

16

(T) Mr. CHEDE,BALAKRISHNA

(S) Mrs. TRIPURA,PRANITHA

28222 N VIA SONATA DR
SANTA CLARITA,CA 91354

CONFIDENTIAL CLIENT INFORMATION

TAXPAYER
CHEDE,BALAKRISHNA
CELL
BEST TIME TO CALL:
(T)SSN
E-MAIL ADDRESS:
FILING STATUS:
ONLINE RETURN:
FED EFILE SETTLEMENT:
STATE EFILE SETTLEMENT:

(718)687-7838
 Anytime
620-77-3047
 CHEDEBALAKRISHNA@GMAIL.COM
 2-Married Filing Jointly
 No
 IRS Refund | Direct Deposit
 See GENERAL

TAX PREPARER
 Lisa Diankoff
TAX PREP START DATE: 02-18-2017
TAX PREP FINISH DATE: 02-18-2017
NEW or RETURNING: New
RETURNS PREPARED: 1040 Fed,CA
E-SIGNED DOCUMENTS: Yes

BLOCK FEES
RETURN PREP FEE:
COUPON:
TOTAL FEES

DEPENDENTS NAME: 1 Total	RELATIONSHIP	MONTH(S)
CHEDE,EASHAN	Son	12

GENERAL

ENTITY	ADJUSTED GROSS INCOME	TAXABLE INCOME	TAX LIABILITY	TOTAL PAYMENTS	REFUND
FEDERAL	106866	82116	12074	12872	
CALIFORNIA	106866	98608	3537	4452	

FORM W2 INFO: Federal

SOURCE	EIN	O	TYPE	FEDERAL WAGES	FEDERAL W/H	SS WAGES	SS W/H	MEDICARE WAGES	MEDICARE W/H	DEF COMP	ALLOC TIPS	DCB	EPHC	ST
COGNIZANT TECHNOLOGY SOLUTIONS	13-3924155	T	R	109406	12872	115790	7179	115790	1679					
				-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
				109406	12872	115790	7179	115790	1679	0	0	0	0	

YOUR TAX PROFESSIONAL TODAY:

Lisa Diankoff
661-260-1103
27031 Mcbean Pkwy
Valencia, CA 91355

WE'RE OPEN YEAR-ROUND:

Call 661-260-1103
Visit hrblock.com/myblock.
Download the H&R Block Mobile App.

HOW WE MAXIMIZED YOUR REFUND:

I helped you claim the Child Tax Credit, reducing your taxes by:	\$1,000.00
Since you made contributions to a qualified retirement plan through your employer with pretax dollars, we were able to reduce your taxes by:	\$1,801.00
In total, we reduced your tax liability by:	\$2,801.00

Because I helped you get all the deductions and credits you are entitled to, you paid 10% of your total income in taxes. This is your Effective Tax Rate for 2015.

YOUR H&R BLOCK FEES:

Tax Preparation: \$280.00
Total: \$280.00

WHAT YOU CAN EXPECT:

Federal Refund : \$1,798.00
California State Refund: \$915.00
What You Should Get: \$2,713.00

WHAT YOU NEED TO KNOW:

To check the status of your return, visit hrblock.com/myreturnstatus or call 866-761-1040. You'll need your Social Security number and date of birth.

Refund: Federal and State refund timing varies. Delivery of your Federal refund may be delayed if the IRS selects your return for further review. The Department of Treasury Offset Program may offset your tax refund to pay delinquent federal student loans, child support or other debt. Call the Treasury Offset Program Call Center at 800-304-3107 if you have questions.

Balance Due: If you have a Federal balance due and did not make arrangements today to pay the full amount, go to [DirectPay at IRS.gov](http://DirectPay.irs.gov) or mail-in a check to pay the remaining balance by April 15. If you pay by credit/debit card, payment processor will assess a convenience fee. No part of this service fee goes to H&R Block. If you selected an installment plan, visit IRS.gov to apply for an online payment agreement. If you have a State balance due and did not make arrangements today to pay the full amount, you can pay the remaining balance by credit/debit card or check. Follow state instructions to avoid additional penalties/fees.

