

1040	Federal Return Summary	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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Tax Form 1040
 Tax Method Used Qual Div Cap Gain Wrk

Filing Status MFJ
 Dependents 2
 Healthcare Full-year coverage

Income

Salaries & wages	<u>143,795</u>
Taxable interest income	<u>465</u>
Tax exempt interest	
Dividend income	<u>50</u>
Qualified dividends	<u>50</u>
Taxable state/local refunds	<u>206</u>
Alimony received	
Business income/-loss	<u>50,767</u>
Capital gain/-loss	<u>226</u>
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	<u>195,509</u>

Adjustments

Moving expenses	
Deductible part of self-employment tax	<u>680</u>
SEP, SIMPLE, and qualified plan deduction	<u>5,000</u>
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	<u>5,680</u>
Adjusted gross income	<u>189,829</u>

Deductions

Medical and Dental expenses	
Taxes paid	<u>18,729</u>
Interest paid	<u>19,099</u>
Charitable contributions	<u>1,000</u>
Other itemized deductions	
Total allowable itemized deductions	<u>38,828</u>
or, Standard deduction	
Exemption amount	<u>16,200</u>
Taxable income	<u>134,801</u>

Tax Computation

Regular tax	<u>25,215</u>
Alternative minimum tax	
Excess advance premium tax credit	
Total tax before credits	<u>25,215</u>
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	<u>25,215</u>
Self-employment tax	<u>1,360</u>
Additional tax on IRAs, etc.	
Other taxes	
Total tax	<u>26,575</u>

Payments

Federal income tax withheld	<u>28,869</u>
Estimated payments	
Other payments/credits	<u>139</u>
Total payments	<u>29,008</u>

Refund/Amount Due

Amount overpaid	<u>2,433</u>
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	<u>-2,433</u>
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	<u>-2,433</u>

2017 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income *	<u>25.0</u> %
Marginal tax rate - Capital income*	<u>15.0</u> %
Effective tax rate	<u>20.0</u> %

* Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2016

Submission Identification Number (SID)

Taxpayer's name

SHAILESH D JHA

Social security number

*****-**-5153**

Spouse's name

MADHURI KUMARI JHA

Spouse's social security number

*****-**-2226**

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	189,829
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	26,575
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	28,869
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	2,433
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

I authorize **Imtiaz Ahmad CPA, Inc.** to enter or generate my PIN **45941** as my signature on my tax year 2016 electronically filed income tax return. ERO firm name
Enter five digits, but don't enter all zeros

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

Your signature **u** **Signed. Retain for your records.** Date **u** **02/17/17**

Spouse's PIN: check one box only

I authorize **Imtiaz Ahmad CPA, Inc.** to enter or generate my PIN **45940** as my signature on my tax year 2016 electronically filed income tax return. ERO firm name
Enter five digits, but don't enter all zeros

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

Spouse's signature **u** **Signed. Retain for your records.** Date **u** **02/17/17**

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

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

Don't enter all zeros

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

ERO's signature **u** _____ Date **u** _____

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

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

Form **8879** (2016)

Taxpayer Name SHAILESH D JHA
 Spouse Name MADHURI KUMARI JHA

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN *****

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 02/17/17

	Taxpayer	Spouse
PIN (enter five numbers, other than all zeroes)	<u>45941</u>	<u>45940</u>
Prior Year Adjusted Gross Income		
Date of Birth	<u>04/01/1977</u>	<u>03/01/1979</u>
Prior Year PIN	<u>45941</u>	<u>45940</u>

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

 Signature of person claiming refund

 Date

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2016** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial **SHAILESH D** Last name **JHA** Your social security number *****-**-5153**

If a joint return, spouse's first name and initial **MADHURI KUMARI** Last name **JHA** Spouse's social security number *****-**-2226**

Home address (number and street). If you have a P.O. box, see instructions. **35783 CABRAL DR** Apt. no. **P** 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). **FREMONT CA 94536** Presidential Election Campaign

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

Filing Status 1 Single 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. **u**
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. **u** 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a } Boxes checked on 6a and 6b **2**
 b Spouse } No. of children on 6c who:
 c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qual. for child tax credit (see instr.)

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> if child under age 17 qual. for child tax credit (see instr.)
SMRITI	JHA	***-**-2480	Daughter	<input checked="" type="checkbox"/>
PRAGYA	JHA	***-**-5230	Daughter	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here Dependents on 6c not entered above _____ Add numbers on lines above **u 4**

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	143,795
	8a	Taxable interest. Attach Schedule B if required	8a	465
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	50
	b	Qualified dividends	9b	50
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	206
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	50,767
If you did not get a W-2, see instructions.	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here u	13	226
	14	Other gains or (losses). Attach Form 4797	14	
ROLLOVER	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	1,741
	b	Taxable amount	16b	0
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
	b	Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income u	22	195,509

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	680
	28	Self-employed SEP, SIMPLE, and qualified plans	28	5,000
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid	31a	
	b	Recipient's SSN u		
	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	5,680
	37	Subtract line 36 from line 22. This is your adjusted gross income u	37	189,829

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	189,829
	39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked u 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here u 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	38,828
	41	Subtract line 40 from line 38	41	151,001
	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	134,801
	44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	25,215
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	47	Add lines 44, 45, and 46 u	47	25,215
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- u	56	25,215

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	1,360
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax u	63	26,575
	64	Federal income tax withheld from Forms W-2 and 1099	64	28,869
	65	2016 estimated tax payments and amount applied from 2015 return	65	

Payments If you have a qualifying child, attach Schedule EIC.	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election 66b	66b	
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	139
	72	Credit for federal tax on fuels. Attach Form 4136	72	
	73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments u	74	29,008

Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,433
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here u <input type="checkbox"/>	76a	2,433
	u b	Routing number XXXXXXXXXX u c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	u d	Account number XXXXXXXXXXXXXXX		
	77	Amount of line 75 you want applied to your 2017 estimated tax u	77	

Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions u	78	
	79	Estimated tax penalty (see instructions)	79	
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			

Third Party Designee	Designee's name u	Personal identification number (PIN) u	Phone no. u
	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	Date	Your occupation

Sign Here Joint return? See instr. Keep a copy for your records.	Software Engineer		Daytime phone number	
	Spouse's signature. If a joint return, both must sign.		If the IRS sent you an Identity Protection PIN, enter it here (see instr.)	
	Homemaker			
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN	
IMTIAZ AHMAD	IMTIAZ AHMAD	02/17/17	self-employed *****	
Preparer Use Only	Firm's name u	Firm's EIN u	Phone no.	
	Imtiaz Ahmad CPA, Inc.	**--***4515	510-797-1449	
	Firm's address u	CA 94538-1518		
	39055 Hastings St Ste 211 Fremont			

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

▶ Attach to Form 1040.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

SHAILESH D & MADHURI KUMARI JHA

Your social security number

*****-**-5153**

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 2				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid		5 State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	10,516		
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	7,993		
7	Personal property taxes	7	220		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8			9	18,729
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
	Note: Your mortgage interest deduction may be limited (see instructions).	10	19,099		
		11			
		12			
		13			
		14			
		15		15	19,099
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
	If you made a gift and got a benefit for it, see instructions.	16	500		
		17	500		
		18			
		19		19	1,000
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.) ▶			
				21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23	
				24	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 25		25	
		26 Multiply line 25 by 2% (0.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
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 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.		29	38,828
		<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

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

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

2016

Attachment
Sequence No. **08**

Name(s) shown on return

SHAILESH D & MADHURI KUMARI JHA

Your social security number

*****-**-5153**

Part I		1	Amount
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 on back and list this interest first. Also, show that buyer's social security number and address u SYNCHRONY BANK BANK OF AEMRICA	453
			12
	2	Add the amounts on line 1	465
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	465

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

Part II		5	Amount
Ordinary Dividends	5	List name of payer u FIDELITY FI DELITY INVESTMENTS	17
			33
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	50

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

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.

Part III		Yes	No
Foreign Accounts and Trusts	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
	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 on back	

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

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 SHAILESH D JHA	Social security number (SSN) ***-**-5153
A Principal business or profession, including product or service (see instructions) IT CONSULTING	B Enter code from instructions u 541600
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) u 35783 CABRAL DR	
City, town or post office, state, and ZIP code FREMONT CA 94536	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) u	
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"/> Yes <input checked="" type="checkbox"/> No
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 checked="" 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 u <input type="checkbox"/>	1	64,049
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	64,049
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	64,049
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 u	7	64,049

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	1,350	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
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	211
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	905
17 Legal and professional services	17	100	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a u	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	695
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		32a <input type="checkbox"/> All investment is at risk.	32a	
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.	32b		32b <input type="checkbox"/> Some investment is not at risk.	32b	
					10,021
					50,767

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) SHAILESH D JHA	Social security number of person with self-employment income u	***-**-5153
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Section B — Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I u <input type="checkbox"/>		
1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	50,767
3 Combine lines 1a, 1b, and 2	3	50,767
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	46,883
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue u	4c	46,883
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0
6 Add lines 4c and 5b	6	46,883
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016	7	118,500
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a	120,740
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 u	9	
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	
11 Multiply line 6 by 2.9% (0.029)	11	1,360
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	1,360
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	680

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ was not more than \$7,560, or (b) your net farm profits ² were less than \$5,457.		
14 Maximum income for optional methods	14	5,040
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,040. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,457 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.		
16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **8889**

Health Savings Accounts (HSAs)

OMB No. 1545-0074

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

Social security number of HSA

beneficiary. If both spouses have

HSAs, see instructions *****-**-5153**

SHAILESH D JHA
MADHURI KUMARI JHA

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	1,500
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,500
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,250
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	
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	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
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	

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

Form **8889** (2016)

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	

Form **8829**

Expenses for Business Use of Your Home

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

u File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

2016
Attachment
Sequence No. **176**

u Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

Name(s) of proprietor(s)

SHAILESH D JHA

Your social security number

*****-**-5153**

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	300
2	Total area of home	2	1740
3	Divide line 1 by line 2. Enter the result as a percentage	3	17.24 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (366 days x 24 hours) (see instructions)	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	17.24 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions) See instructions for columns (a) and (b) before completing lines 9-21.	8	60,788
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	23,810
11	Real estate taxes (see instructions)	11	9,658
12	Add lines 9, 10, and 11	12	33,468
13	Multiply line 12, column (b) by line 7	13	5,770
14	Add line 12, column (a) and line 13	14	5,770
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	55,018
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	1,410
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	3,250
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	4,660
23	Multiply line 22, column (b) by line 7	23	803
24	Carryover of prior year operating expenses (see instructions)	24	
25	Add line 22, column (a), line 23, and line 24	25	803
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	803
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	54,215
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	3,448
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30	
31	Add lines 28 through 30	31	3,448
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	3,448
33	Add lines 14, 26, and 32	33	10,021
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	10,021

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	550,000
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	550,000
39	Business basis of building. Multiply line 38 by line 7	39	94,820
40	Depreciation percentage (see instructions)	40	3.6360 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	3,448

Part IV Carryover of Unallowed Expenses to 2017

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	0
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	0

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

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2016
 Attachment Sequence No. **179**

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

Name(s) shown on return **SHAILESH D & MADHURI KUMARI JHA** Identifying number *****-**-5153**

Business or activity to which this form relates
Form 8829 - IT CONSULTING

Part I Election To Expense Certain Property Under Section 179

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

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

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,448

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

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

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

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,448
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040	Auto Worksheet	2016
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Name **SHAILESH D & MADHURI KUMARI JHA** Taxpayer Identification Number *****-**-5153**

