

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

Your first name RANGA CHARY	M.I. Last name MARANGANTI	Suffix	Your social security number 671-38-9420
If a joint return, spouse's first name SANDHYA RANI	M.I. Last name KURNI	Suffix	Spouse's social security number 671-40-6521
Home address (number and street). If you have a P.O. box, see instructions. 5695 BRIDGE POINT DR			Apt. no. ▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ALPHARETTA GA 30005			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	Foreign postal code

Filing Status

1 Single

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

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

4 Head of household (with qualifying person). (See 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

(1) First name	Last name	(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)
SAHITYA PRANAT	MARANGANTI	672-40-1983	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **3**

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **1**
- did not live with you due to divorce or separation (see instructions) **0**
- Dependents on 6c not entered above **0**

Add numbers on lines above **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **61,806**

8a Taxable interest. Attach Schedule B if required

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

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **2,188**

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount

16a Pensions and annuities **16a** b Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount **0**

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **63,994**

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**

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**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 63,994**

Tax and Credits

Table with 2 columns: Line number and Amount. Rows include 38 (63,994), 39a (checkboxes for birth date and blindness), 40 (18,514), 41 (45,480), 42 (12,150), 43 (33,330), 44 (4,071), 45, 46, 47 (4,071), 48, 49, 50, 51, 52 (1,000), 53, 54, 55 (1,000), 56 (3,071).

Other Taxes

Table with 2 columns: Line number and Amount. Rows include 57, 58, 59, 60a, 60b, 61, 62, 63 (3,071).

Payments

Table with 2 columns: Line number and Amount. Rows include 64 (5,561), 65, 66a, 66b, 67, 68, 69, 70, 71, 72, 73, 74 (5,561).

Refund

Table with 2 columns: Line number and Amount. Rows include 75 (2,490), 76a (2,490), 77, 78 (0), 79.

Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 78 (0), 79.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No
Designee's name: JACOB CHACKO E.A. Phone no.: (678) 765-6780 Personal identification number (PIN): 05470

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 taxpayer) is based on all information of which preparer has any knowledge.
Your signature: TEACHER Date: Spouse's signature: HOMEMAKER Date: Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid Preparer Use Only

Print/Type preparer's name: JACOB CHACKO E.A. Preparer's signature: JACOB CHACKO E.A. Date: 4/11/2017 Check [X] if self-employed PTIN: P00648615
Firm's name: JACOB TAX SERVICE LLC Firm's EIN: 35-2396476
Firm's address: 2910 HORIZON PARK DRIVE SUITE C, SUWANEE, GA 30024 Phone no.: (678) 765-6780

**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

RANGA CHARY MARANGANTI and SANDHYA RANI KURNI

671-38-9420

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	63,994		
	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	6,399		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		0	
Taxes You Paid	5 State and local (check only one box):					
	a	<input checked="" type="checkbox"/> Income taxes, or	5	3,031		
	b	<input type="checkbox"/> General sales taxes				
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7	289		
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8	9		3,320	
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10	6,167	
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 ▶				
Name _____						
Address _____						
Your mortgage interest deduction may be limited (see instructions). TIN _____						
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		Add lines 10 through 14	15		6,167	
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	500	
		18	Carryover from prior year	18		
		19	Add lines 16 through 18	19		500
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.) ▶ See Attached Statement	21	9,582	
	22	Tax preparation fees	22	225		
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24	9,807		
	25	Enter amount from Form 1040, line 38 . . .	25	63,994		
	26	Multiply line 25 by 2% (0.02)	26	1,280		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27		8,527	
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.	29		18,514	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor RANGA CHARY MARANGANTI	Social security number (SSN) 671-38-9420
A Principal business or profession, including product or service (see instructions) TRAINING	B Enter code from instructions ▶ 611000
C Business name. If no separate business name, leave blank. AMERICAN INST FOR RESEARCH	D Employer ID number (EIN), (see instr.) 25-0965219
E Business address (including suite or room no.) ▶ 1000 THOMAS JEFFERSON ST City, town or post office, state, and ZIP code WASHINGTON DC 20007	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2016, check here	<input type="checkbox"/>
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1			
2 Returns and allowances	2			
3 Subtract line 2 from line 1	3		0	
4 Cost of goods sold (from line 42)	4			
5 Gross profit. Subtract line 4 from line 3	5		0	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6			
7 Gross income. Add lines 5 and 6	7		0	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8				18 Office expense (see instructions)	18		
9 Car and truck expenses (see instructions)	9				19 Pension and profit-sharing plans	19		
10 Commissions and fees	10				20 Rent or lease (see instructions):	20		
11 Contract labor (see instructions)	11				a Vehicles, machinery, and equipment	20a		
12 Depletion	12				b Other business property	20b		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13				21 Repairs and maintenance	21		
14 Employee benefit programs (other than on line 19)	14				22 Supplies (not included in Part III)	22		
15 Insurance (other than health)	15				23 Taxes and licenses	23		
16 Interest:					24 Travel, meals, and entertainment:	24		
a Mortgage (paid to banks, etc.)	16a				a Travel	24a		
b Other	16b				b Deductible meals and entertainment (see instructions)	24b		
17 Legal and professional services	17				25 Utilities	25		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28				26 Wages (less employment credits)	26		0
29 Tentative profit or (loss). Subtract line 28 from line 7	29				27a Other expenses (from line 48)	27a		0
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30				b Reserved for future use	27b		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31							
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.								32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

