

| | | | |
|--|--|----------------------------|---|
| Your first name and initial Murali Mohan | | Last name Ganta | OMB No. 1545-0074 |
| If a joint return, spouse's first name and initial Ajita | | Last name Degala | Your social security number 505 51 0065 |
| Home address (number and street). If you have a P.O. box, see instructions. 1800 W Blue bonnet dr | | Apt. no. 16105 | Spouse's social security number 820 15 5303 |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Peoria IL 61615-7076 | | Foreign country name | 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 province/state/county | | Foreign postal code | |

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 (see instructions) |
| 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:

| (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) |
|------------------|-----------|--|-------------------------------------|--|
| Sai Aishani | Ganta | 768-90-3396 | Daughter | <input checked="" type="checkbox"/> |
| Shreeman Mahadev | Ganta | 898-66-6168 | Son | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

d Total number of exemptions claimed. 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 | 113,400. |
| 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 (see instructions). | 9b | |
| 10 Capital gain distributions (see instructions). | 10 | |
| 11a IRA distributions. | 11a | |
| 11b Taxable amount (see instructions). | 11b | |
| 12a Pensions and annuities. | 12a | |
| 12b Taxable amount (see instructions). | 12b | |
| 13 Unemployment compensation and Alaska Permanent Fund dividends. | 13 | |
| 14a Social security benefits. | 14a | |
| 14b Taxable amount (see instructions). | 14b | |
| 15 Add lines 7 through 14b (far right column). This is your total income . ▶ | 15 | 113,400. |

Adjusted gross income

| | | |
|--|----|----------|
| 16 Educator expenses (see instructions). | 16 | |
| 17 IRA deduction (see instructions). | 17 | |
| 18 Student loan interest deduction (see instructions). | 18 | |
| 19 Tuition and fees. Attach Form 8917. | 19 | |
| 20 Add lines 16 through 19. These are your total adjustments . | 20 | |
| 21 Subtract line 20 from line 15. This is your adjusted gross income . ▶ | 21 | 113,400. |

| | | | |
|--|---|---------|----------|
| Tax, credits, and payments | 22 Enter the amount from line 21 (adjusted gross income). | 22 | 113,400. |
| | 23a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind } Total boxes checked ▶ <input type="checkbox"/> 23a | | |
| | b If you are married filing separately and your spouse itemizes deductions, check here ▶ 23b <input type="checkbox"/> | | |
| Standard Deduction for— • People who check any box on line 23a or 23b 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 | 24 Enter your standard deduction . | 24 | 12,600. |
| | 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. | 25 | 100,800. |
| | 26 Exemptions. Multiply \$4,050 by the number on line 6d. | 26 | 16,200. |
| | 27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. | | |
| | This is your taxable income. ▶ 27 | 27 | 84,600. |
| | 28 Tax , including any alternative minimum tax (see instructions). | 28 | 12,699. |
| | 29 Excess advance premium tax credit repayment. Attach Form 8962. | 29 | 1,284. |
| | 30 Add lines 28 and 29. | 30 | 13,983. |
| | 31 Credit for child and dependent care expenses. Attach Form 2441. | 31 | 0. |
| | 32 Credit for the elderly or the disabled. Attach Schedule R. | 32 | |
| | 33 Education credits from Form 8863, line 19. | 33 | |
| | 34 Retirement savings contributions credit. Attach Form 8880. | 34 | |
| | 35 Child tax credit. Attach Schedule 8812, if required. | 35 | 1,800. |
| | 36 Add lines 31 through 35. These are your total credits . | 36 | 1,800. |
| | 37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. | 37 | 12,183. |
| | 38 Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/> | 38 | 0. |
| | 39 Add line 37 and line 38. This is your total tax . | 39 | 12,183. |
| | 40 Federal income tax withheld from Forms W-2 and 1099. | 40 | 13,655. |
| 41 2016 estimated tax payments and amount applied from 2015 return. | 41 | | |
| 42a Earned income credit (EIC). No 42a | | | |
| b Nontaxable combat pay election. 42b | | | |
| 43 Additional child tax credit. Attach Schedule 8812. | 43 | | |
| 44 American opportunity credit from Form 8863, line 8. | 44 | | |
| 45 Net premium tax credit. Attach Form 8962. | 45 | | |
| 46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments . | ▶ 46 | 13,655. | |
| 47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid . | 47 | 1,472. | |
| 48a Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a | | 1,472. | |
| ▶ b Routing number <input type="text" value="071103619"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| ▶ d Account number <input type="text" value="002915097258"/> | | | |
| 49 Amount of line 47 you want applied to your 2017 estimated tax . | 49 | | |

| | | | |
|---------------|---|----|--------|
| Refund | 47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you overpaid . | 47 | 1,472. |
| | 48a Amount of line 47 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/> 48a | | 1,472. |
| | ▶ b Routing number <input type="text" value="071103619"/> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | ▶ d Account number <input type="text" value="002915097258"/> | | |
| | 49 Amount of line 47 you want applied to your 2017 estimated tax . | 49 | |

| | | |
|-----------------------|--|------|
| Amount you owe | 50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions. | ▶ 50 |
| | 51 Estimated tax penalty (see instructions). | 51 |

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete the following. **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 the taxpayer) is based on all information of which the 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.) |
| | | SAP Systems Analyst | (213)840-5540 |
| | | House wife | |

Paid preparer use only

| | | | | |
|-----------------------------|----------------------|------|---|------|
| Print/type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ Self-Prepared | | | Firm's EIN ▶ | |
| Firm's address ▶ | | | Phone no. | |

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Name shown on your return

Your social security number

Murali Mohan Ganta & Ajita Degala

505-51-0065

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

| | | | |
|-----------|--|-----------|----------|
| 1 | Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d | 1 | 4 |
| 2a | Modified AGI. Enter your modified AGI (see instructions) | 2a | 113,400. |
| | b Enter the total of your dependents' modified AGI (see instructions) | 2b | |
| 3 | Household income. Add the amounts on lines 2a and 2b | 3 | 113,400. |
| 4 | Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC | 4 | 24,250. |
| 5 | Household income as a percentage of federal poverty line (see instructions) | 5 | 401 % |
| 6 | Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input type="checkbox"/> No. Continue to line 7. <input checked="" type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount. | | |
| 7 | Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions | 7 | |
| 8a | Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount | 8a | |
| | b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount | 8b | |

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

| Annual Calculation | (a) Annual enrollment premiums (Form(s) 1095-A, line 33A) | (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B) | (c) Annual contribution amount (line 8a) | (d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Annual premium tax credit allowed (smaller of (a) or (d)) | (f) Annual advance payment of PTC (Form (s) 1095-A, line 33C) |
|-------------------------|---|---|---|--|--|--|
| 11 Annual Totals | | | | | | 1,284. |
| Monthly Calculation | (a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) | (b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) | (c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation) | (d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-) | (e) Monthly premium tax credit allowed (smaller of (a) or (d)) | (f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C) |
| 12 January | | | | | | |
| 13 February | | | | | | |
| 14 March | | | | | | |
| 15 April | | | | | | |
| 16 May | | | | | | |
| 17 June | | | | | | |
| 18 July | | | | | | |
| 19 August | | | | | | |
| 20 September | | | | | | |
| 21 October | | | | | | |
| 22 November | | | | | | |
| 23 December | | | | | | |

| | | | |
|-----------|---|-----------|--------|
| 24 | Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here | 24 | |
| 25 | Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here | 25 | 1,284. |
| 26 | Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27 | 26 | |

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

| | | | |
|-----------|---|-----------|--------|
| 27 | Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here | 27 | 1,284. |
| 28 | Repayment limitation (see instructions) | 28 | |
| 29 | Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44 | 29 | 1,284. |

Part IV Allocation of Policy Amounts

Complete the following information for up to four shared policy allocations. See instructions for allocation details.

Allocation 1

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 30 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 2

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 31 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 3

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 32 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

Allocation 4

| | | | | |
|-----------|---|----------------------------------|-----------------------------------|--|
| 33 | (a) Policy Number (Form 1095-A, line 2) | (b) SSN of other taxpayer | (c) Allocation start month | (d) Allocation stop month |
| | Allocation percentage applied to monthly amounts | (e) Premium Percentage | (f) SLCSP Percentage | (g) Advance Payment of the PTC Percentage |
| | | | | |

34 Have you completed all policy amount allocations?

Yes. Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

No. See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

| | | | | | |
|-----------|--|------------------------------------|--|------------------------------------|-----------------------------------|
| 35 | Alternative entries for your SSN | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |
| 36 | Alternative entries for your spouse's SSN | (a) Alternative family size | (b) Alternative monthly contribution amount | (c) Alternative start month | (d) Alternative stop month |

Tax History Report

2016

▶ Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

| Five Year Tax History: | | | | | |
|--|------|------|------|----------|----------|
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| Filing status | | | | MFJ | MFJ |
| Total income | | | | 132,335. | 113,400. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | 132,335. | 113,400. |
| Tax expense | | | | 4,963. | 4,252. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Miscellaneous deductions | | | | | |
| Other Itemized Deductions | | | | | 0. |
| Total itemized/standard deduction . . | | | | 12,600. | 12,600. |
| Exemption amount . . | | | | 16,000. | 16,200. |
| Taxable income | | | | 103,735. | 84,600. |
| Tax | | | | 17,521. | 13,983. |
| Alternative min tax . . | | | | | |
| Total credits | | | | 850. | 1,800. |
| Other taxes | | | | | 0. |
| Payments | | | | 18,493. | 13,655. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | 1,822. | 1,472. |
| Effective tax rate % . . | | | | 12.60 | 10.74 |
| **Tax bracket % | | | | 25.0 | 25.0 |

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPSfee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Credit Tax Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ² | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ² | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ² | \$ 34 . 99 |

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Consent to Use of Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2016 return to determine whether a portion of the refund can be used to pay for tax preparation.

Murali Mohan
First Name

Ganta
Last Name

Please type the date below:

02/28/2017

Date

Ajita

Degala

02/28/2017

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|--|
| I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2016 tax return information that is necessary to enable BANK and SBTPG to process my refund. |
|--|

Sign this agreement by entering your name:

Please type the date below:

Date

| | |
|--|-------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Your SSN 505-51-0065 |
|--|-------------------------|

Line 4b - Adjustment for trade or business income or loss

| (a) Activity name | (b) Gain or loss |
|---|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Enter additional adjustments not included above: | |
| _____ | _____ |
| _____ | _____ |
| Adjustment for trade or business income not subject to net investment tax | _____ |

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|--|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Capital loss carryover adjustment from 2015 for net investment tax purposes | _____ |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| _____ <input type="checkbox"/> | _____ |
| _____ | _____ |
| Net gain or loss from disposition of property not subject to net investment tax | _____ |

Capital gain/loss not included in net investment income

| (a) Activity name | (b) Capital Gain or Loss |
|---|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Capital gain or loss from sale of property not subject to net investment income tax | _____ |

Calculation of line 5b adjustment due to capital loss carryforward

| | | | |
|---|--|---|-------|
| 1 | Net capital loss not included in net investment income | 1 | 0. |
| 2 | Capital loss carryover to next year | 2 | _____ |
| 3 | Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . | 3 | 0. |

Line 7 - Other modifications to investment income

| | | | |
|---|--|---|-------|
| 1 | Casualty and theft losses reported on Schedule A, line 20. | 1 | _____ |
| 2 | Amounts reported on Form 8814, line 12 | 2 | _____ |
| 3 | Adjustment for distributions from estates and trusts | 3 | _____ |
| 4 | Schedules C and F income/loss included in net investment income. | 4 | _____ |
| 5 | Substitute interest and dividend payments | 5 | _____ |
| 6 | Recovery of a prior year deduction | 6 | _____ |
| 7 | _____ | 7 | _____ |
| 8 | Total other modifications to investment income | 8 | _____ |

Line 9b - State income tax allocable to net investment income

| | | | |
|---|--|---|--|
| 1 | State, local, and foreign income taxes | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | State, local and foreign income taxes allocable to investment income | 5 | |

Line 10 - Tax preparations fees allocable to net investment income

| | | | |
|---|--|---|--|
| 1 | Tax preparations fees | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | Tax preparations fees allocable to investment income | 5 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

| | | | |
|---|--|---|--|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ | | |
| 2 | Enter the total of all items listed on line 1 | 2 | |
| 3 | Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) | 3 | |
| 4 | Enter the lesser of the total reported on line 2 or line 3 | 4 | |

Part II - Application of Section 67 Limitation to Specific Deductions

| (A) | (B) | (C) |
|--|---------------------|------------------|
| Reenter the amounts and descriptions from Part I, line 1 | Fraction (see Help) | Column A times B |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |
| _____ | x _____ = _____ | _____ |

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

| | | | |
|---|---|---|--|
| 1 | Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40 | 5 | |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | |
| 7 | Subtract line 6 from line 5 | 7 | |
| 8 | Enter the lesser of line 7 or line 4 | 8 | |

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part III, lines 1-3 | Fraction (see Help) | Column A times B |
| Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c: | | |
| 1 _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| Total miscellaneous investment expenses to Form 8960, line 9c | | |
| 2 State, local, and foreign income taxes | x _____ = _____ | |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| _____ | x _____ = _____ | |
| Penalty on early withdrawal of savings | | |
| Other modifications: | | |
| _____ | | |
| _____ | | |
| Total additional modifications to Form 8960, line 10 | | |

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2015 | (c) Suspended 12/31/2016 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Murali Mohan
 Middle initial _____ Suffix _____
 Last name Ganta
 Social security no. 505-51-0065
 Occupation SAP Systems Analyst
 Date of birth 09/02/1978 (mm/dd/yyyy)
 Age as of 1-1-2017 38
 Daytime phone (213) 840-5540 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name Ajita
 Middle initial _____ Suffix _____
 Last name Degala
 Social security no. 820-15-5303
 Occupation House wife
 Date of birth 08/23/1983 (mm/dd/yyyy)
 Age as of 1-1-2017 33
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

Address 1800 W Blue bonnet dr Apt no. . . 16105
 City Peoria State IL ZIP code . . . 61615-7076
 Foreign code _____ Foreign country _____
 Foreign province/county _____ Foreign postal code _____

APO/FPO/DPO address, check if appropriate APO FPO DPO

Home phone _____
 Check to print phone number on Form 1040 . . . Home Taxpayer daytime Spouse daytime

Federal filing status:

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ►
 Check this box if you are eligible to claim your spouse's exemption (see Help) ►
- 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suffix _____
 Child's social security number _____
- 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2014 ►
 2015 ►

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

| First name Last name | MI Suffix | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | | E I C | Lived with taxpyr in U.S. | Educ Tuitn and Fees | * D e p |
|---------------------------|--------------|---|-------------------------------|------------------|---------------------------------------|---|---|-------------|---------------------------------------|------------------------------|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2016 | | | | | |
| Sai Aishani Ganta | | 768-90-3396 Daughter | 03/19/2010 6 | L | | 3,120. | E | 12 | <input type="checkbox"/> | Yes | |
| Shreeman Mahadev Ganta | | 898-66-6168 Son | 11/14/2013 3 | L | | 1,396. | E | 12 | <input type="checkbox"/> | Yes | |
| | | | | | | | | | <input type="checkbox"/> | | |
| | | | | | | | | | <input type="checkbox"/> | | |

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ... Yes No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2016? ... Yes No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend Not Valid for Employment, check this box (see Help) ...
Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2016 ...
Was EIC disallowed or reduced in a previous year and are you required to file Form 8862 this year? ... Yes No
Check if you were notified by the IRS that EIC cannot be claimed in 2016 or if you are ineligible to claim the EIC in 2015 for any other reason ...