Description **IT CONSULTING** Form/Schedule **C** Unit number **1**

	Asset Listing Number	Date	Description
Vehicle 1	1	01/01/16	AUTO
Vehicle 2			
Vehicle 3			
Vehicle 4			

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
General Information				
1. Total mileage	15,000			
2. Business miles (54 cents per mile)	2,500			
3. Commuting mileage				
4. Other mileage	12,500			
5. Business use percentage	16.67 %			

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Actual Expenses				
6. Parking fees and tolls				
7 a. Gasoline				
b. Oil				
c. Repairs				
d. Maintenance				
e. Tires				
f. Car washes				
g. Insurance				
h. Interest				
i. Registration				
j. Licenses				
k. Property taxes				
l. Other vehicle expenses				
m. Vehicle rentals (net of inclusion amount)				
8. Total expenses. Add lines 7a - 7m				
9. Business use percentage from line 5	16.67 %			
10. Business use portion of actual expenses				
11. Depreciation				
12. Total actual expense allowable. Add lines 6, 10 and 11				

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Standard Mileage Rate Method				
13. Business mileage (line 2) multiplied by applicable rate	1,350			
14. Parking fees and tolls from line 6				
15. Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16. Standard mileage rate	1,350			

Allowable Deduction	Vehicle expense 1,350	Vehicle rentals	Vehicle depreciation	Total allowable deduction 1,350
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Form 1040	Qualified Dividends and Capital Gain Tax Worksheet	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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1. Enter the amount from Form 1040, line 43. However if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheets	1.	<u>134,801</u>
2. Enter the amount from Form 1040, line 9b*	2.	<u>50</u>
3. Are you filing Schedule D?*		
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is a loss, enter -0-	3.	<u>226</u>
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13		
4. Add lines 2 and 3	4.	<u>276</u>
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	<u>0</u>
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	<u>276</u>
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	<u>134,525</u>
8. Enter:		
\$37,650 if single or married filing separately,		
\$75,300 if married filing jointly or qualifying widow(er),	8.	<u>75,300</u>
\$50,400 if head of household.		
9. Enter the smaller of line 1 or line 8	9.	<u>75,300</u>
10. Enter the smaller of line 7 or line 9	10.	<u>75,300</u>
11. Subtract line 10 from line 9. This amount is taxed at 0%	11.	<u>0</u>
12. Enter the smaller of line 1 or line 6	12.	<u>276</u>
13. Enter the amount from line 11	13.	<u>0</u>
14. Subtract line 13 from line 12	14.	<u>276</u>
15. Enter:		
\$415,050 if single,		
\$233,475 if married filing separately,	15.	<u>466,950</u>
\$466,950 if married filing jointly or qualifying widow(er),		
\$441,000 if head of household.		
16. Enter the smaller of line 1 or line 15	16.	<u>134,801</u>
17. Add lines 7 and 11	17.	<u>134,525</u>
18. Subtract line 17 from line 16. If zero or less, enter -0-	18.	<u>276</u>
19. Enter the smaller of line 14 or line 18	19.	<u>276</u>
20. Multiply line 19 by 15% (0.15)	20.	<u>41</u>
21. Add lines 11 and 19	21.	<u>276</u>
22. Subtract line 21 from line 12	22.	<u>0</u>
23. Multiply line 22 by 20% (0.20)	23.	<u>0</u>
24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet	24.	<u>25,174</u>
25. Add lines 20, 23, and 24	25.	<u>25,215</u>
26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	26.	<u>25,243</u>
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. (If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet)	27.	<u>25,215</u>

*If you are filing Form 2555 or 2555-EZ, these lines may be reduced (but not below zero) by your capital gain excess. Please refer to Foreign Earned Income Tax Worksheets - Excess Capital Gain for detail if the lines have been reduced.

Form 1040	General Sales Tax Deduction Worksheet	2016
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Name as shown on return SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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State of California	Locality of
-------------------------------	-------------

General Sales Tax from IRS Tables

- | | | |
|---|----|-----------------------------|
| 1. Enter the amount of adjusted gross income (AGI) from Form 1040, Line 38 | 1. | <u>189,829</u> |
| 2. Add the nontaxable amounts from Form 1040, lines 8b, 15a, 16a, 20a (Exclude rollovers and tax-free Sec. 1035 exchanges) | 2. | <u> </u> |
| 3. Add the following nontaxable items: nontaxable combat pay, public assistance, veteran's benefits, and workers' compensation. Also include any amounts which increase spendable income, such as the refundable portion of refundable tax credits received in 2016 | 3. | <u> </u> |
| 4. Add lines 1 through 3, this is income for general sales tax table purposes | 4. | <u>189,829</u> |
| 5. Enter the amount from the sales tax table in the Schedule A instructions.
Part-year residents, complete lines 6 - 8; Full-year residents skip lines 6 - 8 and enter the amount from line 5 on line 9 | 5. | <u>1,792</u> |
| 6. Enter the number of days of residence in state | 6. | <u> </u> |
| 7. Total days in year | 7. | <u>366</u> |
| 8. Divide line 6 by line 7 (rounded to at least 3 decimal places) | 8. | <u> </u> |
| 9. Multiply line 5 by line 8, this is the deductible general sales tax using the IRS table. | 9. | <u>1,792</u> |

