

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](http://www.irs.gov/form8879).**

**2016**

Submission Identification Number (SID) ▶

Taxpayer's name <u>RAJ KUMAR GOVINDA</u>	Social security number <u>298-11-1292</u>
Spouse's name <u>ARCHANA GOVINDA</u>	Spouse's social security number <u>089-93-6858</u>

**Part I Tax Return Information - Tax Year Ending December 31, 2016** (Whole dollars only)

<b>1</b> Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<u>142,734</u>
<b>2</b> Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<u>17,367</u>
<b>3</b> 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) . . . . .	<b>3</b>	<u>15,379</u>
<b>4</b> Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	
<b>5</b> Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) . . . . .	<b>5</b>	<u>1,988</u>

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize CENTUM TAX SOLUTIONS LLC to enter or generate my PIN 88391  
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.

Your signature ▶ \_\_\_\_\_ Date ▶ 02-20-2017

**Spouse's PIN: check one box only**

I authorize CENTUM TAX SOLUTIONS LLC to enter or generate my PIN 25975  
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.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 02-20-2017

**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. 347410-53908  
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 ▶ Praveen Vundavalli Date ▶ 02-20-2017

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

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

Your first name and initial: **RAJ KUMAR** Last name: **GOVINDA** Your social security number: **298-11-1292**

If a joint return, spouse's first name and initial: **ARCHANA** Last name: **GOVINDA** Spouse's social security number: **089-93-6858**

Home address (number and street): **727 CAMERON CT** Apt. no. \_\_\_\_\_

City, town or post office, state, and ZIP code: **COPPELL TX 75019**

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)
<b>ATHARV</b>	<b>GOVINDA</b>	<b>341-11-3922</b>	<b>SON</b>	<input checked="" type="checkbox"/>
<b>KANKSHA</b>	<b>GOVINDA</b>	<b>054-39-6864</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **4**

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**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	142,734
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	
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	142,734

**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	31a	
b	Recipient's SSN		
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	142,734

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Rows include 38 (Amount from line 37), 39a (Check boxes for birth date), 40 (Itemized deductions), 41 (Subtract line 40), 42 (Exemptions), 43 (Taxable income), 44 (Tax), 45 (Alternative minimum tax), 46 (Excess advance premium tax credit), 47 (Add lines 44, 45, and 46), 48 (Foreign tax credit), 49 (Credit for child and dependent care), 50 (Education credits), 51 (Retirement savings contributions), 52 (Child tax credit), 53 (Residential energy credit), 54 (Other credits), 55 (Add lines 48 through 54), 56 (Subtract line 55), 57 (Self-employment tax), 58 (Unreported social security and Medicare tax), 59 (Additional tax on IRAs), 60a (Household employment taxes), 60b (First-time homebuyer credit), 61 (Health care: individual responsibility), 62 (Taxes from), 63 (Add lines 56 through 62), 64 (Federal income tax withheld), 65 (2016 estimated tax payments), 66a (Earned income credit), 67 (Additional child tax credit), 68 (American opportunity credit), 69 (Net premium tax credit), 70 (Amount paid with request for extension), 71 (Excess social security and tier 1 RRTA tax withheld), 72 (Credit for federal tax on fuels), 73 (Credits from Form), 74 (Add lines 64, 65, 66a, and 67), 75 (If line 74 is more than line 63), 76a (Amount of line 75 you want refunded), 77 (Amount of line 75 you want applied to your 2017 estimated tax), 78 (Amount you owe), 79 (Estimated tax penalty).

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No
Designee's name: Praveen Vundavalli
Phone no.: 201-510-0123
Personal identification number (PIN): 53908

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: 88391
Date: 02-07-2017
Your occupation: SOFTWARE ENGINEER
Daytime phone number:
Spouse's signature: 25975
Date: 02-07-2017
Spouse's occupation: SOFTWARE ENIGNER
Identity Protection PIN (see inst.):

Paid Preparer Use Only

Preparer's signature: Praveen Vundavalli
Date: 02-20-2017
Check [ ] if self-employed [X] if PTIN: P01628002
Print/Type preparer's name: Praveen Vundavalli
Firm's name: CENTUM TAX SOLUTIONS LLC
Firm's EIN: 42-1769904
Firm's address: 634 WEST FOULKE AVE Findlay, OH 45840
Phone no.: 201-510-0123

## Child and Dependent Care Expenses

OMB No. 1545-0074

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

**2016**

Attachment  
 Sequence No. **21**

Name(s) shown on return: **RAJ KUMAR & ARCHANA GOVINDA**      Your social security number: **298-11-1292**

**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)
ADDISON KINDERCA	5080 SPECTRUM DR, ADDISON	06-1097006	16,734
	ADDISON, TX		
	75001		

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.

