Form 1040 (2016)		ANIL KUMAR BORA		838-51-2654			Page <b>4</b>	
	38	Amount from line 37 (adjusted gross income	e)			38	28.945	
Tax and	C9a	Check You were born before Januar	v 2. 1952.	Blind. 1 Total	boxes			
		<b>₹</b> ≓		Blind. } check				
Credits		if: Spouse was born before Jan	uary 2, 1952,	Dilliu.				
	b	If your spouse itemizes on a separate return	i or you were a dual-sta	tus alien, check he	re 🏲 <b>39b</b>			
Standard	40	Itemized deductions (from Schedule A) or	your standard deduct	t <b>ion</b> (see left margi	n)	40	6,300	
Deduction for—	41					41	22.645	
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$			tructions	42	4.050	
People who     creck any	1	•	•			43	18.595	
box on line 39a or 39b <b>or</b>	43					44	2.323	
who can be	44	-			J		2.323	
claimed as a dependent	45	Alternative minimum tax (see instructions	•			45		
see	46	Excess advance premium tax credit repaym						
instructions	47	Add lines 44, 45, and 46		<u></u>	<del>, , , , , , , , , , , , , , , , , , , </del>	▶ 47	2.323	
· All others	48	Foreign tax credit. Attach Form 1116 if requi				<b></b>		
Single or Married filing	49	Credit for child and dependent care expenses. Attach Form 2441						
separately	50	Education credits from Form 8863, line 19		50				
\$6 300 Married filing	51	Retirement savings contributions credit. Atta	ch Form 8880	51				
ointly or	52	Child tax credit. Attach Schedule 8812, if red	guired	52				
Qualifying widowieri	53	Residential energy credits. Attach Form 569	•					
\$12 600			□ 8801 c □	54				
Head of household	54							
\$9 300	55	Add lines 48 through 54. These are your tot				55		
	56	Subtract line 55 from line 47. If line 55 is mo	ore than line 47, enter -0	)		▶ 56	2.323	
Other	57	Self-employment tax. Attach Schedule SE	<u></u>			57		
Other	58	Unreported social security and Medicare tax	r from Form: a	4137 <b>b</b> 8	919	58		
Taxes	59	Additional tax on IRAs, other qualified retire	ment plans, etc. Attach	Form 5329 if requir	ed	59		
	60a	Household employment taxes from Schedul	е Н			60a		
	b	First-time homebuyer credit repayment. Atta	ich Form 5405 if require	ed		60b		
	61	Health care: individual responsibility (see in	structions) Full-	year coverage X		61	"	
	62			tructions: enter code	(s)	62		
	63	Add lines 56 through 62. This is your <b>total t</b>	ax			▶ 63	2,323	
Payments	64	Federal income tax withheld from Forms W-			1.13	5		
,	65	2016 estimated tax payments and amount a						
	66a	Earned income credit (EIC)	• •					
If you have a	b	Nontaxable combat pay election	1 1	1   552	. <b></b>	<del></del>		
qualifying child_attach	67	Additional child tax credit. Attach Schedule		67				
Schedule EIC	68	American opportunity credit from Form 8860		<del>                                     </del>		1 1		
	_	Net premium tax credit. Attach Form 8962.				+ 1		
	69					+ 1		
	70	Amount paid with request for extension to fi				+		
	71	Excess social security and tier 1 RRTA tax v		71		<del>     </del>		
	72	Credit for federal tax on fuels. Attach Form		72		<del>     </del>		
	73	Credits from Form a 2439 b Reserv	ed <b>c</b> 8885 <b>d</b>			4		
	74	Add lines 64, 65, 66a, and 67 through 73. T	hese are your total pay	ments	<u> </u>	. 74	1.135	
Refund	75	If line 74 is more than line 63, subtract line 6	33 from line 74. This is t	he amount you <b>ove</b>	erpaid	75		
Keluliu	76a	Amount of line 75 you want refunded to yo	u. If Form 8888 is attac	ched, check here	▶ L	76a		
	▶ b	Routing number	► с Тур	be: Checking	Savings	6		
Direct deposit?	▶ d	Account number						
See instructions	77	Amount of line 75 you want applied to you	r 2017 actimated tax	▶   77	1	1 1		
A	77					▶ 78	1,188	
Amount	78	Amount you owe. Subtract line 74 from lin		70		78	1,100	
You Owe	79	Estimated tax penalty (see instructions)						
Third Party	ı	Do you want to allow another person to discus	ss this return with the IR	S (see instructions		. Complete belo	ow. No	
Designee		Designee's Phone Personal identification name ▶ no ▶ number (PIN) ▶						
		ame •	no. ►					
Sign Here	l	Under penalties of perjury   declare that   have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and						
		accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Your occupation Daytime phone number.						
Joint return? See	\ \ \	our signature	Date	Your occupation				
instructions	_					(732) 789-4		
Keep a copy for your records.		Spouse's signature. If a joint return, <b>both</b> must sign	Date	Spouse's occupation	n	If the IRS sent yo	u an Identity Protection	
, our records.					<del></del>	here (see inst.)	T 0711	
	Ī	Print/Type preparer's name Prepare	r's signature		)ate (	Check X if	PTIN	
Paid KAMALJIT KHURANA KAMALJIT KHU					2/3/2017	self-employed	P00488631	
Preparer		Firm's name ► GLOBAL PROFESSIONAL SVC INC				▶ 20-81952		
Use Only		Firm's address ► 16 LIBERTY AVE, JERSEY CITY, NJ 07306			Phone no	Phone no (201) 792-4520		