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Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2017**

# 2017 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

2,040.

REV 01/25/17 INTUIT.CG.CFP.SP

1555

393-77-7049                      780-20-6664  
AJITH VIJAYAKUMAR  
FNU DHANYA MOHAN  
3030 DUNVALE RD APT 6206  
HOUSTON TX 77063

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

393777049 DQ VIJA 30 0 201712 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2017**

# 2017 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/15/2017**

# 2017 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

2,040.

REV 01/25/17 INTUIT.CG.CFP.SP

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HOUSTON TX 77063

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CHARLOTTE NC 28201-1300

393777049 DQ VIJA 30 0 201712 430

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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **01/16/2018**

# 2017 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2017 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

2,040.

REV 01/25/17 INTUIT.CG.CFP.SP

1555

393-77-7049                      780-20-6664  
AJITH VIJAYAKUMAR  
FNU DHANYA MOHAN  
3030 DUNVALE RD APT 6206  
HOUSTON TX 77063

INTERNAL REVENUE SERVICE  
PO BOX 1300  
CHARLOTTE NC 28201-1300

393777049 DQ VIJA 30 0 201712 430

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

Your first name and initial: **Ajith** Last name: **Vijayakumar** Your social security number: **393-77-7049**

If a joint return, spouse's first name and initial: **FNU** Last name: **Dhanya Mohan** Spouse's social security number: **780-20-6664**

Home address (number and street). If you have a P.O. box, see instructions. **3030 Dunvale Rd** Apt. no. **6206**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Houston TX 77063**

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

Check only one box.

**Exemptions**

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

b  Spouse . . . . .

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
Anagha	Ajith	934-90-3249	Daughter	<input checked="" type="checkbox"/>
Ananya	Ajith	710-88-1388	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

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

**No. of children on 6c who:**

- lived with you 2
- did not live with you due to divorce or separation (see instructions) \_\_\_\_\_

**Dependents on 6c not entered above** \_\_\_\_\_

**Add numbers on lines above** **4**

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	129,084.
8a	Taxable interest. Attach Schedule B if required . . . . .	8a	205.
b	Tax-exempt interest. Do not include on line 8a . . . . .	8b	
9a	Ordinary dividends. Attach Schedule B if required . . . . .	9a	
b	Qualified dividends . . . . .	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	10	
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount <u>Gambling Winnings</u> . . . . .	21	15,000.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	144,289.

**Adjusted Gross Income**

23	Educator expenses . . . . .	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . .	24	
25	Health savings account deduction. Attach Form 8889 . . . . .	25	
26	Moving expenses. Attach Form 3903 . . . . .	26	
27	Deductible part of self-employment tax. Attach Schedule SE . . . . .	27	
28	Self-employed SEP, SIMPLE, and qualified plans . . . . .	28	
29	Self-employed health insurance deduction . . . . .	29	
30	Penalty on early withdrawal of savings . . . . .	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction . . . . .	32	
33	Student loan interest deduction . . . . .	33	
34	Tuition and fees. Attach Form 8917 . . . . .	34	
35	Domestic production activities deduction. Attach Form 8903 . . . . .	35	
36	Add lines 23 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	144,289.



**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](http://www.irs.gov/form2441).

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Ajith Vijayakumar & FNU Dhanya Mohan

Your social security number

393-77-7049

**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)
Quillian Memorial Center	10570 Westpark Dr, Houston, TX Houston TX 77042	TAXEXEMPT	2,952.
Wesley Academy	10570 Westpark Dr, Houston, TX Houston TX 77042	TAXEXEMPT	6,725.

See Additional Child Care Providers

Did you receive dependent care benefits? **No** → Complete only Part II below.  
**Yes** → Complete Part III on the back 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.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
Anagha	Ajith	934-90-3249	9,688.
Ananya	Ajith	710-88-1388	1,554.