(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		
ATHARV	GOVINDA	341-11-3922	5,867
KANKSHA	GOVINDA	054-39-6864	5,867

<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>	1,000																																																																
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	61,918																																																																
<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>	80,816																																																																
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	1,000																																																																
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	142,734																																																																
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																																		
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<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>	200																																																																
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b>	17,917																																																																
<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>	200																																																																

**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>	5,000
<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>	( )
<b>15</b>	Combine lines 12 through 14. See instructions . . . . .	<b>15</b>	5,000
<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>	16,734
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16 . . . . .	<b>17</b>	5,000
<b>18</b>	Enter your <b>earned income</b> . See instructions . . . . .	<b>18</b>	61,918
<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>	80,816
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	<b>20</b>	5,000
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately and 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>	
<b>23</b>	Subtract line 22 from line 15 . . . . .	<b>23</b>	5,000
<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>	
<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>	5,000
<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>	

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>	5,000
<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>	1,000
<b>30</b>	Complete line 2 on page 1 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>	11,734
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11 . . . . .	<b>31</b>	1,000

**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](http://www.irs.gov/form8867).

Taxpayer name(s) shown on return <b>RAJ KUMAR &amp; ARCHANA GOVINDA</b>	Taxpayer identification number <b>298-11-1292</b>
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Enter preparer's name and PTIN  
**Praveen Vundavalli** **P01628002**

**Due Diligence Requirements**

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
<b>1</b> 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
<b>2</b> 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
<b>3</b> 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
<b>a</b> 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>b</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
<b>4</b> 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
<b>a</b> 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>b</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
<b>5</b> 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> _____ _____			
<b>6</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7</b> 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
<b>a</b> 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
<b>8</b> 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 checked="" 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
<b>9a</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>b</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.)

<b>10a</b> 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 type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</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	
<b>c</b> 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*.)

<b>11</b> 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
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- ▶ **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**

<b>12</b> 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
--	---

# Employee Business Expenses

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

**2016**

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

Attachment  
Sequence No. **129**

Your name <b>ARCHANA GOVINDA</b>	Occupation in which you incurred expenses <b>SOFTWARE ENIGNER</b>	Social security number <b>089-93-6858</b>
-------------------------------------	--	--

**Part I Employee Business Expenses and Reimbursements**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
<b>Step 1 Enter Your Expenses</b>		
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	1                      643	
2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	3                      8,358	
4 Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	4                      465	
5 Meals and entertainment expenses (see instructions) . . . . .		10,591
6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	6                      9,466	10,591

**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 <b>weren't</b> 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	9,466	10,591
<b>Note:</b> If <b>both columns</b> 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	9,466	5,296
10 Add the amounts on line 9 of both columns and enter the total here. <b>Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7).</b> (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		14,762

**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 01-01-2015	
12	Total miles the vehicle was driven during 2016 . . . . .	12 50,000 miles	miles
13	Business miles included on line 12 . . . . .	13 1,190 miles	miles
14	Percent of business use. Divide line 13 by line 12 . . . . .	14 2.38 %	%
15	Average daily roundtrip commuting distance . . . . .	15 10 miles	miles
16	Commuting miles included on line 12 . . . . .	16 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	17 48,810 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21	If "Yes," is the evidence written? . . . . .		<input type="checkbox"/> Yes <input 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 cents (0.54). Enter the result here and on line 1 . . . . .	22	643
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**Section C - Actual Expenses**

		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc . . . . .	23	
24 a	Vehicle rentals . . . . .	24a	
b	Inclusion amount (see instructions) . . . . .	24b	
c	Subtract line 24b from line 24a . . . . .	24c	
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 <b>smaller</b> 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	

Name(s) as shown on return

Tax ID Number

RAJ KUMAR & ARCHANA GOVINDA

298-11-1292

**Before you begin:** Figure the amount of any credits you are claiming on Form 5695, Part II, line 30; Form 8910; Form 8936; or Schedule R.

**CAUTION!** • To be a qualifying child for the child tax credit, the child must be under age 17 at the end of 2016 and meet the other requirements listed earlier under Qualifying Child. Also see Taxpayer identification number needed by due date of return, earlier.  
• If you do not have a qualifying child, you cannot claim the child tax credit.