▶ Attach to Form 1040 or Form 1040NR.

Your name RANGA CHARY MARANGANTI	Occupation in which you incurred expenses TEACHER	Social security number 671-38-9420
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	5,213		
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			
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4			
5 Meals and entertainment expenses (see instructions)	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	5,213		0

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

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

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

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	5,213		0
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9	5,213		0
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) ▶	10			5,213

Part II Vehicle Expenses

Section A—General Information (You must complete this section if you are claiming vehicle expenses.)

		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service	11 01/01/2016	
12	Total miles the vehicle was driven during 2016	12 12,156 miles	miles
13	Business miles included on line 12	13 9,653 miles	miles
14	Percent of business use. Divide line 13 by line 12	14 79.41%	
15	Average daily roundtrip commuting distance	15 miles	miles
16	Commuting miles included on line 12	16 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17 2,503 miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Section B—Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1	22 5,213
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Section C—Actual Expenses

		(a) Vehicle 1		(b) Vehicle 2	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24 a	Vehicle rentals	24a			
b	Inclusion amount (see instructions)	24b			
c	Subtract line 24b from line 24a	24c	0		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2—see instructions)	25			
26	Add lines 23, 24c, and 25	26	0		
27	Multiply line 26 by the percentage on line 14	27	0		
28	Depreciation (see instructions)	28			
29	Add lines 27 and 28. Enter total here and on line 1	29	0		

Section D—Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle 1		(b) Vehicle 2	
30	Enter cost or other basis (see instructions)	30			
31	Enter section 179 deduction and special allowance (see instructions)	31			
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)	32	0		
33	Enter depreciation method and percentage (see instructions)	33	0.00%		
34	Multiply line 32 by the percentage on line 33 (see instructions)	34	0		
35	Add lines 31 and 34	35	0		
36	Enter the applicable limit explained in the line 36 instructions	36			
37	Multiply line 36 by the percentage on line 14	37	0		
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38	0		

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), Child Tax Credit (CTC), and American Opportunity Tax Credit (AOTC)

2016

▶ To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.

Attachment
Sequence No. **70**

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return RANGA CHARY MARANGANTI and SANDHYA RANI KURNI	Taxpayer identification number 671-38-9420
Enter preparer's name and PTIN JACOB CHACKO E.A	P00648615

Due Diligence Requirements

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
1 Did you complete the return based on information for tax year 2016 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? Answer "Yes" only if you can answer "Yes" to both 3a and 3b. To meet the knowledge requirement, did you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Interview the taxpayer, ask adequate questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Review adequate information to determine that the taxpayer is eligible to claim the credit(s) and in what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct or complete information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, did you keep a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on.			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you complete the required recertification form(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If the taxpayer is reporting self-employment income, did you ask adequate questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see separate instructions.

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to question 10.)

	EIC	CTC/ACTC	AOTC
9 a Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules), and have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to question 11.)

10 a Does the child reside with the taxpayer who is claiming the CTC/ACTC? (If "Yes," go to question 10c. If "No," answer question 10b.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c Have you determined that the taxpayer has not released the claim to another person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to *Credit Eligibility Certification*.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - B. Submit Form 8867 in the manner required;
 - C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

Credit Eligibility Certification

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Line 21 (Sch A (1040)) - Unreimbursed Employee Expenses

		Filer	Spouse
1	From Form 2106 - Employee Business Expenses	5,213	0
2	Business use of home	1,485	
3	PROFESSIONAL ATTIRE/LAUNDRY & DRY CLEANING	1,362	
4	JOB UPKEEP/LAPTOP & INTERNET	1,522	
5	Subtotal for unreimbursed employee expenses	9,582	0
6	Total for unreimbursed employee expenses	6	9,582

JACOB TAX SERVICE LLC
2910 HORIZON PARK DRIVE SUITE C
SUWANEE, GA 30024
Phone: (678) 765-6780
Fax: (678) 765-6781
JACOB.TAX@CHARTER.NET

April 11, 2017

RANGA CHARY MARANGANTI and SANDHYA RANI KURNI
5695 BRIDGE POINT DR
ALPHARETTA, GA 30005

Dear RANGA CHARY and SANDHYA RANI,

Enclosed please find two copies of your 2016 Georgia 500 tax return. I have prepared your return based on the information you provided. File one copy with the state and retain the second copy for your records. Please review, sign and date your filing copy on page 5 before mailing.

