

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

Your first name and initial: **KARTHICK N** Last name: **CHANDRASEKARAN** Your social security number: **898 90 1743**

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

Home address (number and street). If you have a P.O. box, see instructions. **16320 SW ESTUARY DRIVE** Apt. no. **204**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **BEAVERTON, OR 97006**

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 . . . . .

**Boxes checked on 6a and 6b** **1**

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

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

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

**Add numbers on lines above** **1**

(1) First name	Last name	(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)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed . . . . .

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	82,314.
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	738.
11	Alimony received . . . . .	11	
12	Business income or (loss). Attach Schedule C or C-EZ . . . . .	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797 . . . . .	14	
15a	IRA distributions . . . . .	15a	
b	Taxable amount . . . . .	15b	
16a	Pensions and annuities . . . . .	16a	
b	Taxable amount . . . . .	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F . . . . .	18	
19	Unemployment compensation . . . . .	19	
20a	Social security benefits . . . . .	20a	
b	Taxable amount . . . . .	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	83,052.

**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	83,052.

Table with columns for line number, description, and amount. Includes sections for Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), Refund (lines 75-77), and Amount You Owe (lines 78-79).

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

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

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

Paid Preparer Use Only

**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](http://www.irs.gov/schedulea).**  
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

KARTHICK N CHANDRASEKARAN

898-90-1743

<b>Medical and Dental Expenses</b>		<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>			
<b>2</b>	Enter amount from Form 1040, line 38 <u>2</u>				
<b>3</b>	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	<b>3</b>			
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			<b>4</b>	
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
<b>a</b>	<input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	5,429.		
<b>b</b>	<input type="checkbox"/> General sales taxes				
<b>6</b>	Real estate taxes (see instructions) . . . . .	<b>6</b>			
<b>7</b>	Personal property taxes . . . . .	<b>7</b>			
<b>8</b>	Other taxes. List type and amount ►	<b>8</b>			
<b>9</b>	Add lines 5 through 8 . . . . .			<b>9</b>	5,429.
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>			
<b>11</b>	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 ►	<b>11</b>			
<b>Note:</b> Your mortgage interest deduction may be limited (see instructions).					
<b>12</b>	Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>			
<b>13</b>	Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>			
<b>14</b>	Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>			
<b>15</b>	Add lines 10 through 14 . . . . .			<b>15</b>	
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .</b>			
<b>17</b>	Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>			
<b>18</b>	Carryover from prior year . . . . .	<b>18</b>			
<b>19</b>	Add lines 16 through 18 . . . . .			<b>19</b>	
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .</b>			
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► FORM 2106</b>			
<b>22</b>	Tax preparation fees . . . . .	<b>22</b>	120.		
<b>23</b>	Other expenses—investment, safe deposit box, etc. List type and amount ►	<b>23</b>			
<b>24</b>	Add lines 21 through 23 . . . . .	<b>24</b>	12,382.		
<b>25</b>	Enter amount from Form 1040, line 38 <u>25</u> 83,052.				
<b>26</b>	Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	1,661.		
<b>27</b>	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			<b>27</b>	10,721.
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>			
<b>29</b>	Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> <b>No.</b> 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 type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			<b>29</b>	16,150.
<b>30</b>	If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .				

**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](http://www.irs.gov/form2106).

Your name <b>KARTHICK N CHANDRASEKARAN</b>	Occupation in which you incurred expenses <b>SOFTWARE ENGINEER</b>	Social security number <b>898-90-1743</b>
---	---	--

**Part I Employee Business Expenses and Reimbursements**

<b>Step 1 Enter Your Expenses</b>	<b>Column A</b> Other Than Meals and Entertainment	<b>Column B</b> Meals and Entertainment
<b>1</b> Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) . . . . .	227.	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	850.	
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment. . . . .	7,800.	
<b>4</b> Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	1,200.	
<b>5</b> Meals and entertainment expenses (see instructions) . . . . .		4,370.
<b>6 Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 . . . . .	10,077.	4,370.

**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**

<b>7</b> 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). . . . .	<b>7</b>		
---	----------	--	--

**Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)**

<b>8</b> 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) . . . . .	10,077.		4,370.
<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.			
<b>9</b> 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.) . . . . .	10,077.		2,185.
<b>10</b> 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.) . ▶			12,262.

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
<b>11</b>	Enter the date the vehicle was placed in service . . . . .	04/01/2014	
<b>12</b>	Total miles the vehicle was driven during 2016 . . . . .	6,420 miles	miles
<b>13</b>	Business miles included on line 12 . . . . .	420 miles	miles
<b>14</b>	Percent of business use. Divide line 13 by line 12 . . . . .	6.54 %	%
<b>15</b>	Average daily roundtrip commuting distance . . . . .	miles	miles
<b>16</b>	Commuting miles included on line 12 . . . . .	6,000 miles	miles
<b>17</b>	Other miles. Add lines 13 and 16 and subtract the total from line 12 . . . . .	miles	miles
<b>18</b>	Was your vehicle available for personal use during off-duty hours? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>20</b>	Do you have evidence to support your deduction? . . . . .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21</b>	If "Yes," is the evidence written? . . . . .	<input checked="" 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.)

<b>22</b>	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1 . . . . .	<b>22</b>	227.
-----------	---	-----------	------

**Section C—Actual Expenses**

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

**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
<b>30</b>	Enter cost or other basis (see instructions) . . . . .		
<b>31</b>	Enter section 179 deduction and special allowance (see instructions) . . . . .		
<b>32</b>	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance). . . . .		
<b>33</b>	Enter depreciation method and percentage (see instructions) . . . . .		
<b>34</b>	Multiply line 32 by the percentage on line 33 (see instructions) . . . . .		
<b>35</b>	Add lines 31 and 34 . . . . .		
<b>36</b>	Enter the applicable limit explained in the line 36 instructions . . . . .		
<b>37</b>	Multiply line 36 by the percentage on line 14 . . . . .		
<b>38</b>	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 . . . . .		