

Department of the Treasury
Internal Revenue Service

▶ **Don't send to the IRS. This isn't a tax return.**
▶ **Keep this form for your records.**
▶ **Information about Form 8879 and its instructions is at www.irs.gov/form8879.**

Submission Identification Number (SID) ▶

Taxpayer's name PRESHANNA SOUNDARARAJAN	Social security number 472-57-1656
Spouse's name MADHURI MOHANAM	Spouse's social security number 850-14-5592

Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	147,140.
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	16,474.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	16,398.
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	76.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize E TAX PLANNER, LLC to enter or generate my PIN as my signature on my tax year 2016 electronically filed income tax return.

7	1	6	5	6
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize E TAX PLANNER, LLC to enter or generate my PIN as my signature on my tax year 2016 electronically filed income tax return.

4	5	5	9	2
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Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

1	5	3	5	0	1	1	7	5	3	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 03/31/2017

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

See separate instructions.

Your first name and initial PRESHANNA	Last name SOUNDARARAJAN	Your social security number 472-57-1656
If a joint return, spouse's first name and initial MADHURI	Last name MOHANAM	Spouse's social security number 850-14-5592
Home address (number and street). If you have a P.O. box, see instructions. 18250 N 25th AVE		Apt. no. 1045
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Phoenix AZ 85023		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

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

Dependents on 6c not entered above

Add numbers on lines above 2

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	148,940.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	148,940.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	1,800.
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	1,800.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	147,140.

Table with tax line items 38-79 including Tax and Credits, Other Taxes, Payments, Refund, and Amount You Owe. Includes sub-sections like Standard Deduction for and Earned Income Credit (EIC).

Third Party Designee section with fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section with signature lines for taxpayer and spouse, and occupation/daytime phone number fields.

Paid Preparer Use Only section with fields for preparer's name, signature, date, firm name, address, and PTIN.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

PRESHANNA SOUNDARARAJAN & MADHURI MOHANAM

472-57-1656

Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2		
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local (check only one box):		
	a <input checked="" type="checkbox"/> Income taxes, or	5	5,911.
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	
	7 Personal property taxes	7	650.
	8 Other taxes. List type and amount ►	8	

	9 Add lines 5 through 8		
			9 6,561.
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
	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 ►	11	

	12 Points not reported to you on Form 1098. See instructions for special rules	12	
	13 Mortgage insurance premiums (see instructions)	13	
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15		
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18		19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
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.) ► <u>Employee business expenses</u>	21	35,437.
	22 Tax preparation fees	22	250.
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	

	24 Add lines 21 through 23	24	35,687.
	25 Enter amount from Form 1040, line 38 25 147,140.		
	26 Multiply line 25 by 2% (0.02)	26	2,943.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			
		27 32,744.	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28

Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650?		
	<input checked="" 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 type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		29 39,305.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**
▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return PRESHANNA SOUNDARARAJAN & MADHURI MOHANAM	Business or activity to which this form relates Form 2106 COMPUTER PROGRAMMER	Identifying number 472-57-1656
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	890.
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
LAPTOP	890.	890.
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	890.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	890.
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	148,940.
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	890.
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	0.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	890.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [] Yes [X] No

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 42-44.

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **129A**

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

Your name PRESHANNA SOUNDARARAJAN	Occupation in which you incurred expenses COMPUTER PROGRAMMER	Social security number 472-57-1656
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	2,387.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	19,600.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,850.
5 Meals and entertainment expenses: \$ <u>9,100.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	4,550.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	28,387.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ 10/15/2013
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a Business 4,420 b Commuting (see instructions) _____ c Other 9,580
- 9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a Do you have evidence to support your deduction? **Yes** **No**
- b If "Yes," is the evidence written? **Yes** **No**

Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **129A**

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

Your name MADHURI MOHANAM	Occupation in which you incurred expenses COMPUTER PROGRAMMER	Social security number 850-14-5592
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	2,500.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	
5 Meals and entertainment expenses: \$ <u>9,100.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	4,550.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	7,050.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

► Information about Form 3903 and its instructions is available at www.irs.gov/form3903.
► Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **170**

Name(s) shown on return

PRESHANNA SOUNDARARAJAN & MADHURI MOHANAM

Your social security number

472-57-1656

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	1,800.
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	
3 Add lines 1 and 2	3	1,800.
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,800.

