

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

Your first name and initial **SUDHIR APPASAHEB NIMBALKAR** Last name **NIMBALKAR** Your social security number **644-29-6523**

If a joint return, spouse's first name and initial **RASHMI SIDDANNA BIRADAR** Last name **BIRADAR** Spouse's social security number **486-93-7384**

Home address (number and street). If you have a P.O. box, see instructions. **3323 DENALI DR** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **IRVING, TX 75063** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code 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 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . 2 Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above & full name here .

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. Boxes checked on 6a and 6b 2 No. of children on 6c who: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) • lived with you. • did not live with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above 2

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 191,596. 8a Taxable interest. Attach Schedule B if required. 8a 8b Tax-exempt interest. Do not include on line 8a. 9a Ordinary dividends. Attach Schedule B if required. 9a 9b Qualified dividends 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 13 14 Other gains or (losses). Attach Form 4797. 14 15a IRA distributions. 15a b Taxable amount. 15b 16a Pensions and annuities 16a b Taxable amount. 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 18 Farm income or (loss). Attach Schedule F. 18 19 Unemployment compensation 19 20a Social security benefits. 20a b Taxable amount. 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 191,596.

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 0. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 191,596.

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,300
 - Married filing jointly or Qualifying widow(er), \$12,600
 - Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	191,596.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked 39a <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here	39b	<input type="checkbox"/>
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	23,017.
41	Subtract line 40 from line 38	41	168,579.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	8,100.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	160,479.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> b <input type="checkbox"/> Form 4972	44	31,920.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	31,920.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	31,920.

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	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	31,920.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	25,809.
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	25,809.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here	76a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
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	6,189.
79	Estimated tax penalty (see instructions)	79	78.

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 **Vijay K Koukuntla** Phone no. **323-325-2878** Personal identification number (PIN) **61112**

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 amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **SOFTWARE ENGINEER** Daytime phone number **(214) 449-3778**

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

Paid Preparer Use Only

Print/Type preparer's name **Vijay K Koukuntla** Preparer's signature **Vijay K Koukuntla** Date _____ Check if self-employed PTIN **P01946338**

Firm's name **MetaFin Consulting, LLC** Firm's EIN **47-4861613**

Firm's address **206 Harmon Cove Towers** Phone no. **323-325-2898**

Secaucus, NJ 07094

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Department of the Treasury,
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

SUDHIR APPASAHEB NIMBALKAR AND RASHMI SIDDANNA BIRADAR

644-29-6523

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040, line 38. 2			
	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5 State and local (check only one box):		5	1,514.	
	a	<input type="checkbox"/> Income taxes, or			
	b	<input checked="" type="checkbox"/> General sales taxes			
	6	Real estate taxes (see instructions)	6	4,940.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ►	8		
	9	Add lines 5 through 8	9	6,454.	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	12,154.
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
Note: Your mortgage interest deduction may be limited (see instructions).					
12		Points not reported to you on Form 1098. See instructions for special rules.	12		
13		Mortgage insurance premiums (see instructions)	13		
14		Investment interest. Attach Form 4952 if required. (See instructions.)	14		
15		Add lines 10 through 14	15	12,154.	
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	
		17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
		18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	0.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► <u>Form 2106 (Taxpayer) 8,132.</u>	21	8,132.	
	22	Tax preparation fees	22	109.	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24	Add lines 21 through 23	24	8,241.	
	25	Enter amount from Form 1040, line 38. 25 191,596.			
	26	Multiply line 25 by 2% (0.02)	26	3,832.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	4,409.	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	0.	
Total Itemized Deductions	29	Is Form 1040, line 38, over \$155,650? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	23,017.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>			

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

2016

Attachment
Sequence No. **129**

Your name SUDHIR APPASAHEB NIMBALKAR	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 644-29-6523
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	1,377.		
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	4,800.		
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4			
5 Meals and entertainment expenses (see instructions)	5			3,910.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	6,177.		3,910.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7			
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	6,177.		3,910.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	6,177.		1,955.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			8,132.

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

Part II Vehicle Expenses

Section A – General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service.....	11 10/02/14	
12	Total miles the vehicle was driven during 2016.....	12 12,000 miles	miles
13	Business miles included on line 12.....	13 2,550 miles	miles
14	Percent of business use. Divide line 13 by line 12.....	14 21.25 %	%
15	Average daily roundtrip commuting distance.....	15 30 miles	miles
16	Commuting miles included on line 12.....	16 9,450 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12.....	17 miles	miles
18	Was your vehicle available for personal use during off-duty hours?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If 'Yes,' is the evidence written?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section B – Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)		
22	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1.....	22 1,377.

Section C – Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.....	23	
24 a	Vehicle rentals.....	24 a	
24 b	Inclusion amount (see instructions)....	24 b	
24 c	Subtract line 24b from line 24a.....	24 c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions).....	25	
26	Add lines 23, 24c, and 25.....	26	
27	Multiply line 26 by the percentage on line 14.....	27	
28	Depreciation (see instructions).....	28	
29	Add lines 27 and 28. Enter total here and on line 1.....	29	

Section D – Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions).....	30	
31	Enter section 179 deduction and special allowance (see instructions)....	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)....	32	
33	Enter depreciation method and percentage (see instructions).....	33	
34	Multiply line 32 by the percentage on line 33 (see instructions).....	34	
35	Add lines 31 and 34.....	35	
36	Enter the applicable limit explained in the line 36 instructions.....	36	
37	Multiply line 36 by the percentage on line 14.....	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above....	38	

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

2016

Attachment
Sequence No. **129**

Your name RASHMI SIDDANNA BIRADAR	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 486-93-7384
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4			
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6			

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	7			
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	0.		0.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	0.		
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			

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

SUDHIR APPASAHEB NIMBALKAR AND RASHMI SIDDANNA BIRADA

644-29-6523

Vehicle/Employee Business Expense (2106)
Travel expenses while away from home overnight

STAY EXPENSES (04MONTHS X \$1200PER MONTH).....	\$	4,800.
Total	\$	<u>4,800.</u>

Vehicle/Employee Business Expense (2106)
Business mileage

BUSINESS MILES (85DAYS X 30MILES PER DAY).....	\$	2,550.
Total	\$	<u>2,550.</u>

Vehicle/Employee Business Expense (2106)
Meal and entertainment expenses in full

MEAL EXPENSES (85DAYS X \$46PER DAY) AS PER IRS PUB 1542.....	\$	3,910.
Total	\$	<u>3,910.</u>

DO NOT FILE