

Your first name and initial: **Dhananjaya** Last name: **Hosahatti Shivalinga** OMB No. 1545-0074 Your social security number: **535-65-7127**

If a joint return, spouse's first name and initial: **Bhavana** Last name: **Das** Spouse's social security number: **934-94-3644**

Home address (number and street): **11100 SE Petrovitsky road** Apt. no.: **J-304** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code: **Renton, WA 98055** Presidential Election Campaign

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

Filing status Check only one box. 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 (see instructions)

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse Boxes checked on 6a and 6b: **2**

(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)	No. of children on 6c who:
AADHYA DAS DHANANJAYA		868-69-6700	Daughter	<input checked="" type="checkbox"/>	● lived with you: 1
				<input type="checkbox"/>	● did not live with you due to divorce or separation (see instructions): 0
				<input type="checkbox"/>	Dependents on 6c not entered above: 0
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed: **3**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. **7 71,728.**

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld. 8a Taxable interest. Attach Schedule B if required. **8a**

8b Tax-exempt interest. Do not include on line 8a. **8b**

9a Ordinary dividends. Attach Schedule B if required. **9a**

9b Qualified dividends (see instructions). **9b**

10 Capital gain distributions (see instructions). **10**

11a IRA distributions. **11a** 11b Taxable amount (see instructions). **11b**

12a Pensions and annuities. **12a** 12b Taxable amount (see instructions). **12b**

13 Unemployment compensation and Alaska Permanent Fund dividends. **13**

14a Social security benefits. **14a** 14b Taxable amount (see instructions). **14b**

15 Add lines 7 through 14b (far right column). This is your total income. **15 71,728.**

Adjusted gross income 16 Educator expenses (see instructions). **16**

17 IRA deduction (see instructions). **17**

18 Student loan interest deduction (see instructions). **18**

19 Tuition and fees. Attach Form 8917. **19**

20 Add lines 16 through 19. These are your total adjustments. **20 0.**

21 Subtract line 20 from line 15. This is your adjusted gross income. **21 71,728.**

Tax, credits, and payments 22 Enter the amount from line 21 (adjusted gross income). 22 **71,728.**

23a Check You were born before January 2, 1952, Blind } Total boxes checked **▶ 23a 0**
 if: Spouse was born before January 2, 1952, Blind }

b If you are married filing separately and your spouse itemizes deductions, check here **▶ 23b**

Standard Deduction for-
 ● People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
 ● All others: Single or Married filing separately, \$6,300
 Married filing jointly or Qualifying widow(er), \$12,600
 Head of household, \$9,300

24 Enter your **standard deduction**. 24 **12,600.**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 **59,128.**

26 **Exemptions.** Multiply \$4,050 by the number on line 6d. 26 **12,150.**

27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income**. **▶ 27 46,978.**

28 **Tax, including any alternative minimum tax (see instructions).** 28 **6,119.**

29 Excess advance premium tax credit repayment. Attach Form 8962. 29

30 Add lines 28 and 29. 30 **6,119.**

31 Credit for child and dependent care expenses. Attach Form 2441. 31

32 Credit for the elderly or the disabled. Attach Schedule R. 32

33 Education credits from Form 8863, line 19. 33

34 Retirement savings contributions credit. Attach Form 8880. 34

35 Child tax credit. Attach Schedule 8812, if required. 35 **1,000.**

36 Add lines 31 through 35. These are your **total credits**. 36 **1,000.**

37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-. 37 **5,119.**

38 Health care: individual responsibility (see instructions). Full-year coverage 38

39 Add lines 37 and line 38. This is your **total tax**. 39 **5,119.**

40 Federal income tax withheld from Forms W-2 and 1099. 40 **12,089.**

If you have a qualifying child, attach Schedule EIC.

41 2016 estimated tax payments and amount applied from 2015 return. 41

42a **Earned income credit (EIC).** **NO42a**

b Nontaxable combat pay election. **42b**

43 Additional child tax credit. Attach Schedule 8812. 43

44 American opportunity credit from Form 8863, line 8. 44

45 Net premium tax credit. Attach Form 8962. 45

46 Add lines 40, 41, 42a, 43, 44, and 45. These are your **total payments**. **▶ 46 12,089.**

Refund 47 If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you **overpaid**. 47 **6,970.**

Direct deposit? 48a Amount of line 47 you want **refunded to you**. If Form 8888 is attached, check here **48a 6,970.**

See instructions and fill in 48b, 48c, and 48d or Form 8888.

▶ b Routing number ▶ c Type: Checking Savings

▶ d Account number

49 Amount of line 47 you want **applied to your 2017 estimated tax**. 49

50 **Amount you owe.** Subtract line 46 from line 39. For details on how to pay, see instructions. **▶ 50**

Amount you owe 51 Estimated tax penalty (see instructions). 51

Third party designee Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete the following. No
 Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. Your signature _____ Date _____ Your occupation **Software Engineer** Daytime phone number **(206)619-3863**
 Keep a copy for your records. Spouse's signature. If a joint return, **both** must sign. Date _____ Spouse's occupation **home maker** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid preparer use only Print/type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no. _____