

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

See separate instructions.

Your first name and initial NAVEEN	Last name KUMAR	Your social security number 2 0 2 5 9 6 7 8 0
If a joint return, spouse's first name and initial FNU	Last name VIJAY LAXMI	Spouse's social security number 9 4 1 9 0 9 6 1 5
Home address (number and street). If you have a P.O. box, see instructions. 1800 W 76TH ST		Apt. no. 2G
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). RICHFIELD, MN 55423		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

Check only one box.

1 <input type="checkbox"/> Single	4 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	5 <input type="checkbox"/> Qualifying widow(er) with dependent child
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

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			
				<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

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

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 **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	88462
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. 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	88462

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	88462

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 88462

39a Check **You** were born before January 2, 1952, **Blind.** } **Total boxes**
if: **Spouse** was born before January 2, 1952, **Blind.** } **checked ▶ 39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ **39b**

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 12600

41 Subtract line 40 from line 38 **41** 75862

42 **Exemptions.** If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions **42** 8100

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 67762

44 **Tax** (see instructions). Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44** 9239

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 9239

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 credits from Form: **a** 3800 **b** 8801 **c** **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** 9239

Other Taxes

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 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 **61**

62 Taxes from: **a** Form 8959 **b** Form 8960 **c** Instructions; enter code(s) **62**

63 Add lines 56 through 62. This is your **total tax** **63** 9239

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64** 9864

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** 2439 **b** Reserved **c** 8885 **d** **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** 9864

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 625

76a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here **76a** 625

b Routing number **0 9 1 0 0 0 0 2 2** ▶ **c** Type: Checking Savings

d Account number **1 0 4 7 8 0 2 8 7 2 9 8**

77 Amount of line 75 you want **applied to your 2017 estimated tax** ▶ **77**

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶ **78**

79 Estimated tax penalty (see instructions) **79**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

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 Daytime phone number

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

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no. ▶

M1 MINNESOTA • REVENUE 2016 Individual Income Tax

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Leave unused boxes blank. Do not use staples on anything you submit.

Your First Name and Initial NAVEEN **Last Name** KUMAR
If a Joint Return, Spouse's First Name and Initial FNU **Spouse's Last Name** VIJAY LAXMI
Current Home Address (Street, Apartment Number, Route) 1800 W 76TH ST 2 G
City RICHFIELD **State** MN **Zip Code** 55423

2016 Federal

Filing Status (place an X in one oval box):
 (1) Single
 (2) Married filing jointly
 (3) Married filing separate:
 Enter spouse's name and Social Security number here
 (4) Head of household
 (5) Qualifying widow(er)

State Elections Campaign Fund

If you want \$5 to go to help candidates for state offices pay campaign expenses, you may each enter the code number for the party of your choice. This will not increase your tax or reduce your refund.

Political party and code number:


Republican 11 Grassroots—Legalize Cannabis 14 Legal Marijuana Now17
 Democratic/Farmer-Labor 12 Green 15 General Campaign
 Independence 13 Libertarian 16 Fund99

From Your Federal Return (for line references see instructions), enter the amount of:

A Wages, salaries, tips, etc.: 88462 **B** IRA, Pensions, and annuities: **C** Unemployment: **D** Federal adjusted gross income: 88462

Do not send W-2s. Enclose Schedule M1W to claim Minnesota withholding.

