

For the year Jan. 1—Dec. 31, 2015, or other tax year beginning 2015, ending 2015, ending 20

Your first name and initial MUKUL Last name ANTERVEDI Your social security number 352-98-7500

If a joint return, spouse's first name and initial KALPANA Last name ANTERVEDI Spouse's social security number 325-06-5237

Home address (number and street). If you have a P.O. box, see instructions. 1023 VALLEY DRIVE Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). WEST CHESTER PA 19382 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund You Spouse

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse c Dependents: 1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if child under age 17 qualifying for child tax credit (see instructions) MAAYA ANTERVEDI 322-69-7193 Daughter X

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 169,933 8a Taxable interest. Attach Schedule B if required 8a 120 b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required 9a 0 b Qualified dividends 9b 0 10 Taxable refunds, credits, or offsets of state and local income taxes 10 426 11 Alimony received 11 0 12 Business income or (loss). Attach Schedule C or C-EZ 12 0 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 0 14 Other gains or (losses). Attach Form 4797 14 0 15a IRA distributions 15a b Taxable amount 15b 0 16a Pensions and annuities 16a b Taxable amount 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 0 18 Farm income or (loss). Attach Schedule F 18 0 19 Unemployment compensation 19 0 20a Social security benefits 20a b Taxable amount 20b 0 21 Other income. List type and amount 21 0 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 170,479

Adjusted Gross Income 23 Educator expenses 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 0 26 Moving expenses. Attach Form 3903 26 0 27 Deductible part of self-employment tax. Attach Schedule SE 27 0 28 Self-employed SEP, SIMPLE, and qualified plans 28 0 29 Self-employed health insurance deduction 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 0 32 IRA deduction 32 0 33 Student loan interest deduction 33 0 34 Tuition and fees. Attach Form 8917 34 0 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 35 36 0 37 Subtract line 36 from line 22. This is your adjusted gross income 37 170,479

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 170,479

39a Check You were born before January 2, 1951, Blind. Total boxes checked 39a 0
 if: Spouse was born before January 2, 1951, Blind. checked 39b

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

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 19,558

41 Subtract line 40 from line 38 41 150,921

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions 42 12,000

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 138,921

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 26,318

45 Alternative minimum tax (see instructions). Attach Form 6251 45 0

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

47 Add lines 44, 45, and 46 47 26,318

48 Foreign tax credit. Attach Form 1116 if required 48 0

49 Credit for child and dependent care expenses. Attach Form 2441 49 600

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51 0

52 Child tax credit. Attach Schedule 8812, if required 52

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54 0

55 Add lines 48 through 54. These are your total credits 55 600

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 25,718

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,300
 - Married filing jointly or Qualifying widow(er), \$12,600
 - Head of household, \$9,250

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 0

58 Unreported social security and Medicare tax from Form: a 4137 b 8919 58 0

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 0

60a Household employment taxes from Schedule H 60a 0

b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 0

61 Health care: individual responsibility (see instructions) Full-year coverage 61 0

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62 0

63 Add lines 56 through 62. This is your total tax 63 25,718

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 21,958

65 2015 estimated tax payments and amount applied from 2014 return 65 0

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71 0

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73 0

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 21,958

If you have a qualifying child, attach Schedule EIC.

Refund

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

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

b Routing number XXXXXXXXXX c Type: Checking Savings

d Account number XXXXXXXXXXXXXXXXXXXX

77 Amount of line 75 you want applied to your 2016 estimated tax 77

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 3,760

79 Estimated tax penalty (see instructions) 79 0

Third Party Designee

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

Designee's name _____ Phone no. _____

Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature *Mukul* Date 4/15/16 Your occupation SOFTWARE ENGINEER Daytime phone number 610-209-7318

Spouse's signature *[Signature]* Date 4/15/16 Spouse's occupation SOFTWARE CONSULTANT If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date 4/15/16 Check self-employed PTIN 14291233

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. 202-1185-7187

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040
MUKUL

ANTERVEDI

Your social security number
352-98-7500

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	0
2	Enter amount from Form 1040, line 38 . . . <u>2</u> 170,479	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	17,048
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	0

Taxes You Paid

5	State and local (check only one box): a. <input checked="" type="checkbox"/> Income taxes, or b. <input type="checkbox"/> General sales taxes	6,622
6	Real estate taxes (see instructions)	1,112
7	Personal property taxes	0
8	Other taxes. List type and amount ▶	0
9	Add lines 5 through 8	7,734

Interest You Paid

Note.
Your mortgage interest deduction may be limited (see instructions).

10	Home mortgage interest and points reported to you on Form 1098	3,792
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	0
12	Points not reported to you on Form 1098. See instructions for special rules	0
13	Mortgage insurance premiums (see instructions)	0
14	Investment interest. Attach Form 4952 if required. (See instructions.)	
15	Add lines 10 through 14	3,792

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	1,280
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	0
18	Carryover from prior year	0
19	Add lines 16 through 18	1,280

Casualty and Theft Losses

20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	0
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Job Expenses and Certain Miscellaneous Deductions

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶ Form 2106	9,912
22	Tax preparation fees	250
23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	0
24	Add lines 21 through 23	10,162
25	Enter amount from Form 1040, line 38 . . . <u>25</u> 170,479	
26	Multiply line 25 by 2% (.02)	3,410
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	6,752

Other Miscellaneous Deductions

28	Other—from list in instructions. List type and amount ▶	0
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Total Itemized Deductions

29	Is Form 1040, line 38, over \$154,950? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	19,558
30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/>	

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2015

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is a www.irs.gov/scheduleb.