Your First Name and Initial PRESHANNA	Last Name SOUNDARARAJAN	Enter your SSN(s).	Your Social Security Number 472 57 1656
Your Spouse's First Name and Initial (if filed joint) MADHURI	Last Name MOHANAM		Spouse's Social Security No. 850 14 5592

PART 1 – PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 – TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	147,140	00
2 Balance Of Tax	3,195	00
3 Arizona Income Tax Withheld ...	2,894	00
4 <input type="checkbox"/> REFUND: Enter the amount of refund.....		00
5 <input checked="" type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed.....	301	00

PART 3 – FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

Checking Savings 267084131

ACCOUNT NUMBER

586891272

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT

02272017 \$ 301.00

Box 4 Checkbox – Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox – Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a** I consent that my refund be directly deposited as designated in the electronic portion of my 2016 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 18, 2017, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize E TAX PLANNER, LLC
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2016. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE	→ _____ YOUR PEN AND INK SIGNATURE	_____
	→ _____ SPOUSE'S PEN AND INK SIGNATURE	_____
Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.		

DO NOT STAPLE ANY ITEMS TO THE RETURN.

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING [M,M,D,D] AND ENDING [M,M,D,D], Y.Y. 66F

Your First Name and Middle Initial: 1 PRESHANNA Last Name: SOUNDARARAJAN Your Social Security Number: 472-57-1656

Spouse's First Name and Middle Initial (if box 4 or 6 checked): 1 MADHURI Last Name: MOHANAM Spouse's Social Security No.: 850-14-5592

Current Home Address - number and street, rural route: 2 18250 N 25th AVE Apt. No.: 1045 Daytime Phone (with area code): 94

City, Town or Post Office: 3 Phoenix State: AZ ZIP Code: 85023 Last Names Used in Last Four Prior Year(s) (if different): 97

FILING STATUS: 4 Married filing joint return (checked) 5 Head of household 6 Married filing separate return 7 Single

REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88

EXEMPTIONS: 8 Age 65 or over 9 Blind 10 Dependents (Do not include self or spouse.) 11 Qualifying parents and grandparents

81 PM 80 RCVD

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016, (e) if this person did not qualify as a dependent, (f) if you did not claim this person. Rows 10a, 10b, 10c.

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) and complete page 3.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016, (e) if age 65 or over, (f) if died in 2016. Rows 11a, 11b.

Additions section: 12 Federal adjusted gross income (from your federal return) 127,140.00 13 Non-Arizona municipal interest 00 14 Partnership Income adjustment 00 15 Total federal depreciation 890.00 16 Other Additions to Income 00 17 Subtotal: Add lines 12 through 16 and enter the total 148,030.00

Subtractions section: 18 Total net capital gain or (loss) 00 19 Total net short-term capital gain or (loss) 00 20 Total net long-term capital gain or (loss) 00 21 Net long-term capital gain from assets acquired after December 31, 2011. Enter the amount from your worksheet, line 14, col. (c) 00 22 Multiply line 21 by 25% (.25) and enter the result 00 23 Net capital gain derived from investment in qualified small business 00 24 Recalculated Arizona depreciation 890.00

Subtractions section: 25 Partnership Income 00 26 Adjustment for I.R.C. §179 expense not allowed 00 27 Interest on U.S. obligations 00 28 Exclusion for fed., AZ state or local govt. pensions 00 29 Arizona state lottery winnings on federal return 00 30 U.S. Social Security or Railroad Retirement Act 00 31 Certain wages of American Indians 00 32 Pay received for being an active service member 00 33 Net operating loss adjustment 00 34 Contributions to 529 College Savings Plans 00 35 Other Subtractions: See instructions 00 36 Subtract lines 22 through 35 from line 17. 147,140.00

Place any required federal and AZ schedules or other documents after Form 140.

Your Name (as shown on page 1) **PRESHANNA SOUNDARARAJAN & MADHURI MOHANAM** Your Social Security Number **472-57-1656**