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect direct deposit of any federal tax refund? ... X Yes No
Do you want to elect direct debit of federal balance due (Electronic filing only)? ... Yes No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ... BOA
Check the appropriate box ... Checking X Savings
Routing number ... 071103619 Account number ... 002915097258

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ...
Check this box if you are married filing separately and your spouse itemized deductions ...
Check this box to take the standard deduction even if less than itemized deductions ...

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ...

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ... Yes No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ... Yes No
Is the spouse a full-time student? ... Yes No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ...
Resident country ... USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ...
Excludable income from Puerto Rico ...

Dual Status Alien Return:

Check this box if you are a dual-status alien ...

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ... Yes No

If Yes, complete the following:

Third party designee name ...

Third party designee phone number ...

Personal Identification number (enter any 5 numbers) ...

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ...

Part VI – Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:

Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse ▶ _____

Part VII – State Filing Information

Identity Protection PIN:

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____
If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer’s state of residence as of December 31, 2016 ▶ IL
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year ▶
Taxpayer is a resident of the state above for only part of year ▶
Date the taxpayer established residence in state above ▶ _____
In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse’s state of residence as of December 31, 2016 ▶ IL
Check the appropriate box:
Spouse is a resident of the state above for the entire year ▶
Spouse is a resident of the state above for only part of year ▶
Date the spouse established residence in state above ▶ _____
In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| | |
| | |
| | |
| | |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS ▶
Check if this is the joint return created to file joint state tax return (see Help) ▶

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 31019

Spouse's PIN used to sign the return 18388

Taxpayer:

Drivers license or state ID number H13204173

Issued by what state NE

Expiration Date 02/17/2018

Issued Date 09/08/2015

License or ID license . ▶ ID . ▶ neither . ▶

Spouse

Drivers license or state ID number

Issued by what state

Expiration Date

Issued Date

License or ID license . ▶ ID . ▶ neither . ▶

Personal Information Worksheet
For the Taxpayer

2016

Keep for your records

QuickZoom to another copy of Personal Information Worksheet ▶
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Part I – Taxpayer's Personal Information

First name . . . Murali Mohan Middle initial . . . Last name . . . Ganta
Suffix
Social security no. . . 505-51-0065 Member of U.S. Armed Forces in 2016? . . Yes No
Date of birth 09/02/1978 (mm/dd/yyyy) age as of 1-1-2017 38
Occupation SAP Systems Analyst Daytime phone (213) 840-5540 Ext
Marital status . . . Married
If widowed, check the appropriate box for the year your spouse died:
After 2016 ▶ 2016 . ▶ 2015 . ▶ 2014 . ▶ Before 2014 . ▶
Are you retired on total and permanent disability? (for Schedule R, see Help) ▶ Yes No
Check if this person is legally blind ▶ Yes No
If deceased, enter the date of death ▶ (mm/dd/yyyy) _____
Were you under the age of 16 as of 1-1-2017 and this is the first year you
are filing a tax return? ▶ Yes No
Do you want \$3 to go to Presidential Election Campaign Fund? ▶ Yes No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ▶ Yes No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ▶ Yes No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2016? ▶ Yes No
- 4 Did your earned income exceed one-half of your support? ▶ Yes No
- 5 Was at least one of your parents alive on December 31, 2016? ▶ Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2016 IL
Check the appropriate box:
This person is a resident of the state above for the entire year
This person is a resident of the state above for only part of year
Date this person established residence in state above ▶ _____
In which state (or foreign country) did this person reside before this change? ▶ _____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016 _____
Unreimbursed medical expenses paid for qualifying person in 2016 _____
Employment taxes paid for dependent care providers in 2016 _____
Full-time student for 5 calendar months during 2016? ▶ Yes No
Disabled person who was not physically or mentally capable of self-care? ▶ Yes No
This person is a qualifying person for the child and dependent care credit ▶ Yes No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for
short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and
December, supports answer to January and February eligible for short gap exemption
above.

Check if covered or exempt (other than short gap) for prior year November
Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months
if they were covered all year, select the individual months if they were not covered all year and leave
blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-------------------|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |
| | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person..

Personal Information Worksheet
For the Spouse

2016

Keep for your records

QuickZoom to another copy of Personal Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Spouse's Personal Information

First name . . . Ajita Middle initial . . . Last name . . . Degala
Social security no. . . 820-15-5303 Member of U.S. Armed Forces in 2016? . . . Yes No
Date of birth . . . 08/23/1983 (mm/dd/yyyy) age as of 1-1-2017 . . . 33
Occupation . . . House wife Daytime phone . . . Ext
Marital status . . .
If widowed, check the appropriate box for the year your spouse died:
After 2016 2016 2015 2014 Before 2014
Are you retired on total and permanent disability? (for Schedule R, see Help) . . . Yes No
Check if this person is legally blind . . . Yes No
If deceased, enter the date of death . . . (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2017 and this is the first year you are filing a tax return? . . . Yes No
Do you want \$3 to go to Presidential Election Campaign Fund? . . . Yes No

Part II - Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? . . . Yes No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . Yes No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2016? . . . Yes No
4 Did your earned income exceed one-half of your support? . . . Yes No
5 Was at least one of your parents alive on December 31, 2016? . . . Yes No

Part III - Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2016 . . . IL
Check the appropriate box:
This person is a resident of the state above for the entire year . . . X
This person is a resident of the state above for only part of year . . .
Date this person established residence in state above
In which state (or foreign country) did this person reside before this change?

Part IV - Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2016
Unreimbursed medical expenses paid for qualifying person in 2016
Employment taxes paid for dependent care providers in 2016
Full-time student for 5 calendar months during 2016? . . . Yes No
Disabled person who was not physically or mentally capable of self-care? . . . Yes No
This person is a qualifying person for the child and dependent care credit . . . Yes No

Part VI - Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. X Yes No
Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November X
Check if covered or exempt (other than short gap) for prior year December X
Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.
12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
X X X X X X X X X X X X

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | | | | | | | | |
| | | | | | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Full Year . . . ▶ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person..

Dependent and Nondependent Information Worksheet 2016

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name . . . Sai Aishani Middle initial . . . Last name . . . Ganta
Suffix

Social security no. . . 768-90-3396

Date of birth 03/19/2010 (mm/dd/yyyy) age as of 12-31-2016 6
Did this person pass away in 2016 (deceased)? . . . [] Yes [X] No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? [] Yes [] No

Dependency code * . . . L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled []

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year []

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit [X] Yes [] No
Child is a nondependent, but may qualify for earned income credit [] Yes [] No
You, and no one else, is claiming this nondependent for the earned income credit [] Yes [] No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . . . E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is not a qualifying child for the child tax credit []

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions)
Dependent has ITIN . . . []
[] Yes [] No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 1,560.
 Unreimbursed medical expenses paid for qualifying person in 2016
 Employment taxes paid for dependent care providers in 2016 1,560.
 Child or dependent is a qualifying person for the child and dependent care credit Yes No
 Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2016
 Check the appropriate box:
 This person is a resident of the state above for the entire year
 This person is a resident of the state above for only part of year
 Date this person established residence in state above ▶
 In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November
 Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|-------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Full Year . . . ▶ | | | | | | | | | | | | |
| Full Year . . . ▶ | | | | | | | | | | | | |
| Full Year . . . ▶ | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet 2016

Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet
QuickZoom to Federal Information Worksheet

Part I - Personal Information

First name . . . Shreeman Mahadev Middle initial . . . Last name . . . Ganta
Suffix

Social security no. . . 898-66-6168

Date of birth 11/14/2013 (mm/dd/yyyy) age as of 12-31-2016 3
Did this person pass away in 2016 (deceased)? . . . [] Yes [X] No Date of death

Relationship to taxpayer or spouse Son

CAUTION: If claiming a child other than your own, see Relationship in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? [] Yes [] No

Dependency code * . . . L - Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled []

Part II - Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] No

This person is adopted and you are a U.S. citizen or U.S. national
The adopted child lived with you all year []

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit [X] Yes [] No
Child is a nondependent, but may qualify for earned income credit [] Yes [] No
You, and no one else, is claiming this nondependent for the earned income credit [] Yes [] No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . . . E - Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is not a qualifying child for the child tax credit []

If this dependent has an ITIN issued by the IRS instead of a social security number issued by the social security administration, did they meet the substantial presence test? (see Schedule 8812 Instructions)
Dependent has ITIN . . . []
[] Yes [] No

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2016 698.
 Unreimbursed medical expenses paid for qualifying person in 2016 _____
 Employment taxes paid for dependent care providers in 2016 698.
 Child or dependent is a qualifying person for the child and dependent care credit Yes No
 Child is a nondependent, but may qualify for the child and dependent care credit Yes No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, 2016 _____
 Check the appropriate box:
 This person is a resident of the state above for the entire year
 This person is a resident of the state above for only part of year
 Date this person established residence in state above ▶ _____
 In which state (or foreign country) did this person reside before this change? ▶ _____

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. Yes No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November
 Check if covered or exempt (other than short gap) for prior year December

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|-------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| Full Year . . . ▶ | | | | | | | | | | | | |
| Full Year . . . ▶ | | | | | | | | | | | | |
| Full Year . . . ▶ | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

► Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Social Security Number

505-51-0065

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|--|----------|--------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 113,400. | | 113,400. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | | | |
| 2 | Total federal tax withheld | 13,655. | | 13,655. |
| 3 & 7 | Total social security wages/tips | 113,400. | | 113,400. |
| 4 | Total social security tax withheld | 7,031. | | 7,031. |
| 5 | Total Medicare wages and tips | 113,400. | | 113,400. |
| 6 | Total Medicare tax withheld | 1,644. | | 1,644. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | 113,400. | | 113,400. |
| 17 | Total state tax withheld | 4,252. | | 4,252. |
| 19 | Total local tax withheld. | | | |

| | |
|----------------------------|---------------------------------------|
| Name Murali Mohan Ganta | Social Security Number 505-51-0065 |
|----------------------------|---------------------------------------|

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

| | | |
|--|--|--|
| <p>a Employee's social security No . _____</p> <p>b Employer's ID number <u>47-0914658</u></p> <p>c Employer's name, address, and ZIP code <u>Murali Mohan Ganta</u></p> <p>Street <u>1800 W Blue bonnet dr, Apt 16105</u> City <u>Peoria</u> State <u>IL</u> ZIP Code <u>61615</u> Foreign Country _____</p> <p>d Control number . _____</p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First _____ M.I. _____ Last _____ Suff. _____</p> <p>f Employee's address and ZIP code Street _____ City _____ State _____ ZIP Code _____ Foreign Country _____</p> | <p>1 Wages, tips, other compensation _____</p> <p>3 Social security wages _____</p> <p>5 Medicare wages and tips _____</p> <p>7 Social security tips _____</p> <p>Verification Code _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>2 Federal income tax withheld _____</p> <p>4 Social security tax withheld _____</p> <p>6 Medicare tax withheld _____</p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____</p> <p>Distributions from sect. 457 and nonqualified plans (<i>Important, see Help</i>) _____</p> |
|--|--|--|

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|--|
| | | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| | | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| | | P: Double click to link to Form 3903, line 4. . . . _____ |
| | | R: Enter MSA contribution for Taxpayer _____ Spouse _____ |
| | | W: Enter HSA contribution for Taxpayer _____ Spouse _____ |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| | | | |
| | | | |
| | | | |

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|--|
| | | |
| | | |
| | | |
| | | |

| | |
|----------------------------|---------------------------------------|
| Name Murali Mohan Ganta | Social Security Number 505-51-0065 |
|----------------------------|---------------------------------------|

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete **Part VI** on Page 2 below

| | | |
|---|--|--|
| <p>a Employee's social security No . <u>505-51-0065</u></p> <p>b Employer's ID number <u>47-0914658</u></p> <p>c Employer's name, address, and ZIP code <u>AMERICAN UNIT INC</u></p> <hr/> <p>Street <u>2901 N DALLAS PKWY, #333</u></p> <p>City <u>PLANO</u></p> <p>State <u>TX</u> ZIP Code <u>75093</u></p> <p>Foreign Country _____</p> <hr/> <p>d Control number . <u>109158DALL/3CB</u></p> <hr/> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>MURALI</u> M.I. <u>MOHAN</u> Last <u>GANTA</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>1800 W BLUEBONNET DR</u> City <u>PEORIA</u> State <u>IL</u> ZIP Code <u>61615</u> Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>113,400.00</u></p> <p>3 Social security wages <u>113,400.00</u></p> <p>5 Medicare wages and tips <u>113,400.00</u></p> <p>7 Social security tips _____ Verification Code <u>6DF5-877B-5044-26EC</u></p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>2 Federal income tax withheld <u>13,655.14</u></p> <p>4 Social security tax withheld <u>7,030.80</u></p> <p>6 Medicare tax withheld <u>1,644.30</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits _____ Distributions from sect. 457 and nonqualified plans (<i>Important, see Help</i>) _____</p> |
|---|--|--|