1	Federal taxable income (from line 43 of federal Form 1040, line 27 of Form 1040A, or line 6 of Form 1040EZ)	1 ■	67762
2	State income tax or sales tax addition. If you itemized deductions on federal Form 1040, complete the worksheet in the instructions	2 ■	
3	Other additions to income, including disallowed itemized deductions, personal exemptions, non-Minnesota bond interest, and domestic production activities deduction (see instructions; enclose Schedule M1M)	3 ■	
4	Add lines 1 through 3 (if a negative number, place an X in the oval box)	4	67762
5	State income tax refund from line 10 of federal Form 1040	5 ■	
6	Other subtractions, such as net interest or mutual fund dividends from U.S. bonds or K-12 education expenses (see instructions; enclose Schedule M1M)	6 ■	
7	Total subtractions. Add lines 5 and 6	7	
8	Minnesota taxable income. Subtract line 7 from line 4. If zero or less, leave blank.	8	67762
9	Tax from the table in the M1 instructions	9	4150
10	Alternative minimum tax (enclose Schedule M1MT)	10 ■	
11	Add lines 9 and 10	11	4150
12	Full-year residents: Enter the amount from line 11 on line 12. Skip lines 12a and 12b. Part-year residents and nonresidents: From Schedule M1NR, enter the tax from line 27 on line 12, from line 23 on line 12a, and from line 24 on line 12b (enclose Schedule M1NR)	12	4150
a.		b.	
13	Tax on lump-sum distribution (enclose Schedule M1LS)	13 ■	
14	Tax before credits. Add lines 12 and 13	14	4150

- 15 Tax before credits. Amount from line 14 15 4150
- 16 Marriage Credit for joint return when both spouses have taxable earned income or taxable retirement income (enclose Schedule M1MA) 16 ■
- 17 Credit for taxes paid to another state (enclose Schedule(s) M1CR) 17 ■
- 18 Other nonrefundable credits (enclose Schedule M1C) 18 ■
- 19 Total nonrefundable credits. Add lines 16, 17, and 18 19
- 20 Subtract line 19 from line 15 (if result is zero or less, leave blank) 20 4150
- 21 Nongame Wildlife Fund contribution (see instructions) 21 ■
This will reduce your refund or increase amount you owe  21 ■
- 22 Add lines 20 and 21 22 4150
- 23 **Minnesota income tax withheld.** Complete and enclose Schedule M1W to report Minnesota withholding from W-2, 1099, and W-2G forms (do not send) 23 ■ 5639
- 24 Minnesota estimated tax and extension payments made for 2016 24 ■
- 25 Individual refundable credits, including the Child and Dependent Care Credit, Minnesota Working Family Credit, K-12 Education Credit, and Credit for Parents of Stillborn Children. You must complete and enclose Schedule M1REF, *Individual Refundable Credits* 25 ■
- 26 Business and investment credits (enclose Schedule M1B) 26 ■
- 27 Total payments. Add lines 23 through 26 27 5639
- 28 **REFUND.** If line 27 is more than line 22, subtract line 22 from line 27 (see instructions). For direct deposit, complete line 29 28 ■ 1489
- 29 Direct deposit of your refund (you must use an account not associated with a foreign bank):
 - ✕ Checking Savings 0 9 1 0 0 0 0 2 2 1 0 4 7 8 0 2 8 7 2 9 8
- 30 **AMOUNT YOU OWE.** If line 22 is more than line 27, subtract line 27 from line 22 (see instructions) 30 ■
- 31 Penalty amount from Schedule M15 (see instructions). Also subtract this amount from line 28 or add it to line 30 (enclose Schedule M15) 31 ■
- IF YOU PAY ESTIMATED TAX** and want part of your refund credited to estimated tax, complete lines 32 and 33.
- 32 Amount from line 28 you want sent to you 32 ■
- 33 Amount from line 28 you want applied to your 2017 estimated tax 33 ■

I declare that this return is correct and complete to the best of my knowledge and belief.		Paid preparer: You must sign below.	
Your signature	Date	Paid preparer's signature	Date
Spouse's signature (if filing jointly)	Taxpayer's daytime phone	Preparer's daytime phone	
Your email address		Preparer's email address	

Include a copy of your 2016 federal return and schedules.

Mail to: Minnesota Individual Income Tax
St. Paul, MN 55145-0010

To check on the status of your refund, visit www.revenue.state.mn.us

I authorize the Minnesota Department of Revenue to discuss this return with my paid preparer or the third-party designee indicated on my federal return.

I do not want my paid preparer to file my return electronically.



Schedule M1W, Minnesota Income Tax Withheld 2016

Sequence #2

Complete this schedule to report Minnesota income tax withheld. Include this schedule when you file your return.