Local Sales Tax Using IRS Tables

- | | | |
|--|-----|-----------------------------|
| 10. Enter the amount from the sales tax table in the Schedule A instructions. | 10. | <u> </u> |
| 11. If you are a resident of Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi (city of Jackson or Tupelo only), Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia, enter the amount from the applicable Optional Local Sales Tax Table in the Schedule A instructions. | 11. | <u> </u> |
| 12. Enter the local general sales tax rate (exclude statewide local sales tax rate) | 12. | <u> </u> |
| 13. Enter the state general sales tax rate (include statewide local sales tax rate) | 13. | <u> </u> |
| 14. Divide line 12 by line 13 (rounded to at least 3 decimal places) | 14. | <u> </u> |
| 15. If you entered an amount on line 11, multiply line 11 by line 12. This is the local sales tax using the optional local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19
If you did not enter an amount on line 11, multiply line 10 by line 14. This is the local sales tax using the optional state and certain local sales tax tables.
Part-year residents, complete lines 16 - 18; Full-year residents skip lines 16 - 18 and enter the amount from line 15 on line 19 | 15. | <u> </u> |
| 16. Enter the number of days of residence in locality | 16. | <u> </u> |
| 17. Total days in year | 17. | <u>366</u> |
| 18. Divide line 16 by line 17 (rounded to at least 3 decimal places) | 18. | <u> </u> |
| 19. Multiply line 15 by line 18. This is the deductible general local sales tax using the IRS tables. | 19. | <u> </u> |

General Sales Tax Summary

- | | | |
|---|-----|-----------------------------|
| 20. Enter the sum of line 9 from all General Sales Tax Deduction Worksheets | 20. | <u>1,792</u> |
| 21. Enter the sum of line 19 from all General Sales Tax Deduction Worksheets | 21. | <u> </u> |
| 22. Add lines 20 and 21, this is the total General Sales taxes using the tables | 22. | <u>1,792</u> |
| 23. Enter the actual state and local general sales taxes paid | 23. | <u> </u> |
| 24. Enter the greater of line 22 or line 23 | 24. | <u>1,792</u> |
| 25. Enter the state and local taxes paid on specified items (major purchases) | 25. | <u> </u> |
| 26. Add lines 24 and 25, this is the deductible General Sales tax | 26. | <u>1,792</u> |
| 27. Enter total state and local income taxes paid | 27. | <u>10,516</u> |

Enter the greater of line 26 or 27 on Schedule A, line 5. If line 26 is greater, mark Schedule A, line 5b. If line 27 is greater, mark Schedule A, line 5a.

Form 1040	Excess Social Security and RRTA Tax Withholding Worksheets	2016
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Name SHAILESH D JHA	Taxpayer Identification Number ***-**-5153
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Worksheet for Nonrailroad Employees

1. Add all social security tax withheld (but not more than \$7,347.00 for each employer). This tax should be shown in box 4 of your Forms W-2. Enter the total here	1.	<u>7,486</u>
2. Enter any uncollected social security tax on tips or group-term life insurance included in the total on Form 1040, line 62	2.	_____
3. Add lines 1 and 2. If \$7,347.00 or less, stop here. You cannot claim the credit	3.	<u>7,486</u>
4. Social security tax limit	4.	<u>7,347</u>
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, line 71	5.	<u>139</u>

Worksheet for Railroad Employees

1. Add all social security and tier 1 RRTA tax withheld (but not more than \$7,347.00 for each employer). Box 4 of your Forms W-2 should show social security and box 14 should show tier 1 RRTA tax. Enter the total here	1.	_____
2. Enter any uncollected social security and tier 1 RRTA tax on tips or group-term life insurance included in the total on Form 1040, line 62	2.	_____
3. Add lines 1 and 2. If \$7,347.00 or less, stop here. You cannot claim the credit	3.	_____
4. Social security and tier 1 RRTA tax limit	4.	_____
5. Credit. Subtract line 4 from line 3. Enter the credit on Form 1040, line 71	5.	_____

Form 1040	Keogh/SEP/SIMPLE Worksheet	2016
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Name of person with self-employment income (as shown on Form 1040) SHAILESH D JHA	Taxpayer Identification Number ***-**-5153
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Description <u>IT CONSULTING</u>	Form/Schedule <u>C</u>	Unit number <u>1</u>
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Plan Type **SEP**

Keogh, 401(K) and SEP Plan Contribution Worksheet

Self-Employed Person's Rate Worksheet

1. Plan contribution rate as a decimal (for example, 15% would be 0.15)	1.	0.2500
2. Rate in line 1 plus 1 (for example, 0.15 plus 1 would be 1.15)	2.	1.2500
3. Self-employed rate as a decimal (divide line 1 by line 2)	3.	0.200000

Self-Employed Person's Deduction Worksheet

Step 1 Enter your net profit from line 31, Sch C; line 3, Sch C-EZ; line 34, Sch F; or box 14, Code A*, Sch K-1	1.	50,767
<small>* Less amount of expenses subtracted from box 14, Code A to determine the amount on line 1 or line 2 of Schedule SE</small>		
Step 2 Enter your deduction for self-employment tax from Form 1040, line 27	2.	680
Step 3 Net earnings from self-employment. Subtract step 2 from step 1	3.	50,087
Step 4 Enter the self-employed rate shown on line 3 above	4.	0.200000
Step 5 Multiply Step 3 by Step 4	5.	10,017
Step 6 Multiply \$265,000 by your plan contribution rate from line 1 above	6.	66,250
Step 7 Enter the amount contributed to the retirement plan	7.	5,000
Step 8 Enter the smaller of step 5, step 6, or step 7	8.	5,000
Step 9 Contribution dollar limit	9.	53,000
<ul style="list-style-type: none"> • If you made elective deferrals to your self-employed plan, go to step 10. • Otherwise, skip steps 10 through 19 and enter the smaller of step 8 or step 9 on step 20 		
Step 10 Enter your allowable elective deferrals (including designated Roth contributions) made to your self-employed plan during 2016. Do not enter more than \$18,000	10.	_____
Step 11 Subtract step 10 from step 9	11.	_____
Step 12 Subtract step 10 from step 3	12.	_____
Step 13 Enter one-half of step 12	13.	_____
Step 14 Enter the smallest of steps 8, 11, or 13	14.	_____
Step 15 Subtract step 14 from step 3	15.	_____
Step 16 Enter the smaller of step 10 or step 15	16.	_____
<ul style="list-style-type: none"> • If you made catch-up contributions, go to step 17. • Otherwise, skip steps 17 through 19 and go to step 20. 		
Step 17 Subtract step 16 from step 15	17.	_____
Step 18 Enter your catch-up contributions (including designated Roth contributions), if any. Do not enter more than \$6,000	18.	_____
Step 19 Enter the smaller of step 17 or step 18	19.	_____
Step 20 Add steps 14, 16, and 19.	20.	5,000
Step 21 Enter the amount of designated Roth contributions included on lines 10 and 18	21.	_____
Step 22 Subtract step 21 from step 20. This is your contribution deduction	22.	5,000
<small>Enter this amount on Form 1040, line 28</small>		