Exemptions	37	Enter the amount from page 1, line 36.....	37	147,140	00
	38	Age 65 or over: Multiply the number in box 8 by \$2,100.....	38		00
	39	Blind: Multiply the number in box 9 by \$1,500.....	39		00
	40	Dependents: Multiply the number in box 10 by \$2,300.....	40		00
	41	Qualifying parents and grandparents: Multiply box 11 by \$10,000.....	41		00
	42	Arizona adjusted gross income: Subtract lines 38 through 41 from line 37 and enter the difference.....	42	147,140	00
Balance of Tax	43	Deductions: Check box and enter amount. See instructions..... 43I <input checked="" type="checkbox"/> ITEMIZED 43S <input type="checkbox"/> STANDARD	43	39,305	00
	44	Personal exemptions: See instructions.....	44	4,200	00
	45	Arizona taxable income: Subtract lines 43 and 44 from line 42. If less than zero, enter zero.....	45	103,635	00
	46	Compute the tax using amount on line 45 and Tax Table X, Y or Optional Tax Tables.....	46	3,195	00
	47	Tax from recapture of credits from Arizona Form 301, Part 2, line 40.....	47		00
	48	Subtotal of tax: Add lines 46 and 47 and enter the total.....	48	3,195	00
	49	Family income tax credit (from the worksheet - see instructions).....	49		00
	50	Credits from Arizona Form 301, Part 2, line 76.....	50		00
	51	Balance of tax: Subtract lines 49 and 50 from line 48. If the sum of lines 49 and 50 is more than line 48, enter zero.....	51	3,195	00
Total Payments and Refundable Credits	52	2016 AZ income tax withheld.....	52	2,894	00
	53	2016 AZ estimated tax payments.. 53a <input type="text" value="00"/> Claim of Right 53b <input type="text" value="00"/> Add 53a and 53b ..	53c		00
	54	2016 AZ extension payment (Form 204).....	54		00
	55	Increased Excise Tax Credit (from the worksheet - see instructions).....	55		00
	56	Property Tax Credit from Form 140PTC.....	56		00
	57	Other refundable credits: Check the box(es) and enter the total amount..... 571 <input type="checkbox"/> 308-I 572 <input type="checkbox"/> 342 573 <input type="checkbox"/> 349	57		00
	58	Total payments and refundable credits: Add lines 52 through 57 and enter the total.....	58	2,894	00
Tax Due or Overpayment	59	TAX DUE: If line 51 is larger than line 58, subtract line 58 from line 51 and enter amount of tax due. Skip lines 60, 61 and 62.....	59	301	00
	60	OVERPAYMENT: If line 58 is larger than line 51, subtract line 51 from line 58 and enter amount of overpayment.....	60		00
	61	Amount of line 60 to be applied to 2017 estimated tax.....	61		00
	62	Balance of overpayment: Subtract line 61 from line 60 and enter the difference.....	62		00
Voluntary Gifts	63 - 72 Voluntary Gifts to:				
		Solutions Teams Assigned to Schools.....	63	<input type="text" value="00"/>	<input type="text" value="00"/>
		Arizona Wildlife.....	64	<input type="text" value="00"/>	<input type="text" value="00"/>
		Child Abuse Prevention.....	65	<input type="text" value="00"/>	<input type="text" value="00"/>
		Domestic Violence Shelter.....	66	<input type="text" value="00"/>	<input type="text" value="00"/>
		Neighbors Helping Neighbors.....	68	<input type="text" value="00"/>	<input type="text" value="00"/>
	Special Olympics.....	69	<input type="text" value="00"/>	<input type="text" value="00"/>	
	Veterans' Donations Fund.....	70	<input type="text" value="00"/>	<input type="text" value="00"/>	
	Sustainable State Parks and Road Fund.....	72	<input type="text" value="00"/>	<input type="text" value="00"/>	
	I Didn't Pay Enough Fund.....	71	<input type="text" value="00"/>	<input type="text" value="00"/>	
73	Political Party (if amount is entered on line 67 - check only one): 731 <input type="checkbox"/> Democratic 732 <input type="checkbox"/> Green Party 733 <input type="checkbox"/> Libertarian 734 <input type="checkbox"/> Republican				
Penalty	74	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty.....	74		00
	75	751 <input type="checkbox"/> Annualized/Other 752 <input type="checkbox"/> Farmer or Fisherman 753 <input type="checkbox"/> Form 221 included 754 <input type="checkbox"/> AZLTHSA Penalty			
76	Add lines 63 through 72 and 74; enter the total.....	76		00	
Refund or Amount Owed	77	REFUND: Subtract line 76 from line 62. If less than zero, enter amount owed on line 78.....	77		00
		Direct Deposit of Refund: Check box 77A if your deposit will be ultimately placed in a foreign account ; see instructions. 77A <input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or <input type="checkbox"/> S <input type="checkbox"/> Savings ROUTING NUMBER <input type="text" value="000000000"/> ACCOUNT NUMBER <input type="text" value="00000000000000000000"/>			
78	AMOUNT OWED: Add lines 59 and 76. Make check payable to Arizona Department of Revenue; write your SSN on payment, and include with your return.....	78	301	00	

Under penalties of perjury, I declare that I have read this return and any documents with it, 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.