**Part 1**

1. Number of qualifying children: 2 X \$1,000. Enter the result. 1. 2,000
2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. 2. 142,734
3. **1040 Filers.** Enter the total of any -
  - Exclusion of income from Puerto Rico, and
  - Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.3. \_\_\_\_\_
- 1040A and 1040NR Filers.** Enter -0-.
4. Add lines 2 and 3. Enter the total. 4. 142,734
5. Enter the amount shown below for your filing status.
  - Married filing jointly - \$110,000
  - Single, head of household, or qualifying widow(er) - \$75,000
  - Married filing separately - \$55,0005. 110,000
6. Is the amount on line 4 more than the amount on line 5?
  - No.** Leave line 6 blank. Enter -0- on line 7.
  - Yes.** Subtract line 5 from line 4.

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.  
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

6. 33,000
7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7. 1,650
8. Is the amount on line 1 more than the amount on line 7?
  - No. STOP**  
You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, Form 1040A, or Form 1040NR.
  - Yes.** Subtract line 7 from line 1. Enter the result. *Go to Part 2 below.*8. 350

**Part 2**

9. Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. 9. 17,917
10. Add the following amounts from:
 

Form 1040	or	Form 1040A	or	Form 1040NR	+	_____
Line 48				Line 46		_____
Line 49		Line 31		Line 47		<u>200</u>
Line 50		Line 33				_____
Line 51		Line 34		Line 48		_____
<b>Form 5695</b> , line 30						_____
<b>Form 8910</b> , line 15						_____
<b>Form 8936</b> , line 23						_____
<b>Schedule R</b> , line 22						_____
Enter the total.						<u>200</u>

11. Are you claiming any of the following credits?
  - Mortgage interest credit, Form 8396.
  - Adoption credit, Form 8839.
  - Residential energy efficient property credit, Form 5695, Part I.
  - District of Columbia first-time homebuyer credit, Form 8859.
  - No.** Enter the amount from line 10.
  - Yes.** If you are filing Form 2555 or 2555-EZ, enter the amount from line 10. Otherwise, complete the Line 11 Worksheet, later, to figure the amount to enter here.11. 200
12. Subtract line 11 from line 9. Enter the result. 12. 17,717
13. Is the amount on line 8 of this worksheet more than the amount on line 12?
  - No.** Enter the amount from line 8.
  - Yes.** Enter the amount from line 12. See the **TIP** below.

**This is your child tax credit.**

13. 350

**TIP**

You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, only if you answered "Yes" on line 13.

- First, complete your Form 1040 through line 66a (also complete line 71), Form 1040A through line 42a, or Form 1040NR through line 63 (also, complete line 67).
- Then, use Parts II - IV of Schedule 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.

1040

**Individual  
Diagnostic Summary**

2016

Name(s) RAJ KUMAR & ARCHANA GOVINDA Social Security # 298-11-1292

Spouse SSN # 089-93-6858

**Demographics****Mailing Address:**

727 CAMERON CT  
COPPELL, TX 75019

Daytime Phone: 732-912-6613

Evening Phone:

Cell Phone: 732-912-6613

Resident State: TX

Date of Birth: Taxpayer 07-27-1982 Spouse 09-26-1983

Dependent Information: (\*If more than 5 dependents see last page of summary)

Name	SSN	Relationship	Date of Birth
ATHARV GOVINDA	341-11-3922	SON	03-01-2011
KANKSHA GOVINDA	054-39-6864	DAUGHTER	11-02-2012

**Diagnostics**

Preparer: Praveen Vundavalli Invoice:

Date: 02-20-2017

Return Information Form Type: 1040

Item on Return	2016 Federal	2015 Federal (If available)
Filing Status	2	2
Exemptions	4	4
Total Income	142,734	114,796
AGI	142,734	114,796
Deductions	21,038	21,904
Taxable Income	105,496	76,892
Tax (before credits)	17,917	10,806
Tax (after credits)	17,367	8,856
Tax Rate Percentage	25	25
EIC		
Additional CTC		
Overpayment		1,335
Refund		1,335
Refund Applied to ES		
Balance Due	1,988	

Form of Refund/Payment: The client will be sending a check to the IRS

State/City Information (\* If more than 4 states see last page of summary)

T/S/JState/CityAGITaxable  
IncomeTaxRefund/  
(Balance Due)