SIMPLE Plan Contribution Worksheet

1. Enter your net earnings from self-employment	1.	_____
2. Enter the SIMPLE plan contribution amount. Do not enter more than \$12,500	2.	_____
3. Enter the smaller of line 1 or line 2	3.	_____
4. Enter the SIMPLE employer matching contributions	4.	_____
5. Enter the smaller of line 3 or line 4	5.	_____
6. Enter your catch-up contributions (if any). Do not enter more than \$3,000	6.	_____
7. Enter your employer matching catch-up contributions.	7.	_____
8. Add lines 3, 5, 6 and 7. This is your SIMPLE plan contribution deduction	8.	_____
<small>Enter this amount on Form 1040, line 28</small>		

Form 1040	Keogh/401(K)/SEP/SIMPLE Contribution Reconciliation Worksheet	2016
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Name of person with self-employment income (as shown on Form 1040) SHAILESH D JHA	Taxpayer Identification Number ***-**-5153
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Description <u>IT CONSULTING</u>	Form/Schedule <u>C</u>	Unit number <u>1</u>
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Plan Type <u>SEP</u>

Keogh, 401(K), Profit-Sharing, Defined Benefit, Money Purchase Plan Contribution Reconciliation Worksheet

- | | | |
|--|----|----------|
| 1. Enter the amount of your contribution deduction from line 22 of the Keogh, 401(K) and SEP Plan Contribution Worksheet | 1. | |
| 2. Enter the amount of contributions already made to the plan | 2. | 0 |
| 3. Remaining balance of contributions to be made or (excess contributions). Subtract line 2 from line 1. | 3. | |
- If the amount on line 3 is greater than zero, this is your remaining balance of contributions to be made to the plan
 - If the amount on line 3 is less than zero, this is your excess contribution

SEP, SARSEP Plan Contribution Reconciliation Worksheet

- | | | |
|--|----|--------------|
| 1. Enter the amount of your contribution deduction from line 22 of the Keogh, 401(K) and SEP Plan Contribution Worksheet | 1. | 5,000 |
| 2. Enter the amount of contributions already made to the plan | 2. | 0 |
| 3. Remaining balance of contributions to be made or (excess contributions). Subtract line 2 from line 1. | 3. | 5,000 |
- If the amount on line 3 is greater than zero, this is your remaining balance of contributions to be made to the plan
 - If the amount on line 3 is less than zero, this is your excess contribution

SIMPLE Plan Contribution Reconciliation Worksheet

- | | | |
|--|----|----------|
| 1. Enter the amount of your salary reduction contribution deduction from lines 3 and 6 of the SIMPLE Plan Contribution Worksheet | 1. | |
| 2. Enter the amount of salary reduction contributions already made to the plan | 2. | 0 |
| 3. Remaining balance of salary reduction contributions to be made or (excess contributions). Subtract line 2 from line 1. | 3. | |
- If the amount on line 3 is greater than zero, this is your remaining balance of salary reduction contributions to be made to the plan
 - If the amount on line 3 is less than zero, this is your excess salary reduction contribution
- | | | |
|---|----|----------|
| 4. Enter the amount of your matching contribution deduction from lines 5 and 7 of the SIMPLE Plan Contribution Worksheet .. | 4. | |
| 5. Enter the amount of matching contributions already made to the plan | 5. | 0 |
| 6. Remaining balance of matching contributions to be made or (excess contributions). Subtract line 5 from line 4. | 6. | |
- If the amount on line 6 is greater than zero, this is your remaining balance of matching contributions to be made to the plan
 - If the amount on line 6 is less than zero, this is your excess matching contribution

Form 1040	Net Earnings from Self-Employment Worksheet	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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	Taxpayer	Spouse
Farm profit or (loss)		
Schedule F	_____	_____
Farm Partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from farm partnerships	(_____)	(_____)
Amortization from farm partnerships	(_____)	(_____)
Depreciation & Section 179 from farm partnerships	(_____)	(_____)
Depletion from farm partnerships	(_____)	(_____)
Other expenses from farm partnerships	(_____)	(_____)
Home office expenses from farm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from farm partnerships	(_____)	(_____)
Debt financed acquisition interest from farm partnerships	(_____)	(_____)
Farm adjustment to SE Income	_____	_____
Net farm profit or (loss) - Schedule SE line 1a	0	0
Conservation Reserve Program payments to social security/disability benefit recipients included on Sch F, In 4b or listed on Sch K-1 (Form 1065), box 20, code Z - Sch SE line 1b	(0)	(0)
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	50,767	_____
Nonfarm partnerships - Schedule K-1, box 14, code A	_____	_____
Auto expense from nonfarm partnerships	(_____)	(_____)
Amortization from nonfarm partnerships	(_____)	(_____)
Depreciation & section 179 from nonfarm partnerships	(_____)	(_____)
Depletion from nonfarm partnerships	(_____)	(_____)
Other expenses from nonfarm partnerships	(_____)	(_____)
Home office expenses from nonfarm partnerships	(_____)	(_____)
Unreimbursed partnership expenses from nonfarm partnerships	(_____)	(_____)
Debt financed acquisition interest from nonfarm partnerships	(_____)	(_____)
Employee business expenses - Form 2106 (excluding minister 2106 expenses reported below)	(_____)	(_____)
Nonfarm adjustment to SE income	_____	_____
Self-employment income reported as other income	_____	_____
Self-employment income from contracts and straddles	_____	_____
Minister/clergy self-employment income (from Clergy Worksheet Page 4, line 8)	_____	_____
Net nonfarm profit or (loss) - Schedule SE line 2	50,767	0
Other income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	(_____)	(_____)
Earnings while debtor in a chapter 11 bankruptcy case	_____	_____
Taxable community property income/-loss	_____	_____
Exempt community property income/-loss	(_____)	(_____)
Net adjustment included on Schedule SE, line 3	0	0
Net profit (loss) from self-employment activities - Schedule SE line 3	50,767	0
Church employee income - Schedule SE, Page 2 line 5a	_____	_____