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|---------------|--|
| | | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| | | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| | | P: Double click to link to Form 3903, line 4. . . _____ |
| | | R: Enter MSA contribution for Taxpayer . . . _____ |
| | | Spouse _____ |
| | | W: Enter HSA contribution for Taxpayer . . . _____ |
| | | Spouse _____ |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Employer's state I.D. no. | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|---------------------------|--------------------------------|-------------------------|
| <u>IL</u> | <u>4709146580005</u> | <u>113,400.00</u> | <u>4,252.49</u> |
| | | | |
| | | | |

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| | | | |
| | | | |
| | | | |

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|---|--------|--|
| | | |
| | | |
| | | |
| | | |

► Keep for your records

QuickZoom to Form 1095-A, Health Insurance Marketplace Statement. ► _____
QuickZoom to Form 8962, Premium Tax Credit (PTC) ► _____

Name(s) Shown on Return
Murali Mohan Ganta & Ajita Degala Your Social Security No.
505-51-0065

Owned by: (See tax help if recipient is a dependent)
 Taxpayer Spouse Spouse is covered by plan

Part I Recipient Information

| | | | | |
|---------------------------------------|--|---|--------------------------|--|
| 1 Marketplace identifier IL | 2 Marketplace-assigned pol. no. 29743560 | 3 Policy issuer's name | | |
| 4 Recipient's name | | 5 Recipient's SSN | 6 Recipient's DOB | |
| 7 Recipient's spouse's name | | 8 Spouse's SSN | 9 Spouse's DOB | |
| 10 Policy start date | 11 Policy termination date | 12 Street address (including apartment no.) 1800 W Blue bonnet dr, Apt. 16105 | | |
| 13 City or town Peoria | 14 State or province IL | 15 Country and ZIP or foreign postal code 61615-7076 | | |

Part II Covered Individuals

Check this box to populate the Name, SSN, and DOB for everyone listed on the return in Part II.
Note: Checking this box again will repopulate the information below and overwrite existing entries.

| A. Covered individual name First Last | B. Covered individual SSN | C. Covered individual date of birth | D. Coverage start date | E. Coverage termination date |
|---|---------------------------|-------------------------------------|------------------------|------------------------------|
| 16 <u>Murali</u> <u>Ganta</u> | 505-51-0065 | | 01/01/16 | 12/31/16 |
| 17 <u>Ajita</u> <u>Degala</u> | 820-15-5303 | | 01/01/16 | 12/31/16 |
| 18 <u>Sai</u> <u>Ganta</u> | 768-90-3396 | | 01/01/16 | 12/31/16 |
| 19 <u>Shreeman</u> <u>Ganta</u> | 898-66-6168 | | 01/01/16 | 12/31/16 |
| 20 _____ | | | | |

Part III Coverage Information

| Month | Copy Feature See help for more info. | A. Monthly enrollment premiums | B. Monthly second lowest cost silver plan (SLCSP) premium | C. Monthly advance payment of premium tax credit |
|-------------------------|---|--------------------------------|---|--|
| 21 JANUARY | | 741.75 | 830.78 | 107.00 |
| 22 FEBRUARY | | 741.75 | 830.78 | 107.00 |
| 23 MARCH | | 741.75 | 830.78 | 107.00 |
| 24 APRIL | | 741.75 | 830.78 | 107.00 |
| 25 MAY | | 741.75 | 830.78 | 107.00 |
| 26 JUNE | | 741.75 | 830.78 | 107.00 |
| 27 JULY | | 741.75 | 830.78 | 107.00 |
| 28 AUGUST | | 741.75 | 830.78 | 107.00 |
| 29 SEPTEMBER | | 741.75 | 830.78 | 107.00 |
| 30 OCTOBER | | 741.75 | 830.78 | 107.00 |
| 31 NOVEMBER | | 741.75 | 830.78 | 107.00 |
| 32 DECEMBER | | 741.75 | 830.78 | 107.00 |
| 33 Annual Totals | | 8,904. | 9,972. | 1,284. |

Check this box once you are finished with all the healthcare related entries.

Wages, Salaries, & Tips Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Murali Mohan Ganta & Ajita Degala</u> | Social Security Number <u>505-51-0065</u> |
|---|--|

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|---|--------------------------|--------------------------|----------|
| 1 Wages, from Form W-2 | 113,400. | | 113,400. |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137 | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ▶ | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. Add lines 1 through 9 | 113,400. | | 113,400. |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2 | | | |
| 14 Other non-earned income | | | |
| _____ | | | |
| _____ | | | |
| 15 Total of lines 10 through 14 | 113,400. | | 113,400. |

| | |
|--|------------------------------------|
| Name as Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security No. 505-51-0065 |
|--|------------------------------------|

- Note:**
- 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 in the instructions for Form 1040 or 1040A.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

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, or Form 1040A, line 22 | 2 | 113,400. |
| 3 | 1040 filers: enter the total of any — <ul style="list-style-type: none"> 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. 1040A filers: Enter -0-. | 3 | 0. |
| 4 | Add lines 2 and 3. Enter the total | 4 | 113,400. |
| 5 | Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$110,000 Single, head of household, or qualifying widow(er) — \$75,000 Married filing separately — \$55,000 | 5 | 110,000. |
| 6 | Is the amount on line 4 more than the amount on line 5? <input type="checkbox"/> No. Leave line 6 blank. Enter -0- on line 7. <input checked="" type="checkbox"/> 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 | 4,000. |
| 7 | Multiply the amount on line 6 by 5% (.05). Enter the result. | 7 | 200. |
| 8 | Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> No. Stop. You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> Yes. Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> | 8 | 1,800. |

Part 2

| | | | |
|----|--|----|---------|
| 9 | Enter the amount from Form 1040, line 47, or Form 1040A, line 30 | 9 | 13,983. |
| 10 | Add the amounts from — Form 1040, line 48 Form 1040, line 49, or Form 1040A, line 31 + Form 1040, line 50, or Form 1040A, line 33 + Form 1040, line 51, or Form 1040A, line 34 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total | 10 | 0. |
| 11 | Are you claiming any of the following credits? <ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. | 11 | 0. |
| 12 | Subtract line 11 from line 9. Enter the result. | 12 | 13,983. |
| 13 | Is the amount on line 8 of this worksheet more than the amount on line 12? <input checked="" type="checkbox"/> No. Enter the amount from line 8 <input type="checkbox"/> Yes. Enter the amount from line 12. See the TIP below. | 13 | 1,800. |

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

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
 - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| | | Regular Tax | Alternative Minimum Tax |
|---|-----------|----------------|----------------------------|
| If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10. | | | |
| 1 If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. | 1 | | |
| 2 Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | 2 | | |
| 3 Subtract line 2 from line 1 | 3 | | |
| 4 Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year | 4 | | |
| 5 Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". | 5 | | |
| 6 Add lines 3 through 5 | 6 | | |
| 7 Enter the smaller of line 6 or the gain from Form 4797, line 7 | 7 | | |
| 8 Enter the amount, if any, from Form 4797, line 8 | 8 | | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0- | 9 | | |
| 10 Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | 10 | | |
| 11 Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund | | | |
| | | Regular | AMT |
| a On Form 1099-DIV | | | |
| b On Form 2439 | | | |
| c On Schedule(s) K-1 | | | |
| d On Form 1099-R | | | |
| e From Form 8814 | | | |
| f Other. | | | |
| Total | 11 | | |
| 12 Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale | 12 | | |
| 13 Add lines 9 through 12. | 13 | | |
| 14 If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0- | 14 | 0. | 0. |
| 15 Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 15 | 0. | 0. |
| 16 Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 16 | | |
| a Enter your capital gain excess, if you are filing Form 2555 | a | | 0. |
| 17 Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- | 17 | 0. | 0. |
| 18 Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. | 18 | | |

Schedule D
Line 18

28% Rate Gain Worksheet
▶ Keep for your records

2016

| | |
|---|--|
| Name(s) Shown on Return <u>Murali Mohan Ganta & Ajita Degala</u> | Social Security Number <u>505-51-0065</u> |
|---|--|

| | | Regular Tax | Alternative Minimum Tax | | | | | | | | |
|---|------------------|------------------|----------------------------|------------|--|------------------|------------------|------------------|--|--|--|
| 1 Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1 | | | | | | | | | | |
| 2 Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:16.5%; text-align: center;">50 %</td> <td style="width:16.5%; text-align: center;">60 %</td> <td style="width:16.5%; text-align: center;">75%</td> </tr> <tr> <td></td> <td style="text-align: center;">Exclusion</td> <td style="text-align: center;">Exclusion</td> <td style="text-align: center;">Exclusion</td> </tr> </table> | | 50 % | 60 % | 75% | | Exclusion | Exclusion | Exclusion | | | |
| | 50 % | 60 % | 75% | | | | | | | | |
| | Exclusion | Exclusion | Exclusion | | | | | | | | |
| a Schedule D . . . | | | | | | | | | | | |
| b Form 8814 . . . | | | | | | | | | | | |
| c Schedule B . . . | | | | | | | | | | | |
| d Form 6252 . . . | | | | | | | | | | | |
| e Form 2439 . . . | | | | | | | | | | | |
| f Other | | | | | | | | | | | |
| Total | 2 | | | | | | | | | | |
| 3 Enter the total of all collectibles gain or (loss) from: | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Regular</td> <td style="width:10%; text-align: center;">AMT</td> </tr> </table> | | Regular | AMT | | | | | | | | |
| | Regular | AMT | | | | | | | | | |
| a Form 4684, line 4 (but only if line 15 is more than zero) | | | | | | | | | | | |
| b Form 6252 | | | | | | | | | | | |
| c Form 6781, Part II | | | | | | | | | | | |
| d Form 8824 | | | | | | | | | | | |
| Total | 3 | | | | | | | | | | |
| 4 Enter the total of any collectibles gain reported to you on: | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Regular</td> <td style="width:10%; text-align: center;">AMT</td> </tr> </table> | | Regular | AMT | | | | | | | | |
| | Regular | AMT | | | | | | | | | |
| a Form 1099-DIV, box 2d | | | | | | | | | | | |
| b Form 2439, box 1d | | | | | | | | | | | |
| c Schedule K-1 from a partnership, S corporation, estate, or trust | | | | | | | | | | | |
| d Disposition of interest in partnership or S corporation | | | | | | | | | | | |
| e Other | | | | | | | | | | | |
| Total | 4 | | | | | | | | | | |
| 5 Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 5 | | | | | | | | | | |
| 6 If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. | 6 | | | | | | | | | | |
| 7 Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7 | | | | | | | | | | |
| 8 Enter the amount of any capital gain excess | 8 | | 0. | | | | | | | | |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. | 9 | 0. | 0. | | | | | | | | |
| Enter this amount on Schedule D Tax Worksheet, line 11a | | | | | | | | | | | |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

1 a Enter your taxable income from Form 1040, line 43 **1 a** 84,600.
b Enter the amount from your (and your spouse's) Form 2555, line 45 **b** _____
c Add lines 1a and 1b **1 c** 84,600.

2 a Enter your qualified dividends from Form 1040, line 9b **2 a** _____
b Enter any capital gain excess attributable to qualified dividends **b** _____
c Subtract line 2b from line 2a **2 c** _____

3 Amount from Form 4952, line 4g **3** _____

4 a Amount from Form 4952, line 4e **4 a** _____
b Amount from the dotted line next to Form 4952, line 4e **b** _____
c Line 4b, if applicable, 4a, if not **c** _____

5 Subtract line 4c from line 3. **5** 0.
6 Subtract line 5 from line 2c. If zero or less, enter -0- **6** 0.

7 a Enter line 15 of Schedule D **7 a** _____
b Enter line 16 of Schedule D **b** _____
c Enter the **smaller** of line 7a or line 7b **7 c** 0.

8 Enter the **smaller** of line 3 or line 4c **8** _____

9 a Subtract line 8 from line 7. **9 a** 0.
b Enter any capital gain excess attributable to capital gains **b** _____
c Subtract line 9b from line 9a. **9 c** 0.

10 Add lines 6 and 9c **10** 0.

11 a Enter the amount from Schedule D, line 18 **11 a** 0.
b Enter the amount from Schedule D, line 19 **b** _____
c Add lines 11a and 11b **11 c** 0.

12 Enter the **smaller** of line 9c or line 11c **12** 0.

13 Subtract line 12 from line 10. **13** 0.

14 Subtract line 13 from line 1c. If zero or less, enter -0- **14** 84,600.

15 Enter:
• \$37,650 if single or married filing separately;
• \$75,300 if married filing jointly or qualifying widow(er); or
• \$50,400 if head of household.] **15** 75,300.

16 Enter the **smaller** of line 1c or line 15 **16** 75,300.

17 Enter the **smaller** of line 14 or line 16 **17** 75,300.

18 Subtr in 10 from in 1c. If zero or less, enter -0- **18** 84,600.

19 Enter the **larger** of line 17 or line 18 **19** 84,600.

20 Subtract line 17 from line 16. This amount is taxed at 0%
If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.
20 0.

21 Enter the **smaller** of line 1c or line 13 **21** 0.

22 Enter the amount from line 20 (if line 20 is blank, enter -0-) **22** 0.

23 Subtract line 22 from line 21. If zero or less, enter -0- **23** 0.

24 Enter:
• \$415,050 if single,
• \$233,475 if married filing separately,
• \$466,950 if married filing jointly or qualifying widow(er),
• \$441,000 if head of household.] **24** 466,950.