PLEASE SIGN HERE

YOUR SIGNATURE _____ DATE _____ OCCUPATION **COMPUTER PROGRAMMER**

SPOUSE'S SIGNATURE _____ DATE _____ SPOUSE'S OCCUPATION **COMPUTER PROGRAMMER**

JOBY THOMAS **03/31/2017** **E TAX PLANNER, LLC**
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

6418 N MAPLEWOOD AVE, 2W **27-4700277**
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

CHICAGO IL 60645 **(703) 829-4357**
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Include with your return.

Your Name as shown on Form 140 PRESHANNA SOUNDARARAJAN	Your Social Security Number 472-57-1656
Spouse's Name as shown on Form 140 (if filing joint) MADHURI MOHANAM	Spouse's Social Security Number 850-14-5592

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, **only if you are making changes** to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1 Medical and dental expenses.....	1		00
2 Amount of distributions used to pay qualified medical expenses from your Arizona Long-Term Health Care Savings Account (AZLTHSA) included on line 1.	2		00
3 Medical expenses allowed to be taken as a federal itemized deduction.....	3		00
4 Add line 2 and line 3.....	4		00
5 If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6.....	5		00
6 If line 4 is more than line 1, subtract line 1 from line 4.....	6		00

Adjustment to Interest Deduction

7 If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2016 that is equal to the amount of your 2016 federal credit.....	7		00
---	---	--	----

Adjustment to Gambling Losses

8 Wagering losses allowed as a federal itemized deduction.....	8		00
9 Total gambling winnings included in your federal adjusted gross income.....	9		00
10 Arizona lottery subtraction from Form 140, page 1, line 29.....	10		00
11 Maximum allowable gambling loss deduction: Subtract line 10 from line 9.....	11		00
12 If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero".....	12		00

Adjustment to Charitable Contributions

13 Amount of charitable contributions for which you are claiming a credit under Arizona law.....	13		00
--	----	--	----

Other Adjustments

14 Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax.....	14		00
--	----	--	----

Adjusted Itemized Deductions

15 Add the amounts on lines 5 and 7.....	15		00
16 Add the amounts on lines 6, 12, 13 and 14.....	16		00
17 Total federal itemized deductions allowed to be taken on federal return.....	17	39,305	00
18 Enter the amount from line 15 above.....	18		00
19 Add lines 17 and 18.....	19	39,305	00
20 Enter the amount from line 16 above.....	20		00
21 Arizona itemized deductions: Subtract line 20 from line 19. Enter the result here and on Form 140, page 2, line 43.....	21	39,305	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

TAXABLE YEAR

FORM

2016

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values include PRESHANNA SOUNDARARAJAN, MADHURI MOHANAM, 472-57-1656, and 850-14-5592.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due) and Amount. Values include 41,776 and 2,641.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider...

Taxpayer's PIN: check one box only

- I authorize E TAX PLANNER, LLC to enter my PIN [7][1][6][5][6] Do not enter all zeros as my signature on my 2016 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

Spouse's/RDP's PIN: check one box only

- I authorize E TAX PLANNER, LLC to enter my PIN [4][5][5][9][2] Do not enter all zeros as my signature on my 2016 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[1][5][3][5][0][1][1][7][5][3][9]

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers.

ERO's signature Date 03/31/2017

APE

472-57-1656 SOUN 850-14-5592 16
PRESHANNA SOUNDARARAJAN
MADHURI MOHANAM

A
R
RP

18250 N 25TH AVE APT 1045
PHOENIX AZ 85023

07-30-1985 12-27-1988

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
4 Head of household (with qualifying person). See instructions.
5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died
If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst

For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. Whole dollars only

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 2 X \$111 = \$ 222

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$111 = \$

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$111 = \$

10 Dependents: Do not include yourself or your spouse/RDP.

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions 10 X \$344 = \$

11 Exemption amount: Add line 7 through line 10 11 \$ 222

12 Total California wages from your Form(s) W-2, box 16 12 41776 00

13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 13 147140 00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B. 14 00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 15 147140 00

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C. 16 00

17 Adjusted gross income from all sources. Combine line 15 and line 16. 17 147140 00

18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction. See instructions. 18 33394 00