Form 1040	Tax Refund Worksheets	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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	2015	2014	2013
1. State and local tax refunds	1. <u>206</u>	_____	_____
2a. State and local tax refunds with no tax benefit derived	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. <u>206</u>	_____	_____
4. Total itemized deductions from Schedule A	4. <u>25,000</u>	_____	_____
5. Standard deduction	5. _____	_____	_____
6. Subtract line 5 from line 4. If result is zero or less, STOP here The amount on line 3 is not taxable	6. <u>25,000</u>	_____	_____
7. Enter the smaller of line 3 or line 6	7. <u>206</u>	_____	_____
8. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	8. <u>95,000</u>	_____	_____
9. Enter the following amount to include on Form 1040, line 10: If line 8 is:	9. <u>206</u>	_____	_____
● 0 or more, enter the amount from line 7.			
● A negative amount, add lines 7 and 8 and enter net amount, but not less than zero.			

Tax Refund Worksheet for Itemized Deduction Limitation

	2015	2014	2013
1. State and local tax refunds subject to phase-out	1. _____	_____	_____
2a. State and local tax refunds with no tax benefit derived	2a. _____	_____	_____
2b. Sales tax benefit reduction	2b. _____	_____	_____
3. Net state and local tax refunds. Subtract lines 2a and 2b from line 1	3. _____	_____	_____
Itemized deductions before state and local tax refunds:			
4. Adjusted gross income	4. _____	_____	_____
5. AGI threshold	5. _____	_____	_____
6. Line 4 minus line 5	6. _____	_____	_____
7. Itemized deductions before phase-out	7. _____	_____	_____
8. Itemized deductions subject to phase-out	8. _____	_____	_____
9. Multiply line 6 by 3% (.03)	9. _____	_____	_____
10. Multiply line 8 by 80% (.80)	10. _____	_____	_____
11. Phase-out (smaller of line 9 or line 10)	11. _____	_____	_____
12. Allowable itemized deductions (line 7 minus line 11)	12. _____	_____	_____
Itemized deductions adjusted for state and local tax refund:			
13. Adjusted itemized deductions before phase-out (line 7 minus line 3)	13. _____	_____	_____
14. Adjusted itemized deductions subject to phase-out (line 8 minus line 3)	14. _____	_____	_____
15. Multiply line 14 by 80% (.80)	15. _____	_____	_____
16. Adjusted phase-out (smaller of line 9 or 15)	16. _____	_____	_____
17. Adjusted itemized deductions allowed (line 13 minus line 16)	17. _____	_____	_____
18. Standard deduction	18. _____	_____	_____
19. Enter the larger of line 17 or line 18	19. _____	_____	_____
20. Line 12 minus line 19	20. _____	_____	_____
21. Taxable income (If taxable income is a negative amount, enter that amount as a negative. Adjust taxable income for any NOL carryover.)	21. _____	_____	_____
22. Enter the following amount to include on Form 1040, line 10: If line 21 is:	22. _____	_____	_____
● 0 or more, enter the amount from line 20.			
● A negative amount, add lines 20 and 21 and enter net amount, but not less than zero.			

Form 1040	Tax Refund Worksheet - 2016 State and Local Refunds	2017
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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CA

1. 2016 payments paid in 2017	1.	
2. 2016 extension paid in 2017	2.	
3. 2016 additional payment paid in 2017	3.	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4.	
5. Total payments on the 2016 return	5.	9,535
6. Total 2016 overpayment/refund	6.	616
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7.	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8.	616

1. 2016 payments paid in 2017	1.	
2. 2016 extension paid in 2017	2.	
3. 2016 additional payment paid in 2017	3.	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4.	
5. Total payments on the 2016 return	5.	
6. Total 2016 overpayment/refund	6.	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7.	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8.	

1. 2016 payments paid in 2017	1.	
2. 2016 extension paid in 2017	2.	
3. 2016 additional payment paid in 2017	3.	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4.	
5. Total payments on the 2016 return	5.	
6. Total 2016 overpayment/refund	6.	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7.	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8.	

1. 2016 payments paid in 2017	1.	
2. 2016 extension paid in 2017	2.	
3. 2016 additional payment paid in 2017	3.	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4.	
5. Total payments on the 2016 return	5.	
6. Total 2016 overpayment/refund	6.	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7.	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8.	

1. 2016 payments paid in 2017	1.	
2. 2016 extension paid in 2017	2.	
3. 2016 additional payment paid in 2017	3.	
4. Total 2016 payments paid in 2017 (sum of lines 1 through 3)	4.	
5. Total payments on the 2016 return	5.	
6. Total 2016 overpayment/refund	6.	
7. 2016 refund attributable to tax paid in 2017 (line 4 divided by line 5 multiplied by line 6)	7.	
8. 2016 state/local tax refund attributable to tax paid in 2016 (line 6 minus line 7)	8.	