Extension: If you filed an extension, the original return must be filed by October 15. Any balance due must be paid by April 15 to avoid penalties/interest.

We're Open All Year! Call 800-HRBLOCK(800-472-5625) or visit hrblock.com to schedule an appointment.

FEDERAL TAX RETURN SUMMARY 2016

Income	Year 2016	Year 2015	Change(\$)
Wages, salaries, tips, etc.:	\$109,406	\$0	\$0
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	(\$2,540)	\$0	\$0
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$106,866	\$0	\$0
 Adjustments			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Total Adjustments:	\$0	\$0	\$0
 Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$106,866	\$0	\$0
 Deductions			
Standard Deductions:	\$12,600	\$0	\$0
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$0	\$0	\$0
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Job expenses and most miscellaneous deductions:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Exemptions:	\$12,150	\$0	\$0
 Tax Computation			
Taxable Income:	\$82,116	\$0	\$0
Income Tax:	\$12,074	\$0	\$0
Tax Before Credits:	\$12,074	\$0	\$0
 Other Taxes			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$11,074	\$0	\$0

Credits

We're Open All Year! Call 800-HRBLOCK(800-472-5625) or visit hrblock.com to schedule an appointment.



Balakrishna Chede
& Pranitha Tripura
02/18/17

Child Care Credit:	\$0	\$0	\$0
Child Tax Credit:	\$1,000	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$1,000	\$0	\$0

Payments

Federal income tax withheld:	\$12,872	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Other Payments:	\$0	\$0	\$0
Total Payments:	\$12,872	\$0	\$0

Refund

Amount Due:	\$0	\$0	\$0
Penalty:	\$0	\$0	\$0
Overpayment:	\$1,798	\$0	\$0
Refund Due:	\$1,798	\$0	\$0

Other Computations

Marginal tax bracket:	25%
Effective tax bracket:	11%
Filing Status:	MFJ

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The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.

We stand behind our work.



Maximum Refund Guarantee¹

We'll get you the largest refund to which you're entitled or your tax preparation is free. No one can get you a bigger refund than H&R Block - GUARANTEED.



100% Accuracy Guarantee

If we make an error on your return, we'll pay any penalties and interest due to our error.



IRS Tax Audit Assistance²

We'll help you understand details outlined in your audit notice and assist in preparing a response - at no additional cost.



We're Open Year-Round

Our experienced tax professionals are available by appointment to help in person all year long.

Your Personalized MyBlock Account

- Log into MyBlock for **secure, 24/7 access** to your returns, e-file status and more – from your smartphone, tablet or computer.
- **Upload and store** your tax-related documents and receipts today using your smartphone's camera – making next year's tax preparation easier and faster.
- Use your **personalized tax organizer** to gather documents in advance, so you're ready for our next appointment.
- Check your **email** for a message about how to get started or visit hrblock.com/myblock.

my
BLOCKSM

Send A Friend & get up to \$40!

The best compliment we could receive is a referral. Included in your tax preparation documents are Send A Friend referral coupons, valid for **\$25 off tax preparation**.

Hand these out and for each new client that you refer, you'll get a **\$20 gift card***, limit two. And each new client that you refer will receive \$25 off this year's tax preparation fees.

Everybody wins – so hand out your referral coupons today!

*Gift card arrives within 14 days of referred new client's completion of the tax preparation process. Ask your tax professional for details. At participating offices only.

We're Open All Year! Call **800-HRBLOCK (800-472-5625)** or visit hrblock.com to schedule an appointment.

¹Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge.

²H&R Block will explain the position taken by the IRS or other taxing authority and assist you in preparing an audit response. Does not include in person Audit Representation.

2016 Tax Tips

Hey, Balakrishna!

Here are your personalized tax tips to consider for next year:

Start saving for your future.