19 Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-. 19 113746 00

Total Taxable Income

CA Taxable Income	31	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803	31	5425	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	32	41776	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	35	32295	00
	36	CA Tax Rate. Divide line 31 by line 19	36	0	0477
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	37	1540	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	38	0	2839
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$182,459, see instructions	39	63	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	40	1477	00
	41	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A	41		00
	42	Add line 40 and line 41	42	1477	00
Special Credits	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506	50		00
	51	Credit for joint custody head of household. See instructions	51		00
	52	Credit for dependent parent. See instructions	52		00
	53	Credit for senior head of household. See instructions	53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	54		
	55	Credit amount. See instructions	55		00
	58	Enter credit name <u>OTHER STATE</u> code ● <u>187</u> and amount	58	1477	00
	59	Enter credit name _____ code ● _____ and amount	59		00
	60	To claim more than two credits. See instructions	60		00
	61	Nonrefundable renter's credit. See instructions	61		00
62	Add line 50 and line 55 through 61. These are your total credits	62	1477	00	
63	Subtract line 62 from line 42. If less than zero, enter -0-	63	0	00	
Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	71		00
	72	Mental Health Services Tax. See instructions	72		00
	73	Other taxes and credit recapture. See instructions	73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	74	0	00
Payments	81	California income tax withheld. See instructions	81	2641	00
	82	2016 CA estimated tax and other payments. See instructions	82		00
	83	Withholding (Form 592-B and/or 593). See instructions	83		00
	84	Excess SDI (or VPD) withheld. See instructions	84		00
	85	Earned Income Tax Credit (EITC)	85		00
	86	Add lines 81 through 85. These are your total payments. See instructions	86	2641	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	101	2641	00
	102	Amount of line 101 you want applied to your 2017 estimated tax	102	0	00
	103	Overpaid tax available this year. Subtract line 102 from line 101	103	2641	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	104		00

Your name: SOUNDARARAJAN

Your SSN or ITIN: 472-57-1656

Contributions

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	● 400	00
Alzheimer's Disease/Related Disorders Fund	● 401	00
Rare and Endangered Species Preservation Program	● 403	00
California Breast Cancer Research Fund	● 405	00
California Firefighters' Memorial Fund	● 406	00
Emergency Food for Families Fund	● 407	00
California Peace Officer Memorial Foundation Fund	● 408	00
California Sea Otter Fund	● 410	00
California Cancer Research Fund	● 413	00
Child Victims of Human Trafficking Fund	● 419	00
School Supplies for Homeless Children Fund	● 422	00
State Parks Protection Fund/Parks Pass Purchase	● 423	00
Protect Our Coast and Oceans Fund	● 424	00
Keep Arts in Schools Fund	● 425	00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	00
Prevention of Animal Homelessness and Cruelty Fund	● 431	00
Revive the Salton Sea Fund	● 432	00
California Domestic Violence Victims Fund	● 433	00
Special Olympics Fund	● 434	00
Type 1 Diabetes Research Fund	● 435	00
120 Add code 400 through code 435. This is your total contribution	● 120	00

Your name: SOUNDARARAJAN Your SSN or ITIN: 472-57-1656

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **121** **00**
Pay Online – Go to **ftb.ca.gov** for more information.

122 Interest, late return penalties, and late payment penalties. **122** **00**
123 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** . ● **123** **00**
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124** **00**

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **125** **2 6 4 1 . 00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
 Checking
The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below: ● **126** Direct deposit amount **2 6 4 1 . 00**
● Routing number ● Type ● Account number
 Checking
 Savings
● Routing number ● Type ● Account number
● **127** Direct deposit amount **00**

IMPORTANT: Attach a copy of your complete federal return.
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.
Your signature _____ Date _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____
X _____ X _____

Your email address. Enter only one email address. Preferred phone number _____

Sign Here

It is unlawful to forge a spouse's/RDP's signature.
Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)
JOBY THOMAS
Firm's name (or yours, if self-employed) ● PTIN
E TAX PLANNER, LLC P 0 1 6 1 4 2 0 2
Firm's address ● FEIN
6418 N MAPLEWOOD AVE, 2W CHICAGO IL 60645 2 7 4 7 0 0 2 7 7
Do you want to allow another person to discuss this tax return with us? See instructions. ● Yes No
Print Third Party Designee's Name Telephone Number

California Adjustments —
Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return: P. S O U N D A R A R A J A N & M. M O H A N A M
SSN or ITIN: 4 7 2 5 7 1 6 5 6

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2016.