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> 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 . . . . .	<b>3</b>	5,700.
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	83,533.
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	45,551.
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	5,700.
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	144,289.
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X .20
<b>If line 7 is:</b>		
<b>Over</b> <b>But not over</b> <b>Decimal amount is</b>		
\$0—15,000	.35	
15,000—17,000	.34	
17,000—19,000	.33	
19,000—21,000	.32	
21,000—23,000	.31	
23,000—25,000	.30	
25,000—27,000	.29	
27,000—29,000	.28	
<b>If line 7 is:</b>		
<b>Over</b> <b>But not over</b> <b>Decimal amount is</b>		
\$29,000—31,000	.27	
31,000—33,000	.26	
33,000—35,000	.25	
35,000—37,000	.24	
37,000—39,000	.23	
39,000—41,000	.22	
41,000—43,000	.21	
43,000—No limit	.20	
<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions . . . . .	<b>9</b>	1,140.
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions. . . . .	<b>10</b>	20,415.
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 . . . . .	<b>11</b>	1,140.

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

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2016. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> 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 . . . . .	<b>12</b>	900.
<b>13</b>	Enter the amount, if any, you carried over from 2015 and used in 2016 during the grace period. See instructions . . . . .	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2017. See instructions . . . . .	<b>14</b>	( 600. )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	300.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2016 for the care of the <b>qualifying person(s)</b> . . . . .	<b>16</b>	11,542.
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	300.
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	83,533.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• 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).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18.</li> </ul>	<b>19</b>	45,551.
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	300.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19). . . . .	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	300.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> 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-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	<b>25</b>	300.
<b>26</b>	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> 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." <b>Form 1040A filers:</b> 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". . . . .	<b>26</b>	0.

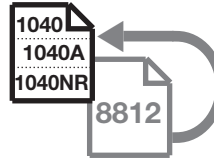
To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	<b>27</b>	6,000.
<b>28</b>	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	<b>28</b>	300.
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You cannot take the credit. <b>Exception.</b> If you paid 2015 expenses in 2016, see the instructions for line 9 . . . . .	<b>29</b>	5,700.
<b>30</b>	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here. . . . .	<b>30</b>	11,242.
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . . <b>SEE STMT</b> . . . . .	<b>31</b>	5,700.



**SCHEDULE 8812**  
**(Form 1040A or 1040)**

**Child Tax Credit**



OMB No. 1545-0074

**2016**

Attachment  
Sequence No. 47

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](http://www.irs.gov/schedule8812).**

Name(s) shown on return

Ajith Vijayakumar & FNU Dhanya Mohan

Your social security number

393-77-7049

**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.

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**


<b>1</b>	If you file Form 2555 or 2555-EZ <b>stop</b> here; you cannot claim the additional child tax credit.			
	If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:			
	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).			250.
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).			
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).			
<b>2</b>	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	<b>2</b>		250.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit	<b>3</b>		0.
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>		
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>		
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>		
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result	<b>6</b>		
	<b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.			

**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .	<b>7</b>	
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.  <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>8</b>	
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>	

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	
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 Enter this amount on  
 Form 1040, line 67,  
 Form 1040A, line 43, or  
 Form 1040NR, line 64.

## Additional information from your 2016 Federal Tax Return

### Form 2441: Child and Dependent Care Expenses

#### Additional Child Care Providers

#### Continuation Statement

Name	Address	City, State, ZIP	ID No.	Amount Paid
Montessori Learning Cottage	8644 Beverly Hill Street	Houston TX 77063	76-0057274	1,595.
Olympic Karate & Sports Center	5625 beechnut	Houston TX 77063	SEE STMT	200.
City Art Works	Briar meadow Charter School	Houston TX 77063	SEE STMT	70.
<b>Total</b>				1,865.

### Form 2441: Child and Dependent Care Expenses

#### Line 31

#### Explanation Statement

Due Diligence in Requesting Care Provider Information
THE PROVIDER HAS MOVED AND I AM UNABLE TO FIND THE PROVIDER TO GET THE TIN.