25 Enter the smaller of line 1c or line 24 **25** 84,600.

26 Add lines 19 and 20 **26** 84,600.

27 Subtract line 26 from line 25. If zero or less, enter -0- **27** 0.

28 Enter the **smaller** of line 23 or line 27 **28** 0.

29 Multiply line 28 by 15% (.15) **29** 0.

30 Add lines 22 and 28 **30** 0.

31 Subtract line 30 from line 21 **31** 0.

32 Multiply line 31 by 20% (.20) **32** 0.

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

33 Enter the **smaller** of line 9c above or Schedule D, line 19 **33** _____

34 Add lines 10 and 19 **34** _____

35 Enter the amount from line 1c above **35** _____

36 Subtract line 35 from line 34. If zero or less, enter -0- **36** _____

37 Subtract line 36 from line 33. If zero or less, enter -0- **37** _____

38 Multiply line 37 by 25% (.25) **38** _____

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

| | | | |
|-----------|--|-----------|----------------|
| 39 | Add lines 19, 20, 28, 31, and 37 | 39 | _____ |
| 40 | Subtract line 39 from line 1c | 40 | _____ |
| 41 | Multiply line 40 by 28% (.28) | 41 | _____ |
| 42 | Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet | 42 | <u>12,699.</u> |
| 43 | Add lines 29, 32, 38, 41, and 42 | 43 | <u>12,699.</u> |
| 44 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>12,699.</u> |
| 45 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44. | 45 | <u>12,699.</u> |

| | |
|---|--|
| Name(s) Shown on Return <u>Murali Mohan Ganta & Ajita Degala</u> | Social Security Number <u>505-51-0065</u> |
|---|--|

| | | | |
|-----------|--|-----------|-----------------------------|
| 1 | Enter the amount from Form 1040, line 43 | 1 | <u> </u> |
| 2 | Enter the amount from Form 1040, line 9b | 2 | <u> </u> |
| 3 | Are you filing Schedule D? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | <u> </u> |
| | <input type="checkbox"/> No. Enter the amount from Form 1040, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | <u> </u> |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-. | 5 | <u> </u> |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | <u> </u> |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | <u> </u> |
| 8 | Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household. | 8 | <u> </u> |
| 9 | Enter the smaller of line 1 or line 8 | 9 | <u> </u> |
| 10 | Enter the smaller of line 7 or line 9 | 10 | <u> </u> |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | <u> </u> |
| 12 | Enter the smaller of line 1 or line 6 | 12 | <u> </u> |
| 13 | Enter the amount from line 11 | 13 | <u> </u> |
| 14 | Subtract line 13 from line 12. | 14 | <u> </u> |
| 15 | Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household. | 15 | <u> </u> |
| 16 | Enter the smaller of line 1 or line 15 | 16 | <u> </u> |
| 17 | Add lines 7 and 11 | 17 | <u> </u> |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | <u> </u> |
| 19 | Enter the smaller of line 14 or line 18 | 19 | <u> </u> |
| 20 | Multiply line 19 by 15% (.15) | 20 | <u> </u> |
| 21 | Add lines 11 and 19 | 21 | <u> </u> |
| 22 | Subtract line 21 from line 12 | 22 | <u> </u> |
| 23 | Multiply line 22 by 20% (.20) | 23 | <u> </u> |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | 24 | <u> </u> |
| 25 | Add lines 20, 23, and 24 | 25 | <u> </u> |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | 26 | <u> </u> |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44. | 27 | <u> </u> |

Schedule A
Line 1

Medical Expenses Worksheet

2016

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| | | |
|--|-------------|----------------|
| 1 Prescription medications | | 1 _____ |
| 2 Health insurance premiums: | | |
| a Premiums other than self-employed health insurance or reported on a 1095-A . . . | 2 a | _____ |
| b From Form(s) 1095-A - net of adjustments | b | 8,904. |
| Taxpayer's portion of 1095-A premiums (total less spouse) | | 8,904. |
| Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer | | _____ |
| c Medicare premiums | c | _____ |
| d From Form(s) 1099-R | d | _____ |
| NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below. | | |
| e Taxpayer's gross long-term care premiums | 2 e | _____ |
| f Taxpayer's allowable long-term care premiums | f | _____ |
| g Spouse's gross long-term care premiums | g | _____ |
| h Spouse's allowable long-term care premiums | h | _____ |
| i Dep or child under 27 gross long-term care premiums | i | _____ |
| j Dep or child under 27 allowable long-term care prem. | j | _____ |
| k Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j | k | _____ |
| l Taxpayer's long-term care premiums not deducted as an adjustment to income. . . | l | _____ |
| m Spouse's long-term care premiums not deducted as an adjustment to income. . . . | m | _____ |
| n Dependent's long-term care premiums not deducted as an adj to income | n | _____ |
| o Other self-employed health insurance not deducted as an adj to income | o | _____ |
| 3 Fees for doctors, dentists, etc | 3 | _____ |
| 4 Fees for hospitals, clinics, etc. | 4 | _____ |
| 5 Lab and x-ray fees | 5 | _____ |
| 6 Expenses for qualified long-term care | 6 | _____ |
| 7 Eyeglasses and contact lenses | 7 | _____ |
| 8 Medical equipment and supplies | 8 | _____ |
| 9 Medical transportation expenses: | | |
| a Medical miles driven | 9 a | _____ |
| b Multiply the number of miles on line 9a by 19 cents per mile | b | _____ |
| c Other medical transportation costs not included above for example: ambulance fees | c | _____ |
| d Total medical transportation expenses (add lines 9b and 9c) | 9 d | _____ |
| 10 Lodging for medical purposes (up to \$50 per night per person) | 10 | _____ |
| 11 Other medical and dental expenses: | | |
| a _____ | 11 a | _____ |
| b _____ | b | _____ |
| c _____ | c | _____ |
| d _____ | d | _____ |
| e _____ | e | _____ |
| f _____ | f | _____ |
| g _____ | g | _____ |
| h _____ | h | _____ |
| i _____ | i | _____ |
| j _____ | j | _____ |
| 12 Total of medical and dental expenses (add lines 1 through 11j) | 12 | 8,904. |
| 13 a Less: insurance reimbursement for any expenses listed | 13 a | _____ |
| b Less: medical savings account (MSA) or health savings account (HSA) distributions | b | _____ |
| 14 Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1). | 14 | 8,904. |

Tax Payments Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Estimated Tax Payments for 2016 (If more than 4 payments for any state or locality, see Tax Help)

| | Federal | | State | | | Local | | |
|-------------------------------------|----------|--------|----------|--------|----|----------|--------|----|
| | Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | 04/18/16 | | 04/18/16 | | | 04/18/16 | | |
| 2 | 06/15/16 | | 06/15/16 | | | 06/15/16 | | |
| 3 | 09/15/16 | | 09/15/16 | | | 09/15/16 | | |
| 4 | 01/17/17 | | 01/17/17 | | | 01/17/17 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| | Federal | State | ID | Local | ID |
|--|---------|-------|----|-------|----|
| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | | | | |
| 6 Overpayments applied to 2016 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2016 extensions | | | | | |

| | Federal | State | Local |
|--|---------|--------|-------|
| Taxes Withheld From: | | | |
| 10 Forms W-2 | 13,655. | 4,252. | |
| 11 Forms W-2G | | | |
| 12 Forms 1099-R | | | |
| 13 Forms 1099-MISC, 1099-K and 1099-G | | | |
| 14 Schedules K-1 | | | |
| 15 Forms 1099-INT, DIV and OID | | | |
| 16 Social Security and Railroad Benefits | | | |
| 17 Form 1099-B | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| d Positive Adjustment | | | |
| e Negative Adjustment | | | |
| f Additional Medicare Tax | | | |
| 19 Total Withholding Lines 10 through 18f | 13,655. | 4,252. | |
| 20 Total Tax Payments for 2016 | 13,655. | 4,252. | |

| | State | ID | Local | ID |
|--|-------|----|-------|----|
| Prior Year Taxes Paid In 2016 (If multiple states or localities, see Tax Help) | | | | |
| 21 Tax paid with 2015 extensions | | | | |
| 22 2015 estimated tax paid after 12/31/2015 | | | | |
| 23 Balance due paid with 2015 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|--|----------|
| (1) Income from Form 1040, line 38 | 113,400. |
| (2) Nontaxable income entered elsewhere on return | |
| (3) Available income: 2015 refundable credits in excess of tax | 0. |
| (4) Enter any additional nontaxable income | |
| (5) Total available income | 113,400. |

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Illinois, Louisiana, Mississippi or New York only:

Double-click in column (4) to select your locality for each state entered.

| (1) State | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|--------------|---------------------------------|-------------------------------|---|---------------------------------|---|-------------------------------------|-------------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|---------------------------------|--------------------|-------------|-------------|--------------------------|-------------------------------------|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 4,252.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 4,252.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . Sales Taxes Greater amount .

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

- b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . _____
- c Real estate taxes paid on additional homes or land _____
 Personal portion of real estate taxes from Schedule E Worksheet for:
 - d Principal residence _____
 - e Vacation home _____
 - f Less real estate taxes deducted on Form 8829 _____
 - g Add lines 2a through 2f (to Schedule A, line 6) _____
- 3 Personal property taxes:**
 - a Auto registration fees based on the value of the vehicle.
 2015 Amount Enter 2016 description:
 _____ _____
 _____ _____
 _____ _____
 - b Non-business portion of personal property taxes from Car & Truck Exp Wks _____
 - c Other personal property taxes _____
 - d Add lines 3a through 3c (to Schedule A, line 7) _____
- 4 Other taxes:**
 - a Other taxes from Schedule(s) K-1 _____
 - b Foreign taxes from interest and dividends _____
 - c Foreign taxes from Schedule(s) K-1 _____
 - d Other foreign taxes (not used to claim a foreign tax credit). _____
 - e Other taxes.
 2015 Amount Enter 2016 description:
 _____ _____
 _____ _____
 _____ _____
 - f Add lines 4a through 4e (to Schedule A, line 8) _____

Interest Deductions

- 5 Home mortgage interest and points reported on Form 1098:**
 - a Mortgage interest and points from the Home Mortgage Interest Worksheet _____
 - b Qualified mortgage interest from Schedule E Worksheet _____
 - c Less home mortgage interest/points deducted on Form 8829 _____
 - d Less home mortgage interest from Form 8396, line 3 _____
 - e Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. _____
- 6 Home mortgage interest not reported on Form 1098:**
 - a Mortgage interest from the Home Mortgage Interest Worksheet. _____
 - b Less home mortgage interest deducted on Form 8829 _____
 - c Add lines 6a and 6b (to Sch A, line 11) or line B2 from above _____
- 7 Points not reported on Form 1098:**
 - a Amortizable points from the Home Mortgage Interest Worksheet _____
 - b Other points not on Form 1098 from the Home Mortgage Interest Worksheet _____
 - c Less points deducted on Form 8829 _____
 - d Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above _____

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

State and Local Income Taxes

| | | |
|---|----|--------|
| State income taxes: | | |
| 1 State income tax withheld | 1 | 4,252. |
| 2 2016 state estimated taxes paid in 2016 | 2 | |
| 3 2015 state estimated taxes paid in 2016 | 3 | |
| 4 Amount paid with 2015 state application for extension | 4 | |
| 5 Amount paid with 2015 state income tax return | 5 | |
| 6 Overpayment on 2015 state income tax return applied to 2016 tax | 6 | |
| 7 Other amounts paid in 2016 (amended returns, installment payments, etc.) | 7 | |
| 8 State estimated tax from Schedule(s) K-1 (Form 1041) | 8 | |
| Local income taxes: | | |
| 9 Local income tax withheld | 9 | |
| 10 2016 local estimated taxes paid in 2016 | 10 | |
| 11 2015 local estimated taxes paid in 2016 | 11 | |
| 12 Amount paid with 2015 local application for extension | 12 | |
| 13 Amount paid with 2015 local income tax return | 13 | |
| 14 Overpayment on 2015 local income tax return applied to 2016 tax | 14 | |
| 15 Other amounts paid in 2016 (amended returns, installment payments, etc.) | 15 | |
| 16 Local estimated tax from Schedule(s) K-1 (Form 1041) | 16 | |
| Other: | | |
| 17 _____ | 17 | |
| 18 Total Add lines 1 through 17 | 18 | 4,252. |
| 19 State and local refund allocated to 2016 | 19 | |
| 20 Nondeductible state income tax from line 28 | 20 | |
| 21 Total reductions Add lines 19 and 20 | 21 | |
| 22 Total state and local income tax deduction Line 18 less line 21 | 22 | 4,252. |

Nondeductible State Income Tax (Hawaii Only)

| | | |
|--|----|---|
| 23 Nontaxable federal employee cost of living allowance | 23 | |
| 24 Adjusted gross income | 24 | |
| 25 Add lines 23 and 24 | 25 | |
| 26 Nondeductible percent. Line 23 divided by line 25 | 26 | % |
| 27 Hawaii state income tax included in line 18 | 27 | |
| 28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. | 28 | |

Charitable Deduction Limits Worksheet For Current Year Contributions

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 113,400.

9 Multiply line 8 by 0.5. This is your 50% limit. 56,700.

| | Limits | | | | Deduct this year | Carryover to next year |
|---|----------------|---------|--------------|-------|------------------|------------------------|
| | Cash and Other | | Capital gain | | | |
| | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | |
| 10 Enter the smaller of line 2 or line 9 | | | | 0. | | |
| 11 Subtract line 10 from line 2 | | | | | | 0. |
| 12 Subtract line 10 from line 9 | | | 56,700. | | | |
| Contributions not to 50% limit organizations | | | | | | |
| 13 Add lines 2 and 3 | | | | | | |
| 14 Multiply line 8 by 0.3. This is your 30% limit. | | 34,020. | 34,020. | | | |
| 15 Subtract line 13 from line 9 | | 56,700. | | | | |
| 16 Enter the smallest of line 6, 14, or 15 | | | | 0. | | |
| 17 Subtract line 16 from line 6 | | | | | | 0. |
| 18 Subtract line 16 from line 14 | | | 34,020. | | | |
| Capital gain property to 50% limit organizations | | | | | | |
| 19 Enter the smallest of line 3, 12, or 14 | | | | 0. | | |
| 20 Subtract line 19 from line 3 | | | | | | 0. |
| 21 Subtract line 16 from line 15 | | | 56,700. | | | |
| 22 Subtract line 19 from line 14 | | | 34,020. | | | |
| Capital gain property not to 50% limit organizations | | | | | | |
| 23 Multiply line 8 by 0.2. This is your 20% limit. | | | 22,680. | | | |
| 24 Enter the smaller of line 7, 18, 21, 22, or 23 | | | | 0. | | |
| 25 Subtract line 24 from line 7 | | | | | | 0. |
| 26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | 0. | | |
| 27 Reserved for future use | | | | | | |
| 28 Reserved for future use | | | | | | |
| 29 Reserved for future use | | | | | | |
| 30 Add lines 11, 17, 20, and 25. Carry to next year. | | | | | | 0. |

Charitable Deduction Limits Worksheet For Carryover Contributions

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Step 1. List your qualified charitable contributions made during the year.

