

FOR TAX YEAR 2016

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE

Sterling, VA 20165

(703)584-5533

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE
Sterling, VA 20165
nandakumarkv@aotax.com
Phone: (703)584-5533 | Fax: (703)991-0587

March 19, 2017

Ramji Narayanan & Meenakshi Hariharan
700 Lower State Rd Apt 10c3
North Wales, PA 19454

Subject: Preparation of Your 2016 Tax Returns

Ramji Narayanan & Meenakshi Hariharan:

Thank you for choosing ADVANTAGE ONE TAX CONSULTING INC to assist you with your 2016 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2016 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2016 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (703)584-5533 if you have questions.

Sincerely,

Sudha Panjabi
ADVANTAGE ONE TAX CONSULTING INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

ADVANTAGE ONE TAX CONSULTING INC

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March 19, 2017

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700 Lower State Rd Apt 10c3
North Wales, PA 19454

Ramji Narayanan & Meenakshi Hariharan:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$1,148 Refund	Direct Deposit to **4680
Pennsylvania Income Tax	\$94 Balance Due	Direct Debit from **4680
Pennsylvania Local Income Tax	Zero Due	

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax
Pennsylvania Income Tax

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

Pennsylvania Local Income Tax

Berkheimer Tax Administrator
No Payment/No Refund
PO Box 25159
Lehigh Valley, PA 18002

Sincerely,

Sudha Panjabi
ADVANTAGE ONE TAX CONSULTING INC

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March 19, 2017

Ramji Narayanan & Meenakshi Hariharan
700 Lower State Rd Apt 10c3
North Wales, PA 19454

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Sudha Panjabi
ADVANTAGE ONE TAX CONSULTING INC

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE
 Sterling, VA 20165
 nandakumarkv@aotax.com
 Phone: (703)584-5533 | Fax: (703)991-0587

Customer Name	Customer Information	
Ramji Narayanan & Meenakshi Hariharan 700 Lower State Rd Apt 10c3 North Wales, PA 19454	Invoice #:	
	Date:	March 19, 2017
	Phone:	(215)957-7475
	E-mail:	RAMJI.NARAYANAN87@GMAIL.COM

Your 2016 tax return was prepared by Sudha Panjabi.

Description		Fee
Federal And Supplemental Forms		
Form 1040	U.S. Individual Income Tax Return	
Schedule B	Interest and Ordinary Dividends	
Schedule D	Capital Gains and Losses	
Form 6781	Gains and Losses from Contracts and Straddles	
Form 8879	E-File Signature Authorization	
Form 8889	Health Savings Accounts	
Form 9325	General Information for Electronic Filing	
Wks EIC Investment Limit	Investment Income Limitation	
Comparison	Tax Year Comparison Sheet	
Form W-2	Wage and Tax Statement	
W-2 Listing	Listing of All Forms W-2	
Interest Listing	Listing of all Interest	
Pennsylvania Forms		
PA 40	PA Individual Income Tax	
PA 40 Page 2	PA Individual Income Tax Page 2	
PA W2S	Wage Summary & Misc Compensation	
PA V	Payment Voucher	
PA 8879	Pin Signature Form	
PA W2RWK	PA W-2 Reconciliation Worksheet	
PAEF_ACK	PA e-File Acknowledgement Form	
PA LOCAL	Generic PA Local Tax Return	
PA WK_A5	Fed Schedule A line 5 Worksheet	
PAINSTR	Pennsylvania Filing Instructions	
PAINSTR	Pennsylvania Filing Instructions	
Total Forms	23	Forms Subtotal
		101.00
		Total Balance Due
		101.00

Payment due upon receipt. Thank you for your business!

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

Your first name and initial: **RAMJI** Last name: **NARAYANAN** Your social security number: **028-95-9739**

If a joint return, spouse's first name and initial: **MEENAKSHI** Last name: **HARIHARAN** Spouse's social security number: **940-99-7639**

Home address (number and street): **700 LOWER STATE RD** Apt. no.: **10C3**

City, town or post office, state, and ZIP code: **NORTH WALES PA 19454**

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

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

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above

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. and full name here. ▶

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
				<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 **2**

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	97,808
8a	Taxable interest. Attach Schedule B if required	8a	3,059
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	(1,280)
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	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	99,587

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	0
26	Moving expenses. Attach Form 3903	26	
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	31a	
b	Recipient's SSN ▶		
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	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	99,587

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount owed.