As requested, your Georgia 500 tax refund of \$3,031 will be deposited directly into your checking account.

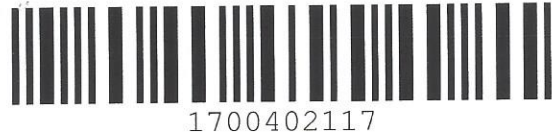
I recommend that you mail your Georgia 500 return on or before April 18, 2017, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following:

Processing Center
Georgia Department of Revenue
P.O. Box 740380
Atlanta, GA 30374-0380

If you have any questions about your return(s) or about your tax situation during the year, please do not hesitate to call me at (678) 765-6780. I appreciate this opportunity to serve you.

Sincerely,

JACOB CHACKO E.A
JACOB TAX SERVICE LLC



Georgia Form 500 (Rev. 08/02/16) Individual Income Tax Return Georgia Department of Revenue 2016 (Approved software version)

Page 1

Fiscal Year Beginning

Please check this box if you have attached more than three pages of Form 500 Schedule 2.

Fiscal Year Ending

DRIVER'S LICENSE/STATE ID

STATE ISSUED

YOUR FIRST NAME 1. RANGA CHARY

MI YOUR SOCIAL SECURITY NUMBER 671-38-9420

LAST NAME MARANGANTI

SUFFIX

Special Program Code See IT-511 Tax Booklet

SPOUSE'S FIRST NAME SANDHYA RANI

MI SPOUSE'S SOCIAL SECURITY NUMBER 671-40-6521

LAST NAME KURNI

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) 2. 5695 BRIDGE POINT DR

CHECK IF ADDRESS HAS CHANGED

500 UET Exception Attached

CITY (Please insert a space if the city has multiple names) 3. ALPHARETTA

STATE ZIP CODE GA 30005

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number 4. 1

1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT TO 3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet) 5. B

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2



7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse) ▶ 7a. 1
7b. Add Lines 6c and 7a. Enter total ▶ 7b. 3

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.	Last Name
SAHITYA PRANATHI	MARANGANTI
Social Security Number	Relationship to You
672-40-1983	DAUGHTER

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

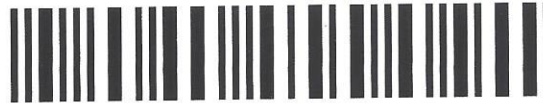
If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ) ▶ 8. 63994
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must enclose a copy of your Federal Form 1040 Pages 1 and 2.
9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ▶ 9.
10. Georgia adjusted gross income (Net total of Line 8 and Line 9) ▶ 10. 63994



11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)	▶ 11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Total x 1,300=	▶ 11b.	
c. Total Standard Deduction (Line 11a + Line 11b).....	▶ 11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must enclose Federal Schedule A		
a. Federal Itemized Deductions (Schedule A-Form 1040)	▶ 12a.	18514
b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	
c. Georgia Total Itemized Deductions	▶ 12c.	18514
13. Subtract either Line 11c or Line 12c from Line 10; enter balance	▶ 13.	45480
multiply by \$2,700 for filing status A or D		
14a. Number on Line 6c. 2 OR multiply by \$3,700 for filing status B or C	▶ 14a.	7400
14b. Number on Line 7a. 1 multiply by \$3,000	▶ 14b.	3000
14c. Add Lines 14a. and 14b. Enter total	▶ 14c.	10400
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	35080
16. Tax (Use Tax Table in the IT-511 Tax Booklet)	▶ 16.	1843
17. Low Income Credit 17a. 17b.	▶ 17c.	
18. Other State(s) Tax Credit	▶ 18.	
19. Credits used from IND-CR Summary Worksheet	▶ 19.	
20. Total Credits from Schedule 2 Georgia Tax Credits (Sum of all Schedule 2s)	▶ 20.	1843
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶ 21.	1843
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	▶ 22.	0
23. Georgia Income Tax Withheld on Wages and 1099s	▶ 23.	3031
(Enter Tax Withheld Only and enclose W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	▶ 24.	
(Must enclose G2-A, G2-FL, G2-LP and/or G2-RP)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.