Total of ALL 2016 state/local tax refunds attributable to tax paid in 2017 (sum of lines 7)	
Total of ALL 2016 state/local tax refunds attributable to tax paid in 2016 (sum of lines 8; for 2017 Tax Refund Wrk)	616

Federal Statements

MCKESSON CORPORATION

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Section 401(k) contributions	\$ 7,649
Employer (and employee sect. 125) contributions to HSA	1,500
Cost of employer-sponsored health coverage	15,276
Total	<u>\$ 24,425</u>

Form 1040, Dividend Income

<u>Payer</u>	<u>Ordinary Dividends</u>	<u>Qualified Dividends</u>
FIDELITY	\$ 17	\$ 17
FI DELITY INVESTMENTS	33	33
Total	<u>\$ 50</u>	<u>\$ 50</u>

Capital Gain Distributions

<u>Payer</u>	<u>Capital Gain Distribution</u>
FIDELITY	\$ 226
Total	<u>\$ 226</u>

Federal Statements

Schedule A, Line 5 - State and Local Taxes

Description	Amount
State Withholding on W-2s	\$ 9,535
State Disability Fund W/H	981
Total Income Taxes*	<u>10,516</u>
General Sales Tax	1,792
Total Sales Taxes	<u>1,792</u>

*Income taxes are being deducted

Schedule A, Line 6 - Real Estate Taxes

Description	Amount
NonBus RE Tax - Form 8829	\$ 7,993
Total	<u>\$ 7,993</u>

Schedule A, Line 7 - Personal Property Taxes

Description	Amount
AUTO REGISTRATION	\$ 220
Total	<u>\$ 220</u>

Schedule A, Line 10 - Home Mortgage Interest & Points From Form 1098

Description	Amount
CASH CALL	\$
CASH CALL	\$
Mort Int from 8829 Form/Wrkst	19,099
Total	<u>\$ 19,099</u>

Schedule A, Line 13 - Qualified Mortgage Insurance Premiums

Description	Amount
1. Qualified mortgage insurance premiums paid in 2016: Schedule A (Form 1098) 8829 Form/Worksheet	733 <u>607</u>
Total qualified mortgage insurance premiums paid in 2016	\$ 1,340
2. Adjusted gross income	189,829
3. Phase-out threshold (\$100,000; \$50,000 if MFS)	100,000
4. AGI in excess of phase-out threshold (Line 2 minus Line 3) (Increased to the next multiple of \$1,000; \$500 if MFS)	90,000
5. Phase-out percentage (enter result as decimal) (Line 4 divided by \$10,000; \$5,000 if MFS)	1.0000
6. Phase-out amount (Line 1 multiplied by Line 5)	<u>1,340</u>

Schedule A, Line 13 - Qualified Mortgage Insurance Premiums (continued)

<u>Description</u>	<u>Amount</u>
7. Qualified mortgage insurance premiums deduction (Line 1 minus Line 6)	<u>\$ 0</u>

Federal Statements

IT CONSULTING

Form 8829, Line 10 - Indirect Deductible Mortgage Interest and Qualified Mortgage Insurance

<u>Description</u>	<u>Amount</u>
Mortgage interest (8829, C, 1)	\$ 23,077
Mortgage ins. (8829, C, 1)	733
Total	\$ <u>23,810</u>

IT CONSULTING

Form 8829, Line 11 - Indirect Real Estate Taxes

<u>Description</u>	<u>Amount</u>
Real estate taxes (8829, C, 1)	\$ 9,658
Total	\$ <u>9,658</u>

IT CONSULTING

Form 8829, Line 17 - Indirect Insurance

<u>Description</u>	<u>Amount</u>
Insurance (8829, C, 1)	\$ 1,410
Total	\$ <u>1,410</u>

Federal Asset Report

FYE: 12/31/2016

IT CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
2	HOME OFFICE	1/01/16	550,000	17.24		94,820	27 MO S/L	0	3,448
Total Other Depreciation			<u>550,000</u>			<u>94,820</u>		<u>0</u>	<u>3,448</u>
Total ACRS and Other Depreciation			<u>550,000</u>			<u>94,820</u>		<u>0</u>	<u>3,448</u>
Listed Property:									
1	AUTO	1/01/16	0	16.67		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			550,000			94,820		0	3,448
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>550,000</u>			<u>94,820</u>		<u>0</u>	<u>3,448</u>

AMT Asset Report

FYE: 12/31/2016

IT CONSULTING

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
2	HOME OFFICE	1/01/16	0	17.24		0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Listed Property:									
1	AUTO	1/01/16	0	16.67		0	0 HY	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

Future Depreciation Report FYE: 12/31/17

FYE: 12/31/2016

IT CONSULTING

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Other Depreciation:					
2	HOME OFFICE	1/01/16	550,000	3,448	0
	Total Other Depreciation		<u>550,000</u>	<u>3,448</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>550,000</u>	<u>3,448</u>	<u>0</u>
Listed Property:					
1	AUTO	1/01/16	0	0	0
			<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>550,000</u>	<u>3,448</u>	<u>0</u>

Form 1040	Pension/Annuity Report	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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	T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	T	STATE STREET RETIREE SERVICES FOR	1,741	X	
B	—			—	
C	—			—	
D	—			—	
E	—			—	
F	—			—	
G	—			—	
H	—			—	
I	—			—	
J	—			—	
K	—			—	
L	—			—	
M	—			—	
N	—			—	
O	—			—	
		Taxpayer	1,741		
		Spouse			
		Total	1,741		