Third Party Designee

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

Sign Here

Joint return? See instructions. Keep a copy for your records.

Table for signatures and dates. Includes fields for taxpayer, spouse, and preparer.

Paid Preparer Use Only

Table for paid preparer information. Includes fields for name, firm, address, and phone number.

SCHEDULE B
(Form 1040A or 1040)
(Rev. January 2017)

Interest and Ordinary Dividends

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040A or 1040.

2016
Attachment
Sequence No. **08**

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

Name(s) shown on return

Your social security number

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

028-95-9739

Part I
Interest

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 ▶

(See 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
CAPITAL ONE NATIONAL ASSOCIATION	1
FOREIGN INTREST INCOME	2,838
SANTANDER BANK N A	220

INTEREST SUBTOTAL 3,059

2 Add the amounts on line 1	2	3,059
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	3,059

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

Part II
Ordinary Dividends

(See 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.

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

Part III
Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2016, 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	X	
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 ▶ <u>INDIA</u>		
8 During 2016, 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

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2016

Attachment
Sequence No. **12**

Name(s) shown on return
RAMJI NARAYANAN & MEENAKSHI HARIHARAN

Your social security number
028-95-9739

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4 (512)
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (512)

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11 (768)
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 (768)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2016

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p>	16	(1,280)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
<p>17 Are lines 15 and 16 both gains?</p>		
<p><input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p>		
<p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p>		
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	(1,280)
<p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p>		
<p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Health Savings Accounts (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.**

2016
Attachment
Sequence No. **52**

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

RAMJI NARAYANAN & MEENAKSHI HARIHA

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

028-95-9739

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 2016 (see instructions)		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2		
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter	3		6,750
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		6,750
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 2016, see the instructions for the amount to enter	6		6,750
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions)	7		
8	Add lines 6 and 7	8		6,750
9	Employer contributions made to your HSAs for 2016	9		3,000
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11		3,000
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		3,750
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		

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 2016 from all HSAs (see instructions)	14a		2,028
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		
c	Subtract line 14b from line 14a	14c		2,028
15	Qualified medical expenses paid using HSA distributions (see instructions)	15		2,028
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		
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		

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	
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	

Gains and Losses From Section 1256

Contracts and Straddles

2016

Department of the Treasury
Internal Revenue Service

► Information about Form 6781 and its instructions is at www.irs.gov/form6781.

Attachment
Sequence No. **82**

► Attach to your tax return.

Name(s) shown on tax return

Identifying number

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

028-95-9739

Check all applicable boxes (see instructions).

A Mixed straddle election

C Mixed straddle account election

B Straddle-by-straddle identification election

D Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

(a) Identification of account	(b) (Loss)	(c) Gain
1 721564636	1,280	
2 Add the amounts on line 1 in columns (b) and (c)	2 (1,280)	
3 Net gain or (loss). Combine line 2, columns (b) and (c)		3 (1,280)
4 Form 1099-B adjustments. See instructions and attach statement		4
5 Combine lines 3 and 4		5 (1,280)
Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6 If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you did not check box D, enter -0-		6
7 Combine lines 5 and 6		7 (1,280)
8 Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions)		8 (512)
9 Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions)		9 (768)

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
10							
11 a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions)							11a ()
b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions)							11b ()

Section B - Gains From Straddles

(a) Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-	
12						
13 a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions)						13a
b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions)						13b

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

(a) Description of property	(b) Date acquired	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14				

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

RAMJI NARAYANAN & MEENAKSHI HARIHAR

Taxpayer address (optional)