Getting in the habit of saving for the future can make an unexpected expense much less stressful. A goal might be to save 15% of your take-home pay each month. (You may already be saving part of this percentage in a retirement plan through your employer.) While you may not be able to meet this goal right away, even a small percentage of savings can help you prepare for future expenses. When you save just a little at a time in an interest-bearing savings account, your earnings can really add up. Not only can you earn interest on your contributions, but you can earn interest on the interest.

Review your W-4 withholdings.

Each year, review your federal withholding to make sure you've optimized both your tax and income needs.

Stay

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HRB TAX GROUP INC
27031 MCBEAN PKWY
VALENCIA CA 91355
6612601103

02-18-2017

BALAKRISHNA CHEDE
PRANITHA TRIPURA

INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 1040

- .YOU WILL RECEIVE A REFUND OF \$1,798.00.
 - .YOU HAVE ELECTED TO FILE YOUR FEDERAL RETURN ELECTRONICALLY.
 - .BOTH YOU AND YOUR SPOUSE MUST SIGN FORM 8879.
 - .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.
-

INSTRUCTIONS FOR FILING 2016 CALIFORNIA FORM 540

- .YOU WILL RECEIVE A REFUND OF \$915.00.
- .YOU HAVE ELECTED TO FILE YOUR STATE RETURN ELECTRONICALLY.
- .BOTH YOU AND YOUR SPOUSE MUST SIGN CA FORM 8879.
- .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO CALIFORNIA.

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

, 2016, ending

, 20

See separate instructions.

BALAKRISHNA CHEDE
PRANITHA TRIPURA
28222 N VIA SONATA DR
SANTA CLARITA CA 91354

Your social security number
620-77-3047

Spouse's social security no.
616-79-9505

Make sure the SSN(s) above
and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if
filing jointly, want \$3 to go to this fund.
Checking a box below will not change
your tax or refund.
You Spouse

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above
4 Head of household (with qualifying person).
5 Qualifying widow(er) with dependent child

Exemptions
6a Yourself
6b Spouse
6c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit
d Total number of exemptions claimed

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest
8b Tax-exempt interest
9a Ordinary dividends
9b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss)
13 Capital gain or (loss)
14 Other gains or (losses)
15a IRA distributions
15b Taxable amount
16a Pensions and annuities
16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.
18 Farm income or (loss)
19 Unemployment compensation
20a Social security benefits
20b Taxable amount
21 Other income
22 Combine the amts. in the far right column for lines 7 through 21. This is your total income

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

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

Form 1040 (2016)

Tax and Credits

Table with 38-56 rows. Includes 'Total boxes checked' for 39a, 'Itemized deductions' for 40, and 'Total credits' for 55. Total amount for 38 is 106,866.

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

Other Taxes

Table with 57-63 rows. Includes 'Self-employment tax' for 57, 'Unreported social security and Medicare tax' for 58, and 'Total tax' for 63.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 64-74 rows. Includes 'Federal income tax withheld' for 64, 'Earned income credit (EIC)' for 66a, and 'Total payments' for 74.

Refund

Direct deposit? See instructions.

Table with 75-77 rows. Includes 'Amount you overpaid' for 75, 'Routed to you' for 76a, and 'Applied to your 2017 estimated tax' for 77.

Amount You Owe

Table with 78-79 rows. Includes 'Amount you owe' for 78 and 'Estimated tax penalty' for 79.

Third Party Designee

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

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.

Signature table with columns for 'Your signature', 'Date', 'Your occupation', 'Daytime phone number', 'Spouse's signature', 'Date', 'Spouse's occupation', and 'Identity Protection PIN'.

Paid Preparer Use Only

Table for paid preparer information including 'Print/Type preparer's name', 'Preparer's signature', 'Date', 'Check if self-employed', 'PTIN', 'Firm's name', 'Firm's EIN', 'Firm's address', and 'Phone no.'.