During 2016:

1 My California (CA) Residency (Check one)
a Myself: [X] Nonresident [] Part-Year Resident [] Resident
b Spouse: [X] Nonresident [] Part-Year Resident [] Resident
2 a I was domiciled in (enter two letter code, see instructions) [] AZ [] AZ
b I was in the military and stationed in (enter two letter code) [] []
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) [] []
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) [] []
5 I was a CA nonresident the entire year (enter state of residence) [] AZ [] AZ
6 The number of days I spent in CA for any purpose was: [] []
7 I owned a home/property in CA (enter Y for Yes, N for No) [] N [] N
8 Before 2016: I was a CA resident for the period of [] []

Part II Income Adjustment Schedule

Section A — Income

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows include: 7 Wages, salaries, tips, etc. (148,940); 8 Taxable interest; 9 Ordinary dividends; 10-19 Various income types; 20 Social security benefits; 21 Other income (California lottery winnings, disaster loss deduction, federal NOL, etc.); 22 a Total: Combine line 7 through line 21 in each column. (148,940)

Income Adjustment Schedule		A	B	C	D	E
Section B — Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions (See instructions (difference between CA & federal law))	Additions (See instructions (difference between CA & federal law))	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E. 22b	<input checked="" type="radio"/> 148,940.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 148,940.	<input checked="" type="radio"/> 41,776.
23	Educator expenses. 23	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25	Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26	Moving expenses 26	<input checked="" type="radio"/> 1,800.			<input checked="" type="radio"/> 1,800.	<input checked="" type="radio"/> 0.
27	Deductible part of self-employment tax . . . 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28	Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29	Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30	Penalty on early withdrawal of savings . . . 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a	Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32	IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33	Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34	Tuition and fees 34	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
35	Domestic production activities deduction . 35	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
36	Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/> 1,800.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1,800.	<input checked="" type="radio"/> 0.
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions. . . . 37	<input checked="" type="radio"/> 147,140.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 147,140.	<input checked="" type="radio"/> 41,776.

Part III Adjustments to Federal Itemized Deductions

38	Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 (or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) <input checked="" type="radio"/> 38	39,305.
39	Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax), and line 8 (foreign taxes only) (or Schedule A (Form 1040NR), line 1). See instructions. <input checked="" type="radio"/> 39	5,911.
40	Subtract line 39 from line 38 <input checked="" type="radio"/> 40	33,394.
41	Other adjustments including California lottery losses. See instructions. Specify _____ <input checked="" type="radio"/> 41	
42	Combine line 40 and line 41 <input checked="" type="radio"/> 42	33,394.
43	Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately \$182,459 Head of household \$273,692 Married/RDP filing jointly or qualifying widow(er) \$364,923 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43 <input checked="" type="radio"/> 43	33,394.
44	Enter the larger of the amount on line 43 or your standard deduction. See instructions. <input checked="" type="radio"/> 44	33,394.

Part IV California Taxable Income

45	California AGI. Enter your California AGI from line 37, column E <input checked="" type="radio"/> 45	41,776.
46	Enter your deductions from line 44 <input checked="" type="radio"/> 46	33,394.
47	Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- <input checked="" type="radio"/> 47 <u>0.2839</u>	
48	California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 <input checked="" type="radio"/> 48	9,481.
49	California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- <input checked="" type="radio"/> 49	32,295.

2016 Other State Tax Credit

S

Attach to Form 540, Long Form 540NR, or Form 541.

Name(s) as shown on your California tax return	SSN, ITIN, or FEIN
P, S, O, U, N, D, A, R, A, R, A, J, A, N, & M, M, O, H, A, N, A, M	4, 7, 2, 5, 7, 1, 6, 5, 6

Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	41,776.	148,940.
<input type="radio"/>		
<input type="radio"/>		
1 Total double-taxed income	41,776.	148,940.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	1,477.	00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b).	<input checked="" type="radio"/> 3	41,776.	00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	41,776.	00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	1.0000	
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	1,477.	00
7 Income tax liability paid to name of other state (use state's abbreviation) <input checked="" type="radio"/> AZ See instructions	<input checked="" type="radio"/> 7	3,195.	00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c).	<input checked="" type="radio"/> 8	148,940	00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	147,140.	00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000	
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	3,195.	00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use Credit Code 187. See instructions	<input checked="" type="radio"/> 12	1,477.	00