700 LOWER STATE RD APT 10C3
NORTH WALES, PA 19454

1. Your federal income tax return for 2016 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ADVANTAGE ONE TAX CONSULTING INC.
2. Your return was accepted on 03-15-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 5408932017074gw25sqi.
3. Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. Your electronic funds withdrawal payment request was accepted for processing.
5. Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on _____. The Submission ID assigned to your extension is _____.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at www.irs.gov, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to www.irs.gov and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to www.irs.gov/e-pay.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to www.irs.gov. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

		a Employee's social security number 028-95-9739		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile			
b Employer identification number (EIN) 27-5126301				1 Wages, tips, other compensation 97,808				2 Federal income tax withheld 12,409					
c Employer's name, address, and ZIP code PENN MUTUAL PAYROLL ADMINISTRATION LLC 600 DRESHER ROAD HORSHAM PA 19044				3 Social security wages 102,190				4 Social security tax withheld 6,336					
				5 Medicare wages and tips 102,190				6 Medicare tax withheld 1,482					
				7 Social security tips				8 Allocated tips					
d Control number				9				10 Dependent care benefits					
e Employee's first name and initial RAMJI Last name NARAYANAN Suff. APT 10C3 700 LOWER STATE ROAD NORTH WALES PA 19454				11 Nonqualified plans				12a See instructions for box 12 C | 95					
				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>				12b D | 4,382					
				14 Other SUI 77 LST 52				12c W | 3,000					
								12d DD | 14,503					
f Employee's address and ZIP code		15 State Employer's state ID number PA 94709985		16 State wages, tips, etc. 102,094		17 State income tax 3,134		18 Local wages, tips, etc. 102,094		19 Local income tax 1,021		20 Locality name LC	

Form **W-2 Wage and Tax Statement** **2016** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA The information on the Form W-2 was used to prepare the taxpayer's 2016 Federal tax return by ADVANTAGE ONE TAX CONSULTANTS

		a Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN)				1 Wages, tips, other compensation				2 Federal income tax withheld							
c Employer's name, address, and ZIP code				3 Social security wages				4 Social security tax withheld							
				5 Medicare wages and tips				6 Medicare tax withheld							
				7 Social security tips				8 Allocated tips							
d Control number				9				10 Dependent care benefits							
e Employee's first name and initial Last name Suff.				11 Nonqualified plans				12a See instructions for box 12							
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>				12b							
				14 Other				12c							
								12d							
f Employee's address and ZIP code				15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2016** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

W-2 Detail Listing

Name(s) as shown on return RAMJI NARAYANAN & MEENAKSHI HARIHARAN	Social Security No. 028-95-9739
--	---

		FEDERAL			STATE		CITY/LOCAL		
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
T	PENN MUTUAL PAYROLL	97,808	12,409	PA	102,094	3,134	LC	102,094	1,021
Totals		97,808	12,409		102,094	3,134		102,094	1,021

Investment Income If You
Are Filing Form 1040

(Keep for your records)

Form 1040

2016

Name(s) as shown on return

Tax ID Number

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

028-95-9739

Interest and Dividends

- 1. Enter any amount from Form 1040, line 8a 1. 3,059
- 2. Enter any amount from Form 1040, line 8b, plus any amount on Form 8814, line 1b 2. _____
- 3. Enter any amount from Form 1040, line 9a 3. _____
- 4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

- 5. Enter the amount from Form 1040, line 13. If the amount on that line is a loss, enter -0- 5. _____
- 6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
- 7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income from Personal Property

- 8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, line 21, minus any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 36 of personal property deducted on Form 1040, line 36 (If the result is less than zero, enter -0-.) 8. _____

Passive Activities

- 9. Enter the total of any net income from passive activities (such as income included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) 9. 0
- 10. Adjustment from EIC screen 10. _____
- 11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your Investment Income** 11. 3,059
- 12. Is the amount on line 11 more than **\$3,400**?
 - Yes.** You cannot take the credit.
 - No.** Go to Step 3 of the Form 1040 instructions for lines 66a and 66b to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to Rule 7, next).