1700402147

YOUR SOCIAL SECURITY NUMBER
 671-38-9420

INCOME STATEMENT DETAILS Enter income reported from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.

(INCOME STATEMENT A)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
 582628499

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
 2136439XP

4. **GA WAGES / INCOME**
 4261

5. **GA TAX WITHHELD**
 207

(INCOME STATEMENT B)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
 810845962

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
 3205314HR

4. **GA WAGES / INCOME**
 57545

5. **GA TAX WITHHELD**
 2824

(INCOME STATEMENT C)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2s G2-A G2-LP
 1099s G2-FL G2-RP

2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID**

4. **GA WAGES / INCOME**

5. **GA TAX WITHHELD**

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated tax for 2016 and Form IT-560	▶ 25.	
26. Total prepayment credits (Add Lines 23, 24 and 25)	▶ 26.	3031
27. If Line 22 exceeds Line 26 enter BALANCE DUE STATE	▶ 27.	
28. If Line 26 exceeds Line 22 enter OVERPAYMENT amount	▶ 28.	3031
29. Amount to be credited to 2017 ESTIMATED TAX	▶ 29.	



1700402157

YOUR SOCIAL SECURITY NUMBER
 671-38-9420

- 30. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)▶ 30.
- 31. Georgia Fund for Children and Elderly (No gift of less than \$1.00)▶ 31.
- 32. Georgia Cancer Research Fund (No gift of less than \$1.00)▶ 32.
- 33. Georgia Land Conservation Program (No gift of less than \$1.00)▶ 33.
- 34. Georgia National Guard Foundation (No gift of less than \$1.00)▶ 34.
- 35. Dog & Cat Sterilization Fund (No gift of less than \$1.00)▶ 35.
- 36. Saving the Cure Fund (No gift of less than \$1.00)▶ 36.
- 37. Realizing Educational Achievement Can Happen (REACH) Program▶ 37.
 (No gift of less than \$1.00)
 FOR DEPARTMENT USE ONLY▶
- 38. Form 500 UET (Estimated tax penalty)▶ 38.
- 39. (If you owe) Add Lines 27, 30 thru 38
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE▶ 39.
- 40. (If you are due a refund) Subtract the sum of Lines 29 thru 38 from Line 28
THIS IS YOUR REFUND▶ 40.

3031

40a. Direct Deposit (For U.S. Accounts Only) Type: Checking Savings Routing Number 061000052

Account Number 334012791869

You can help eliminate \$1 Million of processing costs by choosing Direct Deposit. If you do not enter Direct Deposit information, a paper check will be issued.

(PAYMENT)

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740399
 ATLANTA, GA 30374-0399

(REFUND and NO BALANCE DUE)

PROCESSING CENTER
 GEORGIA DEPARTMENT OF REVENUE
 PO BOX 740380
 ATLANTA, GA 30374-0380

ENCLOSE ALL ITEMS IN RETURN ENVELOPE. DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN
 I/we declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

PHONE NUMBER

DATE

Spouse's Signature (Check box if deceased)

DATE

NAME OF PREPARER OTHER THAN TAXPAYER
 JACOB CHACKO E.A

Do you want to authorize DOR to discuss this return with the named preparer. Yes

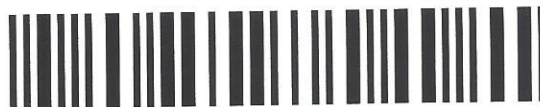
PREPARER'S FIRM NAME
 JACOB TAX SERVICE LLC

JACOB CHACKO E.A
 Signature of Preparer

PREPARER'S FEIN 35-2396476 PREPARER'S SSN/PTIN/SIDN P00648615 PHONE NUMBER 678-765-6780

I authorize the Georgia Department of Revenue to electronically notify me at the below email address regarding any updates to my account(s).

