medicare wages and tips 50,968		6 Medicare tax withheld 739					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits 2,500					
e Employee's first name and initial SHARMILADEVI		Last name KRISHNASAMY		Suff.		11 Nonqualified plans		12a See instructions for box 12 C 48			
1620 VOGT DR WEST BEND WI 53095						13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 7,081			
						14 Other		12c			
								12d			
f Employee's address and ZIP code				15 State Employer's state ID number WI 036000007985204		16 State wages, tips, etc. 50,968		17 State income tax 3,008		18 Local wages, tips, etc.	
								19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement

2016

Department of the Treasury-Internal Revenue Service

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EEA The information on the Form W-2 was used to prepare the taxpayer's 2016 Federal tax return by Dwyer & Lodha Associates

Dwyer & Lodha Associates Inc

280 Moon Clinton Road
Moon Township, PA 15108
cbaer@dwyerlodha.com
Phone: (412)269-0499 | Fax: (412)269-2689

March 14, 2017

Sharmiladevi Krishnasamy & Ariharan Mani Pillai
1620 Vogt Dr Apt 103
West Bend, WI 53095

Sharmiladevi Krishnasamy & Ariharan Mani Pillai:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$703 Refund	Direct Deposit to **9404
Connecticut Income Tax	Zero Due	
New Jersey Income Tax	\$330 Refund	Direct Deposit to **9404
Wisconsin Income Tax	\$452 Refund	Direct Deposit to **9404

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Connecticut Income Tax
New Jersey Income Tax
Wisconsin Income Tax

Sincerely,

Sanjay Lodha
Dwyer & Lodha Associates Inc