Instructions for line 9. In figuring the amount to enter on line 9, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

Carryover Worksheet

List of items that will carryover to the 2017 tax return

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

028-95-9739

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations	
Contributions subject to 50% of AGI limitations	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)	
Contributions subject to 30% of AGI limitations	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)	
Taxable state and local refunds to Form 1040, line 10	
State/local taxes paid in 2017 to flow to the Schedule A	94
Preparer Fee to flow to the Schedule A	101
State donations and contributions carryover	
State overpayment applied to next year	

Expenses

Office in home operating expenses	
Office in home excess casualty losses and depreciation	
Disallowed investment interest expense	AMT _____ Reg. Tax _____
Section 179 expense	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use	

Losses

Short-term capital loss	
Long-term capital loss	AMT _____ Reg. Tax _____
Net operating loss	AMT _____ Reg. Tax _____
Nonrecaptured net section 1231 losses from WK_1231C	AMT _____ Reg. Tax _____

Credits

Mortgage interest credit	
Credit for prior year minimum tax	
Foreign Tax credit	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit	
Res. energy efficient property credit	

Other

Overpayment applied to next year's estimates	
Estimated Tax Payment 1 _____	Estimated Tax Payment 2 _____
Estimated Tax Payment 3 _____	Estimated Tax Payment 4 _____
Federal tax liability for 2210 calculation	11,261
State tax liability for state 2210 calculation	3,228
IRA basis	Taxpayer _____ Spouse _____

Passive Activity

At Risk Limitations

**TAX RETURN COMPARISON
2014 / 2015 /2016**

2016

Name(s) as shown on return
RAMJI NARAYANAN & MEENAKSHI HARIHARAN

Identifying number
028-95-9739

	2014	2015	2016	Difference 2015-2016
Filing Status		2	2	
Number of Exemptions		2	2	
Income				
Wages, salaries, tips, etc.		87,000	97,808	10,808
Taxable interest and dividends			3,059	3,059
Taxable state and local refunds				
Alimony				
Business income (loss)				
Gains (losses)			(1,280)	(1,280)
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income		87,000	99,587	12,587
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income		87,000	99,587	12,587
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions		12,600	12,600	
Total Itemized or Standard Ded		12,600	12,600	
Exemption Amount		8,000	8,100	100
Tax and Credits				
Taxable Income		66,400	78,887	12,487
Tax		9,041	11,261	2,220
Credits				
Self-employment tax				
Other taxes				
Total Tax		9,041	11,261	2,220
Payments				
Withholdings		9,669	12,409	2,740
Estimated tax payments				
Earned income credit				
Other payments and credits				
Overpayment		628	1,148	520
Overpayment Applied				
Refund		628	1,148	520
Balance Due				
Resident State			PA	
Taxable income			105,154	105,154
Tax			3,228	3,228
Refund				
Balance Due			94	94
Marginal tax rate		15.00	25.00	10.00
Effective tax rate			14.27	14.27

Account Transaction Summary

2016

Name(s) as shown on return

Your ID Number

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

XXX-XX-9739

Account #1

Financial Institution Name DIGITAL FEDERAL CREDIT UNION

Routing Transit Number 211391825

Account Number 19404680

Account Type Checking

Federal Deposit 1,148

PA Debit (94)

Net Deposit 1,054

Date of Transaction 03-23-2017

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize ADVANTAGE ONE TAX CONSULTING INC to use this account to deposit my refund.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

PAINST**Filing Instructions****2016**

Name(s) as shown on return

RAMJI NARAYANAN

SSN or EIN

028-95-9739

Date to file by: 04-18-2017**Form to be filed:** PA Local and supplemental forms and schedules**Sign and Date:** Taxpayer and spouse, if filing jointly, must sign and date the return.**Refund:** \$0.00**Address to file:** Berkheimer Tax Administrator
No Payment/No Refund
PO Box 25159
Lehigh Valley, PA 18002**Other Instructions:** Local or city copies of W-2s and/or supporting schedules must be enclosed with the return.