1 **RESERVED** for future use

Step 2. List your other charitable contributions made during the year.

2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1.

3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value

4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations

5 Enter your contributions "for the use" of any qualified organization

6 Add lines 4 and 5

7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2).

Step 3. Figure your deduction for the year and your carryover to the next year.

8 Enter your adjusted gross income 113,400.

9 Multiply line 8 by 0.5. This is your 50% limit. 56,700. less. 0. 56,700.

| | Limits | | | | Deduct this year | Carryover to next year |
|---|----------------|---------|--------------|-------|------------------|------------------------|
| | Cash and Other | | Capital gain | | | |
| | 50% Org | Other | 50% Org | Other | | |
| Contributions to 50% limit organizations | | | | | | |
| 10 Enter the smaller of line 2 or line 9 | | | | 0. | | |
| 11 Subtract line 10 from line 2 | | | | | | 0. |
| 12 Subtract line 10 from line 9 | | | 56,700. | | | |
| Contributions not to 50% limit organizations | | | | | | |
| 13 Add lines 2 and 3 | | 0. | | | | |
| 14 Multiply line 8 by 0.3. This is your 30% limit. | | 34,020. | 34,020. | | | |
| 15 Subtract line 13 from line 9 | | 56,700. | | | | |
| 16 Enter the smallest of line 6, 14, or 15 | | | | 0. | | |
| 17 Subtract line 16 from line 6 | | | | | | 0. |
| 18 Subtract line 16 from line 14 | | | 34,020. | | | |
| Capital gain property to 50% limit organizations | | | | | | |
| 19 Enter the smallest of line 3, 12, or 14 | | | | 0. | | |
| 20 Subtract line 19 from line 3 | | | | | | 0. |
| 21 Subtract line 16 from line 15 | | | 56,700. | | | |
| 22 Subtract line 19 from line 14 | | | 34,020. | | | |
| Capital gain property not to 50% limit organizations | | | | | | |
| 23 Multiply line 8 by 0.2. This is your 20% limit. | | | 22,680. | | | |
| 24 Enter the smaller of line 7, 18, 21, 22, or 23 | | | | 0. | | |
| 25 Subtract line 24 from line 7 | | | | | | 0. |
| 26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 | | | | 0. | | |
| 27 Reserved for future use | | | | | | |
| 28 Reserved for future use | | | | | | |
| 29 Reserved for future use | | | | | | |
| 30 Add lines 11, 17, 20, and 25. Carry to next year. | | | | | | 0. |

Charitable Contributions Summary

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Part I Cash Contributions Summary

| Name of Charitable Organization | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) RESERVED for future use |
|---------------------------------|--------------|---------------------|---------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: _____ | | | | |

Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total | Other Property | | Capital Gain Property | |
|---------------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|
| | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) 30% Limit | (e) 20% Limit |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: _____ | | | | | |

Part III Contribution Carryovers to 2017

| | Total | Cash and Other Non-Capital Gain Property | | | Capital Gain Property | |
|------------------------------------|--------------|---|---------------------|---------------------|--------------------------|---------------------|
| | (a) Total | (b) RESERVED | (c) 50% Limit | (d) 30% Limit | (e) 30% Limit | (f) 20% Limit |
| 1 2016 contributions . . . | | | | | | |
| 2 2016 contributions allowed | 0. | | 0. | 0. | 0. | 0. |
| 3 Carryovers from: | | | | | | |
| a 2015 tax year | | | | | | |
| b 2014 tax year | | | | | | |
| c 2013 tax year | | | | | | |
| d 2012 tax year | | | | | | |
| e 2011 tax year | | | | | | |
| 4 Carryovers allowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 5 Carryovers disallowed in 2016 | 0. | | 0. | 0. | 0. | 0. |
| 6 Carryovers to 2017: | | | | | | |
| a From 2016 | 0. | | 0. | 0. | 0. | 0. |
| b From 2015 | | | | | | |
| c From 2014 | | | | | | |
| d From 2013 | | | | | | |
| e From 2012 | | | | | | |
| f From 2011 | | | | | | |

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes No
- 3 Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ▶ Yes No
- 4 Was any charity other than a 50% charity? Yes No

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

| | | | | | |
|------------|---|-------|---------|------------|---------|
| 1 | Is your earned income* more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050 | _____ | ► . . . | 1 | _____ |
| 2 | Enter the amount shown below for your filing status. • Single or married filing separately — \$6,300 • Married filing jointly or Qualifying widow(er) — \$12,600 • Head of household — \$9,300 | _____ | ► . . . | 2 | 12,600. |
| 3 | Standard deduction. | | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1952, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b | | | 3 a | _____ |
| 3 b | If born before January 2, 1952, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) | | | 3 b | _____ |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 | | | 3 c | _____ |

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040
Line 42**

Deduction for Exemptions Worksheet

2016

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| | | |
|--|----------|------------------|
| 1 Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d | 1 | <u>16,200.</u> |
| 2 Enter the amount from Form 1040, line 38 | 2 | <u>113,400.</u> |
| 3 Enter the amount shown below for your filing status: • Single, enter \$259,400 • Married filing jointly or qualifying widow(er), enter \$311,300 • Married filing separately, enter \$155,650 • Head of household, enter \$285,350 | 3 | <u>311,300.</u> |
| 4 Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42. | 4 | <u>-197,900.</u> |
| 5 Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1) | 5 | _____ |
| 6 Multiply line 5 by 2% (.02) and enter the result as a decimal. | 6 | _____ |
| 7 Multiply line 1 by line 6 | 7 | _____ |
| 8 Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 | 8 | _____ |

Earned Income Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Murali Mohan Ganta & Ajita Degala</u> | Social Security Number <u>505-51-0065</u> |
|---|--|

| Part I – Earned Income Credit Wks Computation | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | _____ | _____ | _____ |
| b Optional Method and Church Employee income | _____ | _____ | _____ |
| c Add lines 1a and 1b | _____ | _____ | _____ |
| d One-half of self-employment tax | _____ | _____ | _____ |
| e Subtract line 1d from line 1c | _____ | _____ | _____ |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | _____ | _____ | _____ |
| b Net nonfarm profit or (loss) | _____ | _____ | _____ |
| c Add lines 2a and 2b | _____ | _____ | _____ |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | _____ | _____ | _____ |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | _____ | _____ | _____ |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|----------|-------|----------|
| 5 Net self-employment earnings (line 4 above) | _____ | _____ | _____ |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 113,400. | _____ | 113,400. |
| 7 a Taxable employer-provided adoption benefits. | _____ | _____ | _____ |
| b Foreign earned income exclusion | _____ | _____ | _____ |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 113,400. | _____ | 113,400. |
| 9 a Taxable dependent care benefits. | _____ | _____ | _____ |
| b Nontaxable combat pay | _____ | _____ | _____ |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 113,400. | _____ | 113,400. |
| 11 Scholarship or fellowship income not on W-2 | _____ | _____ | _____ |
| 12 SE exempt earnings less nontaxable income | _____ | _____ | _____ |
| 13 Distributions from nonqualified/Sec. 457 plans | _____ | _____ | _____ |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 113,400. | _____ | 113,400. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|---|----------|-------|----------|
| 15 Net self-employment income or (loss) | _____ | _____ | _____ |
| 16 Wages, salaries, tips, etc | 113,400. | _____ | 113,400. |
| 17 Net self-employment loss | _____ | _____ | _____ |
| 18 Alimony received. | _____ | _____ | _____ |
| 19 Nontaxable combat pay | _____ | _____ | _____ |
| 20 Foreign earned income exclusion | _____ | _____ | _____ |
| 21 Keogh, SEP or SIMPLE deduction | _____ | _____ | _____ |
| 22 Combine lines 15 through 21. To IRA Wks, In 2. | 113,400. | _____ | 113,400. |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|--|----------|-------|----------|
| 23 Self-employed, church and statutory employees | _____ | _____ | _____ |
| 24 Wages, salaries, tips, etc | 113,400. | _____ | 113,400. |
| 25 Nontaxable combat pay | _____ | _____ | _____ |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 113,400. | _____ | 113,400. |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Investment Interest Expense (Form 4952, line 1)

| | | |
|--|-----|--|
| 1 Investment interest expense, from Schedule K-1 | 1 | |
| 2 Investment interest expense from royalties | 2 | |
| 3 Other investment interest expense: | | |
| a ----- | 3 a | |
| b ----- | b | |
| c ----- | c | |
| d ----- | d | |
| 4 Total investment interest expense. Add lines 1 through 3. | 4 | |

Gross Income from Property Held for Investment (Form 4952, line 4a)

| | | |
|---|-----|--|
| 5 Taxable investment income: | | |
| a From Schedule B, Interest and Dividend Income | 5 a | |
| b From Schedules K-1, Partnerships, S Corporations, Estates and Trusts | b | |
| c From Form 8814, Parents' Election to Report Child's Interest and Dividends | c | |
| d Total | d | |
| 6 Royalty income, from Schedule E | 6 | |
| 7 Net passive income from publicly traded partnerships | 7 | |
| 8 Income from nonpassive trade or business without material participation | 8 | |
| 9 Other investment income: | | |
| a ----- | 9 a | |
| b ----- | b | |
| c ----- | c | |
| d ----- | d | |
| 10 Total investment income. Add lines 5d through 9. | 10 | |

Net Capital Gain Income (Form 4952, lines 4d and 4e)

| | | Regular Tax | Alt Min Tax |
|---|------|-------------|-------------|
| 11 a Net gains from Schedule D, line 16 | 11 a | | |
| b Less net gains from property not held for investment | b | | |
| c Net gains from property held for investment. | c | | |
| 12 a Net capital gains from Schedule D, lesser of ln 15 or ln 16. | 12 a | | |
| b Less net capital gains from property not held for investment. | b | | |
| c Net capital gains from property held for investment. | c | | |

Investment Expenses (Form 4952, line 5)

| | | |
|--|------|--|
| 13 Royalty expenses | 13 | |
| 14 Investment expenses included as itemized deductions (after the 2% limitation) | 14 | |
| 15 Investment expenses included as itemized deductions (no 2% limitation) | 15 | |
| 16 Expenses from nonpassive trade or business without material participation | 16 | |
| 17 Other investment expenses: | | |
| a ----- | 17 a | |
| b ----- | b | |
| c ----- | c | |
| d ----- | d | |
| 18 Total investment expenses. Add lines 13 through 17. | 18 | |

Allocation of Investment Interest Expense (Schedule A, line 14)

| | | Regular Tax | Alt Min Tax |
|---|----|-------------|-------------|
| 19 Allowed investment interest expense, Form 4952, line 8 | 19 | | |
| 20 Less amount deducted on other forms and schedules: | 20 | | |
| a Deducted on Schedule E, page 2 for passthru entities | a | | |
| b Deducted on Schedule E, page 1 for royalties | b | | |
| c Other amounts deducted on other forms and schedules | c | | |
| d Total amount deducted on other forms and schedules | d | | |
| 21 Investment interest expense. | 21 | | |

► Keep for your records

Name(s) Shown on Return

Murali Mohan Ganta & Ajita Degala

Social Security Number

505-51-0065

- QuickZoom** to Schedule EIC ►
- QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . ► _____
- QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
- QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. ►

| | | |
|---|--|--|
| <p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4c, and 5</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,300 (\$13,850 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,200 (\$23,750 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 10 now.</p> <p><input type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 | <p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> | <p>113,400.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>113,400.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>113,400.</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|--|

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$14,880 (\$20,430 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$39,296 (\$44,846 if married filing jointly) with one qualifying child. |
| <input checked="" type="checkbox"/> | \$44,648 (\$50,198 if married filing jointly) with two qualifying children. |
| <input type="checkbox"/> | \$47,955 (\$53,505 if married filing jointly) with more than two qualifying children. |
- 3 Investment income is more than \$3,400.
(Investment Income Smart Worksheet, item H above)
- 4 The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | |
|----------------------------|---|
| a <input type="checkbox"/> | qualifying children of another person, or |
| b <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2016.
(Information Worksheet, Part IV)
- 12 Filing Form 2555, Foreign Earned Income.
- 13 Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2016?

Yes, all of the above is correct.

No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2016?