Name(s) shown on return
MUKUL

ANTERVEDI

Your social security number
352-98-7500

Part I
Interest

(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address. INDIAN BANK INTEREST	120
2	Add the amounts on line 1	120
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	120

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

Ordinary Dividends

(See instructions for Schedule B, and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer	
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	0

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts
(See instructions.)

		Yes	No
7a	At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located	X	
8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.		X

Child and Dependent Care Expenses

1040A
1040
1040NR

OMB No. 1545-0074

2015

Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

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

2441

Name(s) shown on return

MUKUL ANTERVEDI

Your social security number

352-98-7500

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	THE LEARNING EXPERIEN	414 RAHWAY AVE WOODBIDGE NJ 07095	46-1204251	7,200

Did you receive dependent care benefits? No Yes

No → Complete only Part II below.
 Yes → Complete Part III on the next page next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2015 for the person listed in column (a)
First	Last		
MAAYA	ANTERVEDI	322-69-7193	7,200

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000																																																												
4 Enter your earned income. See instructions	4	109,221																																																												
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	60,712																																																												
6 Enter the smallest of line 3, 4, or 5	6	3,000																																																												
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	170,479																																																												
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																														
<table border="0"> <tr> <td colspan="3">If line 7 is:</td> <td colspan="3">If line 7 is:</td> </tr> <tr> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> <td>Over</td> <td>But not over</td> <td>Decimal amount is</td> </tr> <tr> <td></td> <td>\$0—15,000</td> <td>.35</td> <td></td> <td>\$29,000—31,000</td> <td>.27</td> </tr> <tr> <td></td> <td>15,000—17,000</td> <td>.34</td> <td></td> <td>31,000—33,000</td> <td>.26</td> </tr> <tr> <td></td> <td>17,000—19,000</td> <td>.33</td> <td></td> <td>33,000—35,000</td> <td>.25</td> </tr> <tr> <td></td> <td>19,000—21,000</td> <td>.32</td> <td></td> <td>35,000—37,000</td> <td>.24</td> </tr> <tr> <td></td> <td>21,000—23,000</td> <td>.31</td> <td></td> <td>37,000—39,000</td> <td>.23</td> </tr> <tr> <td></td> <td>23,000—25,000</td> <td>.30</td> <td></td> <td>39,000—41,000</td> <td>.22</td> </tr> <tr> <td></td> <td>25,000—27,000</td> <td>.29</td> <td></td> <td>41,000—43,000</td> <td>.21</td> </tr> <tr> <td></td> <td>27,000—29,000</td> <td>.28</td> <td></td> <td>43,000—No limit</td> <td>.20</td> </tr> </table>	If line 7 is:			If line 7 is:			Over	But not over	Decimal amount is	Over	But not over	Decimal amount is		\$0—15,000	.35		\$29,000—31,000	.27		15,000—17,000	.34		31,000—33,000	.26		17,000—19,000	.33		33,000—35,000	.25		19,000—21,000	.32		35,000—37,000	.24		21,000—23,000	.31		37,000—39,000	.23		23,000—25,000	.30		39,000—41,000	.22		25,000—27,000	.29		41,000—43,000	.21		27,000—29,000	.28		43,000—No limit	.20	8	x 0.20
If line 7 is:			If line 7 is:																																																											
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	27,000—29,000	.28		43,000—No limit	.20																																																									
9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions	9	600																																																												
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	26,318																																																												
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	600																																																												

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	0
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	(0)
15	Combine lines 12 through 14. See instructions	15	0
16	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s)	16	7,200
17	Enter the smaller of line 15 or 16	17	0
18	Enter your earned income . See instructions	18	109,221
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19	60,712
20	Enter the smallest of line 17, 18, or 19	20	0
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23	Subtract line 22 from line 15	23	0
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25	Excluded benefits. Form 1040 and 1040NR filers: If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 20 or line 21	25	0
26	Taxable benefits. Form 1040 and 1040NR filers: Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7; or Form 1040NR, line 8, enter "DCB." Form 1040A filers: Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	3,000
28	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	0
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29	3,000
30	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	7,200
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	3,000

Health Savings Account (HSAs)

Department of the Treasury
Internal Revenue Service

Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

MUKUL

ANTERVEDI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions

352-98-7500

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions)		<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0
3	If you were under age 55 at the end of 2015, and on the first day of every month during 2015, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,650 for family coverage). All others, see the instructions for the amount to enter	3	3,350
4	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,350
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter	6	3,350
7	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	3,350
9	Employer contributions made to your HSAs for 2015	9	1,200
10	Qualified HSA funding distributions	10	0
11	Add lines 9 and 10	11	1,200
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,150
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2015 from all HSAs (see instructions)	14a	2,296
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	0
c	Subtract line 14b from line 14a	14c	2,296
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	2,296
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here		<input type="checkbox"/>
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	0

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	0
21	Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60, enter "HDHP" and the amount on the line next to the box	21	0

KIA

Employee Business Expenses

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

Your name KALPANA	Occupation in which you incurred expenses SOFTWARE CONSULTANT	Social security number 325-06-5237
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	0	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	0	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment	9,912	
5 Meals and entertainment expenses (see instructions)		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	9,912	

Note. If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

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

7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions)	0	
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	9,912	0
<i>Note. If both columns of line 8 are zero, you cannot deduct employee business expenses. Stop here and attach Form 2106 to your return.</i>		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	9,912	0
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)		9,912

2015

Form 1040-V

Department of the Treasury
Internal Revenue Service

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

▶ Do not staple or attach this voucher to your payment or return.

2015

Use this voucher when making a payment with Form 1040. Write your social security number (SSN) on your check or money order.

Amount you are paying by check or money order.
Make your check or money order payable to
"United States Treasury"

Dollars
3,760

352-98-7500

325-06-5237

KIA 1017

MUKUL

ANTERVEDI

KALPANA

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