PAINST**Filing Instructions****2016**

Name(s) as shown on return

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

SSN or EIN

028-95-9739

Date to file by: 04-18-2017**Form to be filed:** PA40 and supplemental forms and schedules**Sign and Date:** Please sign and date your return. If a joint return both taxpayer and spouse must sign.**Payment:** \$94.00**Address to file:** Pennsylvania Dept. of Revenue
Payment Enclosed
1 Revenue Place
Harrisburg, PA 17129-0001**Transaction Method:** The balance of \$94.00 will be paid by direct debit from your Checking account number ending in 4680 and will be withdrawn from your account on 03-23-2017.**Other Instructions:** PA provides an automated 24-hour fact and information line: 888-728-2937 or 717-425-2533 (Harrisburg Area)

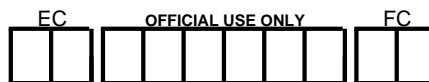
PA-40 - 2016
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-16)

028959739 940997639
NARAYANAN
RAMJI Occupation SENIOR SOF
MEENAKSHI Occupation HOMEMAKER
HARIHARAN
APT 10C3
700 LOWER STATE RD
NORTH WALES PA 19454
267-496-3387 46360

N Extension. N Amended Return.
R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name HATBORO-HORSHAM

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number, Amount. Rows: 1a (102095), 1b (0), 1c (102095), 2 (3059), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (105154), 10 (0), 11 (105154).



PA-40 - 2016

Social Security Number

028959739 Name(s) RAMJI NARAYANAN

12	PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).	12	3228
13	Total PA Tax Withheld. See the instructions.	13	3134
14	Credit from your 2015 PA Income Tax return.	14	0
15	2016 Estimated Installment Payments. REV-459B included. N	15	0
16	2016 Extension Payment.	16	0
17	Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)	17	0
18	Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.	18	0
Tax Forgiveness Credit. Submit PA Schedule SP.			
19a	Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased	19a	00
19b	Dependents, Part B, Line 2, PA Schedule SP	19b	00
20	Total Eligibility Income from Part C, Line 11, PA Schedule SP.	20	0
21	Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.	21	0
22	Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.	22	0
23	Total Other Credits. Submit your PA Schedule OC.	23	0
24	TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.	24	3134
25	USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.	25	0
26	TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.	26	94
27	Penalties and Interest. See the instructions. Enter Code: If including form REV-1630/REV-1630A, mark the box. N	27	0
28	TOTAL PAYMENT DUE. See the instructions.	28	94
29	OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here. The total of Lines 30 through 36 must equal Line 29.	29	0
30	Refund - Amount of Line 29 you want as a check mailed to you. REFUND	30	0
31	Credit - Amount of Line 29 you want as a credit to your 2017 estimated account.	31	0
32	Refund donation line. Enter the organization code and donation amount. See instructions.	32	0
33	Refund donation line. Enter the organization code and donation amount. See instructions.	33	0
34	Refund donation line. Enter the organization code and donation amount. See instructions.	34	0
35	Refund donation line. Enter the organization code and donation amount. See instructions.	35	0
36	Refund donation line. Enter the organization code and donation amount. See instructions.	36	0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number	Date 03-19-17

E-File Opt Out

Firm FEIN 272340197
Preparer's PTIN P01822276



PA SCHEDULE W-2S

Wage Statement Summary

PA-40 Schedule W-2S (08-16)(l)

2016

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) Social Security Number (shown first)
RAMJI NARAYANAN 028-95-9739

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. IMPORTANT: You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You must submit a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You must submit a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. CAUTION: The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Table with 6 columns: T/S, Employer's identification number from Box b, Federal wages from Box 1, Medicare wages from Box 5, PA compensation from Box 16, PA income tax withheld from Box 17. Includes a total row for Part A.

Table with 8 columns: A. T/S, B. Type, C. Payer name, D. 1099R code, E. Total federal amount, F. Adjusted plan basis, G. PA compensation, H. PA tax withheld. Includes a total row for Part B.

TOTAL - Add the totals from Parts A and B. Line 1a: 102095, Line 13: 3134

- Payment type: A. Executor fee, B. Jury duty pay, C. Director's fee, D. Expert witness fee, E. Honorarium, F. Covenant not to compete, G. Damages or settlement for lost wages, other than personal injury, H. Other nonemployee compensation. Describe: I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan, J. Distribution from IRA (Traditional or Roth), K. Distribution from Life Insurance, Annuity or Endowment Contracts, L. Distribution from Charitable Gift Annuities, M. Distribution from Employee Stock Ownership Plan. Describe:



PAV

PA PAYMENT VOUCHER

2016

Name(s) as shown on return

EIN/SSN

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

028-95-9739

DATE TO FILE BY: 04-18-2017

PAYMENT: \$94.00

ADDRESS TO FILE: PENNSYLVANIA DEPT. OF REVENUE
PAYMENT ENCLOSED
1 REVENUE PLACE
HARRISBURG, PA 17129-0001

OTHER INSTRUCTIONS: PA PROVIDES AN AUTOMATED 24-HOUR FACT AND
INFORMATION LINE: 888-728-2937 OR 717-425-2533
(HARRISBURG AREA)

TAXPAYER RECORDS

AMOUNT PAID: _____

CHECK NUMBER: _____

DATE MAILED: _____

2016 PA-V PA PAYMENT VOUCHER

028-95-9739

NA

940-99-7639

1600915076

PAYMENT AMOUNT

NARAYANAN
RAMJI
HARIHARAN
MEENAKSHI
APT 10C3
700 LOWER STATE RD
NORTH WALES
PA
19454

267-496-3387

\$ 94.00

DEPARTMENT USE ONLY

[Empty box for Department Use Only]

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA W-2 RECONCILIATION WORKSHEET

PA-40 W-2 RW (12-14)

Name: RAMJI NARAYANAN Social Security Number: 028-95-9739

Employer's identification number from Box b: 27-5126301

	FEDERAL WAGES (Box 1)	FEDERAL WAGES (Box 1)	MEDICARE WAGES (Box 5)
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PART I - STARTING POINT	97808	97808	102190
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PART II - Additions:	COLUMN A	COLUMN B	COLUMN C
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1. Company contribution to deferred comp plan.			
2. Elective deferrals to IRC Section 401(K) - Code "D" in Box 12.	4382	4382	
3. Elec. deferrals under IRC Section 403(b) salary reduction agreement - Code "E" in Box 12.			
4. Elec. def under IRC Section 408(k)(6) salary reduction agreement SEP - Code "F" in Box 12.			
5. Elec. & non-elec. deferrals under IRC Section 457(b) deferred comp. plan - Code "G" in Box 12.			
6. Elective deferrals to a Section 501 (C)(18)(D) tax-exempt organization plan - Code "H" in Box 12.			
7. Income under IRC Section 409A nonqualified deferred comp (NQDC) plan - Code "Z" in Box 12.			
8. Deferrals under IRC Section 409A NQDC plan - Code "Y" in Box 12.			
9. OTHER ADDITIONS (provide full descriptions)			
9a.			
9b.			
9c.			
9d.			
9e.			
TOTAL PART II (add lines 1 through 9e.)	4382	4382	

PART III - Subtractions:	COLUMN A	COLUMN B	COLUMN C
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10. Company contribution to deferred comp plan.			
11. Cost of group-term life - Code "C" in Box 12.		95	95
12. Income under IRC Section 409A nonqualified deferred comp (NQDC) plan - Code "Z" in Box 12.			
13. Deferrals under IRC Section 409A NQDC plan - Code "Y" in Box 12.			
14. Personal use of company vehicle.			
15. Distributions from an IRC Section 409A NQDC plan			
16. Distributions from an IRC Section 409A NQDC plan previously taxed for Pennsylvania purposes.			
17. OTHER SUBTRACTIONS (provide full descriptions)			
17a.			
17b.			
17c.			
17d.			
17e.			
TOTAL PART III (add lines 10 through 17e.)		95	95

PART IV - FINISHING POINT	102190	102095	102095
[Add Parts I and II then subtract Part III]	MEDICARE WAGES (Box 5)	PA WAGES (Box 16)	PA WAGES (Box 16)

Declaration Control Number/Submission ID

Primary Taxpayer's Name RAMJI NARAYANAN	Social Security Number 028-95-9739
Secondary Taxpayer's Name MEENAKSHI HARIHARAN	Social Security Number 940-99-7639

PART I Tax Return Information - Tax Year Ending Dec. 31, 2016 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	<u>105154</u>
2. PA Tax Liability (Form PA-40, Line 12)	2.	<u>3228</u>
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	<u>3134</u>
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	<u>94</u>