2 Yes, my dependents lived with me at this address.

No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2016.

| | | | | |
|--|-------------------------------------|------------|--------------------------|-----------|
| Compliance and Due Diligence Indicator | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Disqualified from Earned Income Credit. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | |
|--|---|----------|
| Potential qualifying child count | ▶ | <u>2</u> |
| Non dependent potential qualifying child count | ▶ | <u>0</u> |
| Qualifying child count (max 3) | ▶ | <u>2</u> |

Schedule SE Adjustments Worksheet

2016

▶ Keep for your records

| | |
|---|--|
| Name(s) Shown on Return <u>Murali Mohan Ganta & Ajita Degala</u> | Social Security Number <u>505-51-0065</u> |
|---|--|

| | (a) Taxpayer | (b) Spouse |
|---|--------------------------|--------------------------|
| QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| QuickZoom to the Long Schedule SE (Schedule SE, page 2) ▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| A Use Long Schedule SE, even if qualified to use Short Schedule SE | <input type="checkbox"/> | <input type="checkbox"/> |
| B Approved Form 4029. Exempt from SE tax on all income | <input type="checkbox"/> | <input type="checkbox"/> |
| C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). | <input type="checkbox"/> | <input type="checkbox"/> |
| Part I Farm Profit or (Loss) Schedule SE, line 1 | | |
| 1 Total Schedules F | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Farm partnerships, Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Other SE farm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Less SE exempt farm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total for Schedule SE, line 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Conservation Reserve Program payments not subject to self-employment tax reported on: | | |
| a Schedule F, line 4b | <input type="checkbox"/> | <input type="checkbox"/> |
| b Schedule K-1 (Form 1065), box 20, code Z | <input type="checkbox"/> | <input type="checkbox"/> |
| c Total CRP payments not subject to SE tax | <input type="checkbox"/> | <input type="checkbox"/> |
| Part II Nonfarm Profit or (Loss) Schedule SE, line 2 | | |
| 1 a Total Schedules C | <input type="checkbox"/> | <input type="checkbox"/> |
| b Less SE exempt Schedules C (approved Form 4361) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Nonfarm partnerships, Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Forms 6781 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other SE income reported as income on Form 1040, line 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 a Clergy Form W-2 wages | <input type="checkbox"/> | <input type="checkbox"/> |
| b Clergy housing allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| c Less clergy business deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| d QuickZoom to the Explanation statement for entry on line 5c | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Other SE nonfarm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Less other SE exempt nonfarm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Total for Schedule SE, line 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Exempt Notary Public income for Schedule SE, line 3 (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| Part III Farm Optional Method Schedule SE, page 2, Part II | | |
| 1 Use Farm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gross farm income from Schedules F | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Gross farming or fishing income from partnership Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other gross farming or fishing self-employment income | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total gross income for Farm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |
| Part IV Nonfarm Optional Method Schedule SE, page 2, Part II | | |
| 1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gross nonfarm income from Schedules C | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Gross nonfarm income from partnership Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other gross nonfarm self-employment income | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total gross income for Nonfarm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2016

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
|--|--|--|---|
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c. | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 30. | 29,600. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. | | | 0. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

Taxable Income – Line 1

| | | | |
|---|---|---|----------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) | 1 | 113,400. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 113,400. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 113,400. |

Taxes – Line 3

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 8 | 1 | |
|---|---|---|--|

Home Mortgage Interest Adjustment – Line 4

| | (a) Deductible for AMT Purposes | (b) NOT Deductible for AMT Purposes | (c) Total Home Mortgage Interest |
|--|--|---|--|
| 1 Attributable to mortgage used to purchase, build, or improve: | | | |
| a Main home or second home that is house, apartment, condominium or non-transient mobile home | | | |
| b Second home that is transient mobile home or boat | | | |
| c Total | | | |
| 2 Attributable to mortgage used to refinance: | | | |
| a To pay off mortgage | | | |
| b For other purposes | | | |
| c Total | | | |
| 3 Attributable to other mortgage deductible for AMT: | | | |
| a Pre-July 1, 1982 mortgage | | | |
| 4 Total column (a) | | | |
| 5 Total column (b). Enter result on Form 6251, line 4. | | | |
| 6 Total mortgage interest from Schedule A | | | |

Refund of Taxes – Line 7

| | | | |
|---|--|---|----|
| 1 | Taxable refund of state and local income tax | 1 | 0. |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 7 | 3 | 0. |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

| | | | |
|----|---|----|----------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 113,400. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 113,400. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 102,060. |
| 6 | Enter ATNOL carried to 2015 from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg. | 11 | |

Incentive Stock Options – Line 14

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 14 | 5 | |

Alternative Minimum Taxable Income – Line 28

| | | |
|--|---|---|
| If married filing separately and Form 6251, line 28, is more than \$247,450: | | |
| 1 | Alternative minimum taxable income, Form 6251. | 1 |
| 2 | Threshold amount | 2 |
| 3 | Subtract line 2 from line 1. | 3 |
| 4 | Multiply line 3 by 25% (.25). | 4 |
| 5 | Smaller of line 4 or \$41,900 | 5 |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 28. | 6 |

Exemption – Line 29

| | | | |
|-----|--|-----|----------|
| 1 | Enter \$53,900 if single or head of household, \$83,800 if married filing jointly or qualifying widow(er), \$41,900 if married filing separately | 1 | 83,800. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 28. | 2 | 113,400. |
| 3 | Enter \$119,700 if single or head of household, \$159,700 if married filing jointly or qualifying widow(er), \$79,850 if married filing separately | 3 | 159,700. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0-. | 4 | 0. |
| 5 | Multiply line 4 by 25% (.25). | 5 | 0. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0-. | 6 | 83,800. |
| | If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | |
| 8 a | Enter the child's earned income , if any | 8 a | |
| b | Enter any adjustments. | b | |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0-. | 9 | |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. | 10 | |

► Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| | | |
|--|-----------|-------|
| 1 Enter amount from Form 6251, line 30. | 1 | _____ |
| 2 a Enter amount from Form(s) 2555, lines 45 and 50 | 2a | _____ |
| b Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income | 2b | _____ |
| c Subtract line 2b from line 2a. If zero or less, enter 0 | 2c | _____ |
| 3 Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 | 3 | _____ |
| 4 Tax on amount on line 3. | | |
| <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. ● All Others: If line 3 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result. | 4 | _____ |
| 5 Tax on amount on line 2c. If line 2c is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result | 5 | _____ |
| 6 Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 | 6 | _____ |

Federal Carryover Worksheet

2016

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

2015 State and Local Income Tax Information (See Tax Help)

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| IL | | | 4,963. | | 323. | |
| NE | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 4,963. | | 323. | |

Other Tax and Income Information

| | | 2015 | 2016 |
|---|----------|--------------------------|--------------------------|
| 1 Filing status | 1 | 2 MFJ | 2 MFJ |
| 2 Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 Itemized deductions | 3 | 4,963. | 4,252. |
| 4 Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Adjusted gross income | 5 | 132,335. | 113,400. |
| 6 Tax liability for Form 2210 or Form 2210-F | 6 | 16,671. | 12,183. |
| 7 Alternative minimum tax | 7 | | |
| 8 Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ▶

Excess Contributions

| | | 2015 | 2016 |
|---|-------------|------|------|
| 9 a Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b Spouse's excess HSA contributions as of 12/31 | b | | |

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

| | | 2015 | 2016 |
|--|-------------------------|------|------|
| 12 a Short-term capital loss | 12 a | | |
| b AMT Short-term capital loss | b | | |
| 13 a Long-term capital loss | 13 a | | |
| b AMT Long-term capital loss | b | | |
| 14 a Net operating loss available to carry forward | 14 a | | |
| b AMT Net operating loss available to carry forward | b | | |
| 15 a Investment interest expense disallowed | 15 a | | |
| b AMT Investment interest expense disallowed | b | | |
| 16 Nonrecaptured net Section 1231 losses from: | a 2016 | | |
| | b 2015 | | |
| | c 2014 | | |
| | d 2013 | | |
| | e 2012 | | |
| | f 2011 | | |

| Loss and Expense Carryovers (cont'd) | | | | 2015 | 2016 |
|--------------------------------------|--|---|------------|------|------|
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2016 . . . | 17 a | |
| | | b | 2015 . . . | b | |
| | | c | 2014 . . . | c | |
| | | d | 2013 . . . | d | |
| | | e | 2012 . . . | e | |
| | | f | 2011 . . . | f | |

| Credit Carryovers | | | | 2015 | 2016 |
|-------------------|--|---|----------------|------|------|
| 18 | General business credit | | | 18 | |
| 19 | Adoption credit from: | a | 2016 | 19 a | |
| | | b | 2015 | b | |
| | | c | 2014 | c | |
| | | d | 2013 | d | |
| | | e | 2012 | e | |
| 20 | Mortgage interest credit from: | a | 2016 | 20 a | |
| | | b | 2015 | b | |
| | | c | 2014 | c | |
| | | d | 2013 | d | |
| 21 | Credit for prior year minimum tax | | | 21 | |
| 22 | District of Columbia first-time homebuyer credit | | | 22 | |
| 23 | Residential energy efficient property credit | | | 23 | |

| Other Carryovers | | | | 2015 | 2016 |
|------------------|--|---|---|------|------|
| 24 | Section 179 expense deduction disallowed | | | 24 | |
| 25 | Excess foreign housing deduction: | a | Taxpayer (Form 2555, line 46) | 25 a | |
| | | b | Taxpayer (Form 2555, line 48) | b | |
| | | c | Spouse (Form 2555, line 46) | c | |
| | | d | Spouse (Form 2555, line 48) | d | |

Charitable Contribution Carryovers

| 26 | 2015 Carryover of charitable contributions from: | Other Property | | Capital Gain | |
|----|--|----------------|---------|--------------|---------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2015 | | | | |
| b | 2014 | | | | |
| c | 2013 | | | | |
| d | 2012 | | | | |
| e | 2011 | | | | |

| 27 | 2016 Carryover of charitable contributions from: | Other Property | | Capital Gain | |
|----|--|----------------|---------|--------------|---------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2016 | | | | |
| b | 2015 | | | | |
| c | 2014 | | | | |
| d | 2013 | | | | |
| e | 2012 | | | | |

28 Amount overpaid less earned income credit 1,822.

2015 State Capital Loss Carryovers (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|---------------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|--|---------------------------------------|

| Description | Amount |
|---|-----------------|
| Income | |
| Wages | 113,400. |
| Interest income before Series EE bond exclusion | _____ |
| Dividend income | _____ |
| Tax refund | 0. |
| Alimony received | _____ |
| Nonpassive business income or loss | _____ |
| Royalty and nonpassive rental activities income or loss | _____ |
| Nonpassive partnership income or loss | _____ |
| Nonpassive S corporation income or loss | _____ |
| Nonpassive farm rental income or loss | _____ |
| Nonpassive farm income or loss | _____ |
| Nonpassive estate and trust income or loss | _____ |
| Real estate mortgage investment conduits | _____ |
| Business gains and losses from nonpassive activities | _____ |
| Capital gains and losses | _____ |
| Taxable IRA distributions | _____ |
| Taxable pension distributions | _____ |
| Unemployment compensation | _____ |
| Other income | _____ |
| Total income | 113,400. |
| Adjustments | |
| Educator expenses | _____ |
| Certain business expenses of reservists, performing artists, and government officials | _____ |
| Health savings account deduction | _____ |
| Moving expenses | _____ |
| Self-employed SEP, SIMPLE, and qualified plans | _____ |
| Self-employed health insurance deduction | _____ |
| Penalty on early withdrawals of savings | _____ |
| Alimony paid | _____ |
| Other adjustments | _____ |
| Total adjustments | _____ |
| Modified adjusted gross income | 113,400. |

Two-Year Comparison

2016

| | |
|--|------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security Number |
|--|------------------------|

| Income | 2015 | 2016 | Difference | % |
|---|-----------------|-----------------|-----------------|---------------|
| Wages, salaries, tips, etc | 132,335. | 113,400. | -18,935. | -14.31 |
| Interest and dividend income | | | | |
| State tax refund | | 0. | 0. | |
| Business income (loss) | | | | |
| Capital and other gains (losses) | | | | |
| IRA distributions | | | | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 132,335. | 113,400. | -18,935. | -14.31 |
| Adjustments to Income | | | | |
| Adjusted Gross Income | 132,335. | 113,400. | -18,935. | -14.31 |
| Itemized Deductions | | | | |
| Medical and dental | 0. | 0. | 0. | |
| Income or sales tax | 4,963. | 4,252. | -711. | -14.33 |
| Real estate taxes | | | | |
| Personal property and other taxes | | | | |
| Interest paid | | | | |
| Gifts to charity | | | | |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Phaseout of itemized deductions | | | | |
| Total Itemized Deductions | 4,963. | 4,252. | -711. | -14.33 |
| Standard or Itemized Deduction | 12,600. | 12,600. | 0. | 0.00 |
| Exemption Amount | 16,000. | 16,200. | 200. | 1.25 |
| Taxable Income | 103,735. | 84,600. | -19,135. | -18.45 |
| Income tax | 17,521. | 12,699. | -4,822. | -27.52 |
| Additional income taxes | | 1,284. | 1,284. | |
| Alternative minimum tax | | | | |
| Total Income Taxes | 17,521. | 13,983. | -3,538. | -20.19 |
| Nonbusiness credits | 850. | 1,800. | 950. | 111.76 |
| Business credits | | | | |
| Total Credits | 850. | 1,800. | 950. | 111.76 |
| Self-employment tax | | | | |
| Other taxes | | 0. | 0. | |
| Total Tax After Credits | 16,671. | 12,183. | -4,488. | -26.92 |
| Withholding | 18,493. | 13,655. | -4,838. | -26.16 |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | | | |
| Total Payments | 18,493. | 13,655. | -4,838. | -26.16 |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | 1,822. | 1,472. | -350. | -19.21 |
| Balance Due | | | | |

Current year effective tax rate 10.74 %

Tax Summary
► Keep for your records

2016

Name (s)
Murali Mohan Ganta & Ajita Degala

| | |
|--|----------|
| Total income | 113,400. |
| Adjustments to income | |
| Adjusted gross income | 113,400. |
| Itemized/standard deduction | 12,600. |
| Exemption amount | 16,200. |
| Taxable income | 84,600. |
| Tentative tax | 12,699. |
| Additional taxes | 1,284. |
| Alternative minimum tax | |
| Total credits | 1,800. |
| Other taxes | 0. |
| Total tax | 12,183. |
| Total payments | 13,655. |
| Estimated tax penalty | |
| Amount Overpaid | 1,472. |
| Refund | 1,472. |
| Amount Applied to Estimate | |
| Balance due | 0. |

Which Form 1040 to file?

You must use Form 1040A or Form 1040 because you had dependents.