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	—					
B	—					
C	—					
D	—					
E	—					
F	—					
G	—					
H	—					
I	—					
J	—					
K	—					
L	—					
M	—					
N	—					
O	—					
Taxpayer						
Spouse						
Total						

Form **1040** **Salaries & Wages Report** **2016**

Name **SHAILESH D & MADHURI KUMARI JHA** Taxpayer Identification Number *****-**-5153**

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A	<u>T MCKESSON CORPORATION</u>	<u>141,555</u>	<u>28,752</u>	<u>118,500</u>
B	<u>T AKSHAYA INC</u>	<u>2,240</u>	<u>117</u>	<u>2,240</u>
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
	Taxpayer	<u>143,795</u>	<u>28,869</u>	<u>120,740</u>
	Spouse			
	Totals	<u>143,795</u>	<u>28,869</u>	<u>120,740</u>

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	<u>7,347</u>	<u>149,205</u>	<u>2,163</u>				
B	<u>139</u>	<u>2,240</u>	<u>32</u>				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
	Taxpayer	<u>7,486</u>	<u>151,445</u>	<u>2,195</u>			
	Spouse						
	Totals	<u>7,486</u>	<u>151,445</u>	<u>2,195</u>			

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	<u>CA</u>	<u>141,555</u>	<u>9,463</u>	<u>State Dis</u>	<u>SDI 141,555</u>	<u>SDI 961</u>
B	<u>CA</u>	<u>2,240</u>	<u>72</u>	<u>State Dis</u>	<u>SDI 2,240</u>	<u>SDI 20</u>
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
	Taxpayer	<u>143,795</u>	<u>9,535</u>		<u>143,795</u>	<u>981</u>
	Spouse					
	Totals	<u>143,795</u>	<u>9,535</u>		<u>143,795</u>	<u>981</u>

Form 1040	Reconciliation Worksheet - Taxable Income & Tax	2016
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Name SHAILESH D & MADHURI KUMARI JHA	Taxpayer Identification Number ***-**-5153
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Tax brackets are rates applied to specific levels of taxable income and not applied to all of the taxable income. There are seven **ordinary** tax rates used to determine tax on ordinary taxable income - 10%, 15%, 25%, 28%, 33%, 35%, 39.6%. There are five **capital** tax rates used to determine tax on long-term capital gains and qualified dividends included in taxable income - 0%, 15%, 20%, 25%, 28%. **Marginal Tax Rate** is the tax rate paid on the highest level of **ordinary** or **capital** taxable income. This worksheet details how taxable income is taxed for **ordinary income** and **capital gains income**, the percentage of taxable income, marginal tax rate, and the tax method used. **NOTE:** Due to the complexity of how tax is calculated using Schedule J - Income Averaging For Farmers and Fisherman or Form 8615 - Tax for Certain Children Who Have Unearned Income, those calculations are beyond the scope of this worksheet. Refer to those forms, schedules and related worksheets on how tax is calculated using either of those methods.

Income taxed at ordinary rates

	(a) Taxable Income	(b) Tax
1. 10% rate	1a. <u>18,550</u>	1b. <u>1,859</u>
2. 15% rate	2a. <u>56,750</u>	2b. <u>8,515</u>
3. 25% rate	3a. <u>59,225</u>	3b. <u>14,800</u>
4. 28% rate	4a. _____	4b. _____
5. 33% rate	5a. _____	5b. _____
6. 35% rate	6a. _____	6b. _____
7. 39.6% rate	7a. _____	7b. _____
8. Total ordinary taxable income and ordinary tax. Add lines 1 through 7.	8a. <u>134,525</u>	8b. <u>25,174</u>

Income taxed at capital gains rates

9. 0% capital gains rate	9a. _____	9b. _____
10. 15% capital gains rate	10a. <u>276</u>	10b. <u>41</u>
11. 20% capital gains rate	11a. _____	11b. _____
12. 25% capital gains rate	12a. _____	12b. _____
13. 28% capital gains rate	13a. _____	13b. _____
14. Total taxable capital gains and capital gains tax. Add lines 9 through 13.	14a. <u>276</u>	14b. <u>41</u>

Total taxable income

15. Total ordinary taxable income. Enter the amount from line 8a.	15. <u>134,525</u>
16. Total capital gains taxable income. Enter the amount from line 14a.	16. <u>276</u>
17. Add lines 15 and 16.	17. <u>134,801</u>
18. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18. _____
19. Taxable income reported on 1040, line 43 (1040A, line 27, 1040EZ, line 6, 1040NR, line 41, or 1040NR-EZ, line 17). Subtract line 18 from line 17.	19. <u>134,801</u>

Total tax

20. Total ordinary tax. Enter the amount from line 8b.	20. <u>25,174</u>
21. Total capital gains tax. Enter the amount from line 14b.	21. <u>41</u>
22. Tax on child's interest and dividend.	22. _____
23. Tax on lump-sum distribution.	23. _____
24. Other taxes.	24. _____
25. Add lines 20 through 24.	25. <u>25,215</u>
26. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26. _____
27. Total tax reported on 1040, line 44, (1040A, line 28, 1040EZ, line 10, 1040NR, line 42, or 1040NR-EZ, line 15). Subtract line 26 from line 25.	27. <u>25,215</u>

Tax Rates and Methods

28. Marginal Tax Rate - Ordinary income (Taxable income \$75,300 - \$151,900)	28. <u>25.0</u> %
29. Marginal Tax Rate - Capital income (Taxable income \$75,300 - \$466,950)	29. <u>15.0</u> %
30. Unrecaptured Section 1250 - Capital income	30. _____ %
31. Collectibles, Section 1202 - Capital income	31. _____ %
32. Tax as a percentage of taxable income. Divide line 27 by line 19.	32. <u>19.0</u> %
33. Tax Method Used	33. <u>Qualified Dividends & Capital Gain Tax Worksheet</u>