TAXPAYER'S EMAIL ADDRESS



1707302117

YOUR SOCIAL SECURITY NUMBER
 671-38-9420

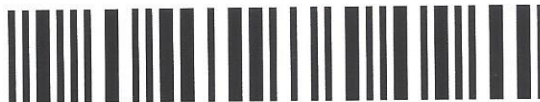
SCHEDULE 2 GEORGIA TAX CREDIT USAGE AND CARRYOVER

See IT-511 Tax Booklet

1. Georgia tax credits (series 100) must be claimed on Schedule 2. Series 200 credits are claimed on Form IND-CR and the other state(s) tax credit and low income credit are claimed directly on Form 500. See the IT-511 Tax Booklet for a listing of Georgia tax credit codes (series 100).
2. If claiming credit code 125(QEE) enter your SSN and not the FEIN of the SSO.
3. **A separate page must be completed for each credit code. If you have more than 3 credit codes, attach as many additional Page 3s of Schedule 2 as necessary and check the box on Page 1 of Form 500 or 500X.**
4. Total Schedule 2 Page 1 Line 8 and Pages 2 and 3 Line 11, and enter the total on Line 20 of Form 500 or 500X.
5. The taxpayer must indicate which credits are being used. The total amount used from all Schedule 2s, from IND-CR, from the other state(s) tax credit, and from the low income credit cannot exceed the tax liability listed on Line 16 of Form 500 or 500X.
6. If a credit is eligible for carryover to 2016, please complete the schedule even if the credit is not used in 2016.
7. If the credit originated with more than one person or company, enter separate information beginning on Line 3 below.
8. Credit certificate numbers are issued by the Department of Revenue for preapproved credits. If applicable, please enter the Department of Revenue credit certificate number where indicated.
9. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
10. Before the Georgia tax credit carryovers are applied to next year, the amount must be reduced by any amounts elected to be applied to withholding in 2016 (for businesses only) and by any carryovers that have expired.

For the credit generated this year, list the Company/Individual Name, FEIN/SSN, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and FEIN/SSN below and 100% for the percentage.

1. Credit Code	▶	1.	117
2. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding)	▶	2.	3955
3. COMPANY/INDIVIDUAL NAME			% OF CREDIT
RANGA CHARY MARANGANTI			100.00
CREDIT CERTIFICATE #	FEIN/SSN	CREDIT GENERATED IN 2016	
1486640000	671389420		
4. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #			CREDIT GENERATED IN 2016
FEIN/SSN			% OF CREDIT
5. COMPANY/INDIVIDUAL NAME			% OF CREDIT
CREDIT CERTIFICATE #			CREDIT GENERATED IN 2016
FEIN/SSN			% OF CREDIT
6. Total available credit for 2016 (sum of Lines 2 through 5)	▶	6.	3955
7. Enter the amount of the credit sold (Conservation and Film Tax Credits)	▶	7.	
8. Credit Used in 2016	▶	8.	1843
9. Potential carryover to 2017 (Line 6 less Lines 7 and 8)	▶	9.	2112



1707302127

YOUR SOCIAL SECURITY NUMBER
 671-38-9420

1. Credit Code ▶ 1.

2. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding) ▶ 2.

3. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

4. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

5. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

6. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

7. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

8. **COMPANY//INDIVIDUAL NAME** **% OF CREDIT**
0.00

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

9. Total available credit for 2016 (sum of Lines 2 through 8) ▶ 9.

10. Enter the amount of the credit sold (Conservation and Film Tax Credits) ▶ 10.

11. Credit Used in 2016 ▶ 11.

12. Potential carryover to 2017 (Line 9 less Lines 10 and 11) ▶ 12.



- 1. Credit Code ▶ 1.
- 2. Credit remaining from previous years (If from a business, do not include amounts elected to be applied to withholding) ▶ 2.

3. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

4. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

5. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

6. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

7. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

8. **COMPANY/INDIVIDUAL NAME** **% OF CREDIT**

CREDIT CERTIFICATE # **FEIN/SSN** **CREDIT GENERATED IN 2016**

- 9. Total available credit for 2016 (sum of Lines 2 through 8) ▶ 9.
- 10. Enter the amount of the credit sold (Conservation and Film Tax Credits) ▶ 10.
- 11. Credit Used in 2016 ▶ 11.
- 12. Potential carryover to 2017 (Line 9 less Lines 10 and 11) ▶ 12.

REPEAT THIS PAGE AS NEEDED

Dependents (GA 500)

	First name	M.I.	Last name	Suffix	Dependent's social security number	Relationship	Number of months in home
1	SAHITYA PRANA		MARANGANTI		672-40-1983	Daughter	12

Line 5 (GA Sch 1 (500)) - Other Additions

Line 12 (GA Sch 1 (500)) - Other Adjustments

Tax Credit Usage and Carryover (GA Sch 2 (500))

Credit Type Code	F/S*	Company Name	ID Number	Credit Certificate	% of Credit	Credit remaining from previous year	Credit Generated in 2016	Total available credit for 2016	Amount of the credit sold (Conservation and Film Tax Credits)	Credit Used in 2016	Potential carryover to 2017
1	F	RANGA CHARY MA	671-38-9420	1486640000	100%	3,955		3,955		1,843	2,112
2					0%			0		0	0