Compare to U. S. Averages

▶ Keep for your records

2016

| | |
|--|-----------------------------------|
| Name(s) Shown on Return Murali Mohan Ganta & Ajita Degala | Social Security No 505-51-0065 |
|--|-----------------------------------|

Your 2016 adjusted gross income (AGI) 113,400.
 National adjusted gross income range used below from 100,000. to 199,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|------------------------------|-----------------------------|
| Salaries and wages | 113,400. | 115,150. |
| Taxable interest | | 1,250. |
| Tax-exempt interest | | 7,099. |
| Dividends | | 6,162. |
| Business net income | | 28,789. |
| Business net loss | | 6,668. |
| Net capital gain | | 13,637. |
| Net capital loss | | 2,309. |
| Taxable IRA | | 26,477. |
| Taxable pensions and annuities | | 40,183. |
| Rent and royalty net income | | 13,393. |
| Rent and royalty net loss | | 7,765. |
| Partnership and S corporation net income | | 39,338. |
| Partnership and S corporation net loss | | 11,746. |
| Taxable social security benefits | | 22,334. |
| Medical and dental expenses deduction | 0. | 11,233. |
| Taxes paid deduction | 4,252. | 11,093. |
| Interest paid deduction | | 9,238. |
| Charitable contributions deduction | | 4,171. |
| Total itemized deductions | 4,252. | 25,628. |
| Child care credit | 0. | 579. |
| Education tax credits | | 1,461. |
| Child tax credit | 1,800. | 1,400. |
| Retirement savings contributions credit | | 0. |
| Earned income credit | | 0. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 113,400. | 136,242. |
| Taxable income | 84,600. | 103,074. |
| Income tax | 12,699. | 17,269. |
| Alternative minimum tax | | 2,351. |
| Total tax liability | 12,183. | 18,030. |

Santa Barbara Tax Products Group LLC
and Green Dot Bank Refund Processing Agreement ("Agreement")

Name _____
Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

| | |
|---|----------|
| Expected Federal Refund | \$ _____ |
| Less Processor Refund Processing Fee | \$ _____ |
| Less TurboTax Fees | \$ _____ |
| Less Additional Products and Services Purchased | \$ _____ |
| Expected Proceeds* | \$ _____ |

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtppg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a) Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize Bank and Processor to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with the respective financial institution.**

b) Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- Checking
- Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2016 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2016 TurboTaxfi User Agreement, (iii) You consent to the release of your 2016 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

| | | |
|-----------------------------|--|----------------------------|
| Why? | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. | |
| What? | <p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● account transactions and purchase history ● transaction history and overdraft history <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> | |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing. | |
| | Reasons we can share your personal information | Does Green Dot Bank Share? |
| | For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes |
| | For our marketing purposes — to offer our products and services to you. | No |
| | For joint marketing with other financial companies. | No |
| | For our affiliates' everyday business purposes — information about your transactions and experiences. | Yes |
| | For our affiliates' everyday business purposes — information about your creditworthiness. | No |
| | For our affiliates to market to you. | No |
| | For nonaffiliates to market to you. | No |
| Can you limit this sharing? | | |
| Questions? | Call 1-866-795-7597 or go to www.greendot.com | |

| | |
|--|---|
| Page 2 | |
| What we do | |
| How does Green Dot Bank protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Green Dot collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ● open an account or make deposits or withdrawals from your account ● use your debit card or provide account information ● give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p> |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ● Sharing for affiliates' everyday business purposes — information about your creditworthiness ● Affiliates from using your information to market to you ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as AccountNow, Inc. and tax processing services companies such as Santa Barbara Tax Products Group, LLC. |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Green Dot Bank does not share with non affiliates so they can market to you. |
| Joint marketing | <p>A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Green Dot Bank does not jointly market |
| Other important information | |
| Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent. | |

Santa Barbara Tax Products Group, LLC

and Civista Bank Refund Processing Agreement ("Agreement")

Name Murali Mohan Ganta & Ajita Degala
 Social Security No. 505-51-0065

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2016 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$0.00 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2016 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2017). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2016 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

| | | |
|---|----|-----------------|
| Expected Federal Refund | \$ | 1,472.00 |
| Less Processor Refund Processing Fee | \$ | 0.00 |
| Less TurboTax Fees | \$ | 71.98 |
| Less Additional Products and Services Purchased | \$ | |
| Expected Proceeds* | \$ | <u>1,365.03</u> |

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2016 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2016 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2016 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 0.00 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products, Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

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b Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- Checking
- Savings

RTN # 071103619

Account # 002915097258

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor.

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- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.

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Rev. 02/2015

Civista Bank Tax Product Privacy Policy

| | | |
|--|---|--------------------------|
| FACTS What does Civista Bank do with your personal information? | | |
| Why? | Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. | |
| What? | <p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> ● Social Security number and account balances ● payment history and transaction history ● overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> | |
| How? | All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing. | |
| | Reasons we can share your personal information | Does Civista Bank Share? |
| | For our everyday business purposes such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes |
| | For our marketing purposes — to offer our products and services to you. | No |
| | For joint marketing with other financial companies. | No |
| | For our affiliates' everyday business purposes — information about your transactions and experiences. | No |
| | For our affiliates' everyday business purposes — information about your creditworthiness. | No |
| | For our affiliates to market to you. | No |
| | For non affiliates to market to you. | No |
| Questions? | Toll Free: 800-901-6663 or go to www.civistabank.com | |

| | |
|---|---|
| Who we are | |
| Who is providing this notice? | Civista Bank |
| What we do | |
| How does Civista Bank protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Civista Bank collect my personal information? | We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency. |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> ● Sharing for affiliates everyday business purposes — information about your creditworthiness, ● Affiliates from using your information to market to you, ● Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with our affiliates. |
| Non affiliates | <p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> ● Civista Bank does not share with non affiliates so they can market to you. |
| Joint Marketing | <p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ● Civista Bank does not jointly market. |
| Other Important Information | |
| This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. | |
| This Notice applies only to individuals who have applied for a tax-related bank product. | |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Murali Mohan Ganta & Ajita Degala

Primary SSN: 505-51-0065

Federal Return Submitted: February 28, 2017 01:22 PM PST

Federal Return Acceptance Date: 02/28/2017

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2017. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2017, your Intuit electronic postmark will indicate April 18, 2017, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2017, and a corrected return is submitted and accepted before April 23, 2017. If your return is submitted after April 23, 2017, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 16, 2017. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2017, and the corrected return is submitted and accepted by October 20, 2017.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date



IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ³ | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days | Free |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ³ | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ³ | Free option with your purchase of TurboTax Premium Services or TurboTax MAX ² |

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

² The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³ However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2017.

Questions? Call 1-877-908-7228

Smart Worksheets from your 2016 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

| Tax Smart Worksheet | |
|----------------------------|--|
| A | Tax <u>12,699.</u> |
| | Check if from: |
| 1 | Tax table <input checked="" type="checkbox"/> |
| 2 | Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/> |
| 3 | Form 8615 <input type="checkbox"/> |
| B | Recapture tax from Form 8863 _____ |
| C | Tax. Add lines A and B. Enter the result here and on line 28. <u>12,699.</u> |

SMART WORKSHEET FOR: Dependent Information Worksheet (Sai Aishani)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶
 Taxpayer ▶
 Spouse ▶
- C** Did this person provide more than 1/2 their own support? . . ▶ Yes No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ Yes No
- E** Is this person a Full time student? ▶ Yes No
- F** Is this person's gross income less than \$4,050? ▶ Yes No
 - 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? Yes No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ Yes No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of an agreement between the parents or as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶
 Other parent in different return? ▶
 Someone else in different return? ▶

SMART WORKSHEET FOR: Dependent Information Worksheet (Shreeman Mahadev)

Dependency Exemption/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

- A** How many months did this person live with you?
Note: if born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more ▶ The whole year
- B** Who are the parents of this person?
 To determine if additional questions are necessary for children of divorced parents.
 Both Taxpayer and spouse ▶
 Taxpayer ▶
 Spouse ▶
- C** Did this person provide more than 1/2 their own support? . . ▶ Yes No
- D** Was this person married on December 31, 2016 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ▶ Yes No
- E** Is this person a Full time student? ▶ Yes No
- F** Is this person's gross income less than \$4,050? ▶ Yes No
 - 1** Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? Yes No
- G** Is there an agreement with this person's other parent about who can claim this person as a dependent? ▶ Yes No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child
- H** Who will be claiming this person as a dependent as a result of an agreement between the parents or as a result of the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ▶
 Other parent in different return? ▶
 Someone else in different return? ▶

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

B Spouse:

1 Spouse, nontaxable combat pay _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? ▶ Yes No

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? ▶ Yes No

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶ Yes No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ 1,472. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G _____ 0.

Is line H, **total investment income** over \$3,400?

No. You may take the credit.

Yes. Stop. You cannot take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Qualifying Children Smart Worksheet | | | | | | |
|-------------------------------------|------------|---|---------------|----|---|---------------------------------|
| First name Last name | MI Suff | Social security number Relationship | Year of birth | | Was the child permanently and totally disabled during any part of 2016? | Lived with taxpayer in the U.S. |
| | | | Yes | No | | |
| Sai Aishani Ganta | | 768-90-3396 Daughter | 2010 | | | |
| Shreeman Mahadev Ganta | | 898-66-6168 Son | 2013 | | | 12 |
| | | | | | | |
| | | | | | | |



Illinois Department of Revenue
2016 Form IL-1040

Individual Income Tax Return or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.



505-51-0065 820-15-5303
 Murali Mohan Ganta
 Ajita Degala
 1800 W Blue bonnet dr 16105
 Peoria IL 616157076

C Filing status (see instructions)
 Single or head of household Married filing jointly Married filing separately Widowed



Staple W-2 and 1099 forms here



Staple your check and IL-1040-V

| | | | | | |
|-------------------|-------------|--|----------------------|-----------|------------|
| Step 2: | 1 | Federal adjusted gross income from your federal Form 1040, Line 37; 1040A, Line 21; or 1040EZ, Line 4 | (Whole dollars only) | 1 | 113,400.00 |
| Income | 2 | Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040A, Line 8b; or federal Form 1040EZ | | 2 | .00 |
| | 3 | Other additions. Attach Schedule M. | | 3 | .00 |
| | 4 | Total income. Add Lines 1 through 3. | | 4 | 113,400.00 |
| Step 3: | 5 | Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. | | 5 | .00 |
| Base | 6 | Illinois Income Tax overpayment included in federal Form 1040, Line 10 | | 6 | .00 |
| Income | 7 | Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/> | | 7 | .00 |
| | 8 | Add Lines 5, 6, and 7. This is the total of your subtractions. | | 8 | .00 |
| | 9 | Illinois base income. Subtract Line 8 from Line 4. | | 9 | 113,400.00 |
| Step 4: | 10 a | Number of exemptions from your federal return | <u>4</u> X \$2,175 | a | 8,700.00 |
| Exemptions | b | If someone can claim you as a dependent, see instructions. | <u> </u> X \$2,175 | b | .00 |
| | c | Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | <u> </u> X \$1,000 | c | .00 |
| | d | Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = | <u> </u> X \$1,000 | d | .00 |
| | | Exemption allowance. Add Lines a through d. | | 10 | 8,700.00 |
| Step 5: | 11 | Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12. | | 11 | 104,700.00 |
| Net | 12 | Nonresidents and part-year residents: Check the box that applies to you during 2016 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Schedule NR. Attach Schedule NR. | | 12 | .00 |
| Income | 13 | Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. | | 13 | 3,926.00 |
| Step 6: | 14 | Nonresidents and part-year residents: Enter the tax from Schedule NR. | | 14 | .00 |
| Tax | 15 | Recapture of investment tax credits. Attach Schedule 4255. | | 15 | 3,926.00 |
| | | Income tax. Add Lines 13 and 14. Cannot be less than zero. | | | |
| Step 7: | 16 | Income tax paid to another state while an Illinois resident. Attach Schedule CR. | | 16 | .00 |
| Tax After | 17 | Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR. | | 17 | .00 |
| Non- | 18 | Credit amount from Schedule 1299-C. Attach Schedule 1299-C. | | 18 | .00 |
| refundable | 19 | Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15. | | 19 | 0.00 |
| Credits | 20 | Tax after nonrefundable credits. Subtract Line 19 from Line 15. | | 20 | 3,926.00 |



| | | | | |
|--------------------|----|--|----|----------|
| | 21 | Tax after nonrefundable credits from Page 1, Line 20 | 21 | 3,926.00 |
| Step 8: | 22 | Household employment tax. See instructions. | 22 | .00 |
| Other Taxes | 23 | Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. | 23 | 0.00 |
| | 24 | Compassionate Use of Medical Cannabis Pilot Program Act Surcharge | 24 | .00 |
| | 25 | Total Tax. Add Lines 21, 22, 23, and 24. | 25 | 3,926.00 |

| | | | | |
|---------------------------------------|----|---|----|----------|
| Step 9: | 26 | Illinois Income Tax withheld. Attach all W-2 and 1099 forms. | 26 | 4,252.00 |
| Payments and Refundable Credit | 27 | Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return | 27 | .00 |
| | 28 | Pass-through withholding payments. Attach Schedule K-1-P or K-1-T. | 28 | .00 |
| | 29 | Earned Income Credit from Schedule ICR. Attach Schedule ICR. | 29 | .00 |
| | 30 | Total payments and refundable credit. Add Lines 26 through 29. | 30 | 4,252.00 |

| | | | | |
|-----------------|----|---|----|--------|
| Step 10: | 31 | Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30. | 31 | 326.00 |
| Result | 32 | Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25. | 32 | .00 |

| | | | | |
|--|----|--|--------------------------|-----|
| Step 11: | 33 | Late-payment penalty for underpayment of estimated tax | 33 | .00 |
| Underpayment of Estimated Tax Penalty and Donations | a | Check if at least two-thirds of your federal gross income is from farming. | <input type="checkbox"/> | |
| | b | Check if you or your spouse are 65 or older and permanently living in a nursing home. | <input type="checkbox"/> | |
| | c | Check if your income was not received evenly during the year and you annualized your income on Form IL-2210. Attach Form IL-2210. | <input type="checkbox"/> | |
| | d | Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year. | <input type="checkbox"/> | |
| | 34 | Voluntary charitable donations. Attach Schedule G. | 34 | .00 |
| | 35 | Total penalty and donations. Add Lines 33 and 34. | 35 | .00 |

| | | | | |
|---------------------------------|----|--|----|--------|
| Step 12: | 36 | If you have an overpayment on Line 31 and this amount is greater than Line 35, subtract Line 35 from Line 31. This is your remaining overpayment. | 36 | 326.00 |
| Refund or Amount You Owe | 37 | Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions. | 37 | 326.00 |
| | 38 | I choose to receive my refund by | | |

direct deposit - Complete the information below if you check this box.

| | | | | | | | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|--|---|---|--|--|--|--|--|--|
| Routing number | 0 | 7 | 1 | 1 | 0 | 3 | 6 | 1 | 9 | <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings | | | | | | | | |
| Account number | 0 | 0 | 2 | 9 | 1 | 5 | 0 | 9 | 7 | 2 | 5 | 8 | | | | | | |

- Illinois Individual Income Tax refund debit card
- paper check

| | | | | |
|--|----|--|----|------|
| | 39 | Amount to be applied to estimated tax. Subtract Line 37 from Line 36. See instructions. | 39 | 0.00 |
| | 40 | If you have an underpayment on Line 32, add Lines 32 and 35. OR If you have an overpayment on Line 31 and this amount is less than Line 35, subtract Line 31 from Line 35. This is the amount you owe. See instructions. | 40 | .00 |

Step 13: Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign and Date

| | | | | |
|-------------------------|---------------|---|----------------------------------|---------------|
| _____ Your signature | _____ Date | (213) 840-5540 _____ Daytime phone number | _____ Your spouse's signature | _____ Date |
|-------------------------|---------------|---|----------------------------------|---------------|

| | | | |
|------------------------------------|---------------|----------------------------------|-------------------------------|
| _____ Paid preparer's signature | _____ Date | _____ Preparer's phone number | _____ Paid preparer's PTIN |
|------------------------------------|---------------|----------------------------------|-------------------------------|

Third Party Designee

Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

Designee's name (please print)

Designee's phone number



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001



Illinois Information Worksheet

2016

Keep for your own records

Part I - Personal Information

Taxpayer:

First Name Murali Mohan
Middle Initial
Last Name Ganta
Suffix
Social Security No. 505-51-0065
Date of Birth 09/02/1978
Age 65 or Over
Legally Blind
Date of Death
Daytime Phone (213)840-5540
Home phone

Spouse:

First Name Ajita
Middle Initial
Last Name Degala
Suffix
Social Security No. 820-15-5303
Date of Birth 08/23/1983
Age 65 or Over
Legally Blind
Date of Death
Daytime Phone

* Check one of these boxes to print the daytime phone number on the Illinois forms.

Street Address 1800 W Blue bonnet dr Apartment Number 16105
City Peoria State IL ZIP Code 61615-7076

For foreign address, Illinois Department of Revenue requires the following information:

Foreign City Foreign Province or State
Foreign Country Foreign Postal Code

Part II - Resident Status

Full-Year Resident
Nonresident
Part-Year Resident lived in Illinois from to
also lived in from to
QuickZoom here to Form IL-1040

Part III - Filing Status

Single or head of household
Married filing jointly
Married filing separately
Widowed

Part IV - Other Information

Form IL-2210 Information:

At least two-thirds of your total federal gross income came from farming
65 or older and permanently living in a nursing home
Check if you were not required to file an Illinois income tax return in 2015
Check if you do not want to file Illinois Form IL-2210 (see on-line help)

First Time Filer:

Yes No
Have you ever filed a tax return in Illinois?

Part V – Electronic Filing Information

Authenticate Your Return for the On-Line Filing Program

Before transmitting your return to the Intuit Electronic Filing Center and then to the Illinois Department of Revenue (IDOR), you must first read and authenticate the Illinois "Tax Return Signature/Consent to Disclosure" presented here. This is a legal statement authorizing Intuit and the IDOR to process your return electronically.

Tax Return Signature:

"Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete."

Consent to Disclosure:

I consent to my on-line service provider (OLSP) and/or my transmitter sending my return to the IDOR. I also consent to the IDOR sending my OLSP and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not my return is accepted, and if rejected the reason(s) for the rejection.

I am signing this Tax Return Signature/Consent to Disclosure by entering my IL-PIN (Illinois Personal Identification Number) below:

Taxpayer's Illinois Personal Identification Number (IL-PIN) _____
If you're filing a joint return:
Spouse's Illinois Personal Identification Number (IL-PIN) _____
Today's Date 03/06/2017

| Optional (see tax help): | Taxpayer | Spouse |
|---|-----------------|-----------------|
| Prior year Adjusted Gross Income, IL-1040, Line 1 | <u>132,335.</u> | <u>132,335.</u> |
| Illinois Driver's License or ID Card Number | _____ | _____ |
| Illinois Driver's License or ID Card First Name | _____ | _____ |
| Illinois Driver's License or ID Card Middle Name | _____ | _____ |
| Illinois Driver's License or ID Card Last Name | _____ | _____ |
| Illinois Driver's License or ID Card Suffix | _____ | _____ |
| Illinois Driver's License or ID Card Weight | _____ | _____ |

Direct Deposit Consent:

"I consent that my refund be directly deposited as designated below and declare that the RTN and DAN are correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund."

Electronic Funds Withdrawal Consent:

"I authorize the Illinois Department of Revenue and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2016 Illinois income tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment."

Part VI – Direct Deposit Information or Direct Debit Information

| | | |
|-------------------------------------|--------------------------|---|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Use direct deposit for state tax refund |
| <input type="checkbox"/> | <input type="checkbox"/> | Elect to receive a state issued debit card |
| <input type="checkbox"/> | <input type="checkbox"/> | Use direct debit for state tax payment (Electronic Filing only) |

If you selected direct deposit or direct debit above fill out the information below:

Name of Financial Institution (optional) BOA

Name on account _____

Check the appropriate box:

Account type Checking Savings

Routing number 071103619

Account number 002915097258

Enter the payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions

| | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.? |

Part VII – Third Party Designee Information

| | | |
|---|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allow another person to discuss your return with the Illinois Dept. of Revenue? |
| Designee's name _____ | | |
| Designee's phone number _____ | | |

Part VIII – Extension Status

| | | |
|--|-------------------------------------|-------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tax return due date extended? |
| Extended due date _____ | | |
| QuickZoom to Form IL-505-I: Automatic Extension Payment ▶ _____ | | |

Part IX – Amended Return

Check this box if you are filing an Illinois amended return

Enter the tax year you are amending _____

Previous Illinois payment made (before any penalty or interest) _____

Previous Illinois overpayment (before contributions or amount applied) _____

QuickZoom here to Form IL-1040X ▶ _____

Tax Payments Worksheet

2016

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name Murali Mohan Ganta & Ajita Degala | Social Security Number 505-51-0065 |
|---|---------------------------------------|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 4,252. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| d | State withholding on Forms 1099-INT, 1099-DIV and 1099-OID | d | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 4,252. |
| 15 | Date return will be filed and balance paid | 15 | |

► Keep for your records

Name(s) Shown on Return
Murali Mohan Ganta & Ajita Degala

Your Social Security Number
505-51-0065

Part I 2017 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2017 Estimates:

- a 100% of **2016** taxes (2016 actual tax exception) (default, see Tax Help) 3,926.
- b 100% of tax on **2017** estimated taxable income 3,926.
- c 90% of tax on **2017** estimated taxable income 3,534.
- d Taxpayer is a farmer - no estimated payments required
- e Equal to 100% of overpayment (no vouchers) 326.
- f Enter total amount you want to use for estimates and check box ►

2 Selected estimated tax amount:

- a **2017** Required Annual Payment based on your choice above 3,926.
- b Estimated amount of **2017** state income tax withholding 4,252.
- c **Total of estimated tax payments required for 2017** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if more than \$500 (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form IL-1040, line 35) 326.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply ►
- f Amount applied to **2017** estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 326.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

| | 1 Apr 18, 2017 | 2 Jun 15, 2017 | 3 Sep 15, 2017 | 4 Jan 16, 2018 | Total |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 1 If you have already made payments, enter amounts | | | | | |
| 2 Indicate which payment is due next. (e.g. if it is now May 1, 2017, check col. 2) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Required payment | | | | | |
| 4 Overpayment applied | | | | | |
| 5 Net payment due | | | | | |
| 6 Voucher amounts | | | | | |

Part V Changes to Income, Exemptions, Withholding and Credits for 2017

2016 income, exemptions, withholding and credits are shown in the '2016 Actual' column below.

***Caution:** For each line in the '2017 Estimated' column, enter the 2017 estimated amount **if different** from 2016. Otherwise, the '2016 Actual' amount will be used for that line. If zero, you **must** enter zero.

| | 2016 Actual | *2017 Estimated |
|--|-------------|-----------------|
| 1 Illinois base income | 113,400. | |
| 2 Total number of exemptions | 4 | |
| 3 Check the boxes you expect to apply for 2017. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Total number of boxes checked | 0 | |
| 4 Estimated income tax to be withheld from wages or other income and any pass-through withholding payments paid on your behalf . . . | 4,252. | |
| 5 Estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income, and tax credits from Schedule 1299-C. | 0. | |
| 6 Do you expect to be a resident of Illinois for all of tax year 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you check the 'No' box, enter total base income | | |

Part VI 2017 Estimated Taxable Income and Tax

| | | |
|---|------------|----------|
| 1 Enter the Illinois base income you expect to receive in the year 2017. Nonresidents and part-year residents , see Schedule NR, Nonresidents and Part-Year Residents Computation of Illinois Tax | 1 | 113,400. |
| 2 Figure your expected exemption allowance. a Enter the total number of exemptions that you expect to claim on your 2017 Illinois income tax return <u>4</u> Multiply this number by \$2,175 . . . | 2 a | 8,700. |
| b Check the boxes that will apply to you in 2017. <input type="checkbox"/> you will be 65 or older <input type="checkbox"/> spouse will be 65 or older <input type="checkbox"/> you will be legally blind <input type="checkbox"/> spouse will be legally blind Add the number of boxes checked . . . <u>0</u> Multiply this number by \$1,000 . . . | 2 b | 0. |
| 3 Add lines 2a and 2b. This is your total expected exemption allowance. Nonresidents and part-year residents , see Schedule NR | 3 | 8,700. |
| 4 Subtract line 3 from line 1. This is the Illinois net income expected in 2017 | 4 | 104,700. |
| 5 Multiply line 4 by 4.35% (.0435) | 5 | 3,926. |
| 6 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act Surcharge expected in 2017 | 6 | |
| 7 Add lines 5 and 6 | 7 | 3,926. |
| 8 Enter the amount of estimated allowable credits for Illinois property tax paid, income tax paid to other states, education expenses, earned income and tax credits from Schedule 1299-C | 8 | 0. |
| 9 Subtract line 8 from line 7. This is your 2017 tax based on your estimate of 2017 income | 9 | 3,926. |

Tax Summary
 ▶ Keep for your records

2016

| | |
|--|----------|
| Name(s) Murali Mohan Ganta & Ajita Degala | |
| Federal Adjusted Gross Income | 113,400. |
| Additions to income | |
| Subtractions from income | |
| Base income | 113,400. |
| Exemption amount | 8,700. |
| Taxable net income | 104,700. |
| Illinois income tax | 3,926. |
| Nonrefundable credits | 0. |
| Tax after nonrefundable credits | 3,926. |
| Household employment tax | |
| Use tax | |
| Total tax | 3,926. |
| Withholding, payments, refundable credits | 4,252. |
| IL-2210 penalty | |
| Voluntary contributions | |
| Overpayment after penalty and contributions | 326. |
| Amount applied to next year's estimated tax | 0. |
| Refund to you | 326. |
| Balance due | |

Smart Worksheets from your 2016 Illinois Tax Return

SMART WORKSHEET FOR: Form IL-1040: Illinois Individual Income Tax Return

Use Tax Smart Worksheet

Method 1: Use Tax (UT) Worksheet

Complete this worksheet to report and pay your use tax on Form IL-1040. If your annual use tax liability is over \$600, you must file and pay your use tax with Form ST-44.

Note: Do not include any

- items for which you paid sales tax in another state (but not in another country) of
 - 6.25% or more on Line 1a and
 - 1% or more on Line 2a
- sales tax you paid in another state, on line 4, for items not included in Lines 1a or 2a

- 1a** Enter the total cost of general merchandise you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **1a** _____ 0.
- 1b** Multiply Line 1a by 6.25% (.0625). Round the result to whole dollars **1b** _____ 0.
- 2a** Enter the total cost of qualifying food, non-prescription drugs and medical appliances you purchased to use in Illinois on which you did not pay the required amount of Illinois Use Tax **2a** _____
- 2b** Multiply Line 2a by 1% (.01). Round the result to whole dollars **2b** _____ 0.
- 3** Add Lines 1b and 2b. **This is your Use Tax on purchases.** **3** _____ 0.
- 4** Enter the amount of sales tax you paid in another state (not in another country) on the items included on Lines 1a and 2a **4** _____
- 5** Subtract Line 4 from Line 3. **Enter the result here and on Form IL-1040, Line 23** (if the result is less than zero, enter zero) **5** _____

Method 2: UT Table

If there are no major purchases and do not have receipts to figure purchases, use the table to estimate annual Illinois Use Tax liability.

| <u>AGI (from IL-1040, Line 1)</u> | <u>Use Tax</u> |
|-----------------------------------|--------------------------------|
| \$0 - \$10,000 | \$3 |
| \$10,001 - \$20,000 | \$9 |
| \$20,001 - \$30,000 | \$15 |
| \$30,001 - \$40,000 | \$21 |
| \$40,001 - \$50,000 | \$27 |
| \$50,001 - \$75,000 | \$38 |
| \$75,001 - \$100,000 | \$52 |
| Above \$100,000 | Multiply AGI by 0.06% (0.0006) |

To use UT table calculate Use Tax, check here

Use tax amount based on table above _____

Keep a copy of this smart worksheet with your records.