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2016 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdrawal are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize ADVANTAGE ONE TAX CONSULTING to enter my PIN 90340 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ Date 03-19-2017

Secondary Taxpayer's PIN: (check one box only)

- I authorize ADVANTAGE ONE TAX CONSULTING to enter my PIN 50354 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ Date 03-19-2017

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 540893 36506

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date 03-19-2017

**ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

PAEF_ACK

**Acknowledgement and General Information for
Taxpayers Who File Returns Electronically**

2016

Name(s) as shown on return

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

Identification Number

***-**-9739

Address

700 LOWER STATE RD APT 10C3
NORTH WALES, PA 19454

Thank you for participating in IRS e-file.

1. Your 2016 state income tax return for PA40 was filed electronically.
The electronic filing services were provided by ADVANTAGE ONE TAX CONSULTING INC
2. Your return was accepted on 03-15-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.
The submission ID assigned to this return is 54089320170744vydbay.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

PAWK_A5

State / Local tax payments made after 12/31/2016 that
will be deductible on 2017 Federal Schedule A

2016

Name(s) as shown on return

RAMJI NARAYANAN & MEENAKSHI HARIHARAN

Your Social Security Number

028-95-9739

A. 2016 Income taxes due that were paid after 12/31/2016

A1. 4th quarter estimate/extension (may be adj. by refund) _____
A2. Amount paid with return 94
A3. Total payments made in 2017 **A.** 94

B. Adjustments made to payments

B1. Interest & Penalty _____
B2. Contributions, Donations, Checkoffs _____
B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) _____
B4. Total adjustments **B.** _____

C. Total tax payments deductible in 2017 (Line A less line B) **C.** 94

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

Tax Year 2016

*If you have relocated during the tax year, please supply additional information.

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

**If you need additional space - please see instructions.

LAST NAME, FIRST NAME, MIDDLE INITIAL NARAYANAN, RAMJI	SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL HARIHARAN, MEENAKSHI	
STREET ADDRESS (No PO Box, RD or RR) 700 LOWER STATE RD APT 10C3		
SECOND LINE OF ADDRESS		
CITY NORTH WALES	STATE PA	ZIP CODE 19454

DAYTIME PHONE NUMBER 267-496-3387	RESIDENT PSD CODE 460502	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/>	NON-RESIDENT <input type="checkbox"/>
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<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.</p> <p>ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</p> <p><input type="checkbox"/> Single <input checked="" type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;">028-95-9739</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;">940-99-7639</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input checked="" type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>
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1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)	102094.00	.00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)00	.00
3. Other Taxable Earned Income * . . . . .	.00	.00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)	102094.00	.00
5. Net Profit (Enclose PA Schedules*)		
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	.00	.00
6. Net Loss (Enclose PA Schedules*) . . . . .	.00	.00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero) . . . . .	.00	.00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	102094.00	.00
9. Total Tax Liability (Line 8 multiplied by 0.010000) 0.010000	1021.00	.00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See Instructions)	1021.00	.00
11. Quarterly Estimated Payments/Credit From Previous Tax Year . . . . .	.00	.00
12. Out-of-State or Philadelphia Credits (include supporting documentation) . . . . .	.00	.00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	1021.00	.00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15) . . . . .	.00	.00
15. Credit Taxpayer/Spouse (Amount of Line 14 you want as a credit to your account).		
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse	.00	.00
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13) . . . . .	.00	.00
17. Penalty after April 15* (multiply Line 16 by ) . . . . .	.00	.00
18. Interest after April 15* (multiply Line 16 by ) . . . . .	.00	.00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18) . . . . .	.00	.00

*See Instructions

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.		
YOUR SIGNATURE	SPOUSE'S SIGNATURE (If Filing Jointly)	DATE (MM/DD/YYYY)
PREPARER'S PRINTED NAME & SIGNATURE		PHONE NUMBER 703-584-5533

Municipality: **HORSHAM TWP**

School district: **HATBORO HORSHAM S D**

Mail to: **BERKHEIMER TAX ADMINISTRATOR
NO PAYMENT NO REFUND
PO BOX 25159
LEHIGH VALLEY PA18002**

Make checks payable to: **HAB EIT**