NAVEEN	KUMAR	202596780
FNU	VIJAY LAXMI	941909615

If you received a W-2, 1099, W-2G, Schedule KPI, KS, or KF that shows Minnesota income tax was withheld, complete this schedule to determine line 23 of Form M1. List only the forms that report Minnesota income tax withheld. Round dollar amounts to the nearest whole dollar. You must include this schedule when you file your return. **DO NOT** send in your W-2, 1099, or W-2G forms; keep them with your tax records. All instructions are included on this schedule.

1 Minnesota wages and tax withheld from W-2s, other than from W-2G. If you have more than five W-2s, complete line 5 on the back.

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the W-2 is for:	If Retirement Plan	Employer's 7-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked	state tax ID number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			
1	X	2684759	88462	5639

Subtotal for additional W-2s (from line 5 on the back)

Total Minnesota tax withheld from all W-2 forms (add amounts in line 1, column E) **1** 5639

2 Minnesota tax withheld from 1099 and W-2G forms. If you have more than four forms, complete line 6 on the back.

A	B	C	D
If the 1099 or W-2G is for:	Payer's 7-digit Minnesota state tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1	number (if unknown, contact the payer)	the back for amounts to include)	(round to nearest whole dollar)
• spouse, enter 2			

Subtotal for additional 1099 and W-2G forms (from line 6 on the back)

Total Minnesota tax withheld from all 1099 and W-2G forms (add amounts in line 2, column D) ... **2**

3 Total Minnesota tax withheld by partnerships, S corporations, and fiduciaries
(from line 7 on the back) **3**

4 Total. Add the Minnesota tax withheld on lines 1, 2 and 3.
Enter the total here and on line 23 of Form M1 **4** 5639

Include this schedule with your Form M1.
If required, include Schedules KPI, KS, and/or KF.



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Complete line 5 and/or line 6 to report Minnesota income tax withheld if you received more than five W-2 forms or four 1099 and W-2G forms. Complete line 7 to report Minnesota tax withheld on Schedules KPI, KS, and/or KF.

5 Minnesota wages and Minnesota tax withheld on additional W-2s (other than W-2G).

A	B—Box 13	C—Box 15	D—Box 16	E—Box 17
If the W-2 is for:	If Retirement Plan	Employer's 7-digit Minnesota	State wages, tips, etc.	Minnesota tax withheld
• you, enter 1	box is checked	state tax ID number	(round to nearest whole dollar)	(round to nearest whole dollar)
• spouse, enter 2	mark an X below.			

Subtotal for additional W-2s (add amounts in line 5, column E) **5**

Enter the result here and include on line 1 on the front of this schedule.

6 Minnesota tax withheld on additional 1099 and W-2G forms.

A	B	C	D
If the 1099 or W-2G is for:	Payer's 7-digit Minnesota state tax ID	Income amount (see the table on	Minnesota tax withheld
• you, enter 1	number (if unknown, contact the payer)	the back for amounts to include)	(round to nearest whole dollar)
• spouse, enter 2			

Subtotal for additional 1099 and W-2G forms (add amounts in line 6, column D) **6**

Enter the result here and include on line 2 on the front of this schedule.

7 Minnesota income and tax withheld by partnerships, S corporations, and fiduciaries, if any.

A	B—Minnesota Income Amount	C—Minnesota Tax Withheld
Entity's 7-digit Minnesota state tax ID	(from line 33 of Schedule KPI,	(from line 35 of Schedule KPI,
number (if unknown, contact the entity)	line 31 of KS, and/or line 26 of KF)	line 33 of KS, and/or line 17 of KF)

Subtotal of Minnesota tax withheld by partnerships, S corporations, and fiduciaries (add amounts in line 7, column C). Enter the result here and on line 3 on the front of this schedule. **7**

Table for Column C, Lines 2 and 6

Use to determine which amounts from your 1099 form you must include as income on column C, lines 2 and 6.

Form	Include the Sum of Boxes:	Form	Include the Sum of Boxes:	Form	Include the Sum of Boxes:
1099-G	1, 2, 5-7	1099-INT	1	1099-K	1a
1099-MISC	1-3, 5-8, 10, 13, 14	1099-OID	1, 2	1099-R	14 or 2a or 1
1099-DIV	1a, 2a				