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return
BALAKRISHNA CHEDE AND PRANITHA TRIPURA

Your social security number
620-77-3047

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	12,266	13,049		(783)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions.				6 (1,757)
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2.				7 (2,540)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.	1,181	1,181		
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12
13 Capital gain distributions. See the instructions.				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2.				15

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

Schedule D (Form 1040) 2016

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 	16	(2,540)
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p>	18	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) <p style="margin-left: 400px;">}</p> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(2,540)
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Paid Preparer's Due Diligence Checklist

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

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

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

2016

Attachment
Sequence No. 70

Taxpayer name(s) shown on return BALAKRISHNA CHEDE AND PRANITHA TRIPURA	Taxpayer identification number 620-77-3047
Enter preparer's name and PTIN LISA DIANKOFF P00973492	

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 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)? ... In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on. _____ _____ _____	<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
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?	<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
(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 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 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
9a 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.)

10a 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 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
---	--

- ▶ **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
--	---

2016 WAGES AND SALARIES SUMMARY ATTACHMENT

BALAKRISHNA CHEDE AND PRANITHA TRIPURA
620-77-3047

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State
COGNIZANT TECHNOLOGY SOLUTI	13-3924155	T	109,406	12,872	7,179	CA
TOTAL			109,406	12,872	7,179	

2016 FEDERAL TAX WITHHOLDINGS ATTACHMENT

BALAKRISHNA CHEDE AND PRANITHA TRIPURA
620-77-3047

W-2	COGNIZANT TECHNOLOGY SOLUTIONS	12,872
TOTAL TO FORM 1040 LINE 64		12,872

2016 CHILD TAX CREDIT WORKSHEET – LINE 52

BALAKRISHNA CHEDE AND PRANITHA TRIPURA
620-77-3047

Keep for Your Records

CAUTION!

1. To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2016, and meet all the conditions in Steps 1 through 3 in the instructions for line 6c. Make sure you checked the box on Form 1040/1040A, line 6c, column (4), or Form 1040NR, line 7c, column (4), for each qualifying child.
2. If you do not have a qualifying child, you cannot claim the child tax credit.
3. If your qualifying child has an ITIN instead of an SSN, file Schedule 8812.
4. **Do not** use this worksheet, but use Pub. 972 instead, if:
 - a. You are claiming the adoption credit, mortgage interest credit, District of Columbia first-time homebuyer credit, or a residential energy credit,
 - b. You are excluding income from Puerto Rico, or
 - c. You are filing Form 2555, 2555-EZ, or 4563.

PART 1

1. Number of qualifying children: 1 x \$1,000. Enter the result

1	1,000
---	-------

2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

2	106,866
---	---------

3. Enter the amount shown below for your filing status.

<ul style="list-style-type: none"> ● Married filing jointly – \$110,000 ● Single, head of household, or qualifying widow(er) – \$75,000 ● Married filing separately – \$55,000 	}	3	110,000
---	---	-------	---	---------

4. Is the amount on line 2 more than the amount on line 3?

<input checked="" type="checkbox"/>	No. Leave line 4 blank. Enter –0– on line 5, and go to line 6.	4	
<input type="checkbox"/>	Yes. Subtract line 3 from line 2 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		

5. Multiply the amount on line 4 by 5% (0.05). Enter the result

5	0
---	---

6. Is the amount on line 1 more than the amount on line 5?

<input type="checkbox"/>	No. STOP You cannot take the child tax credit on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64. Complete the rest of your Form 1040, 1040A, or Form 1040NR.		
<input checked="" type="checkbox"/>	Yes. Subtract line 5 from line 1. Enter the result. Go to Part 2 on page 2 of this worksheet <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 100px; text-align: right;">1,000</td></tr></table>	6	1,000
6	1,000		

2016 CHILD TAX CREDIT WORKSHEET, PAGE 2 – LINE 52

BALAKRISHNA CHEDE AND PRANITHA TRIPURA
620-77-3047

Keep for Your Records

Before you begin Part 2: ✓ Figure the amount of any credits you are claiming on Form 8910, Form 8936, or Schedule R.

7. Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45. 7 12,074

8. Add the amounts from:

Form 1040 Line 48	or	Form 1040A ----- Line 31	or	Form 1040NR ----- Line 46		_____
Line 49		Line 31		Line 47	+	_____
Line 50		Line 33		-----	+	_____
Line 51		Line 34		Line 48	+	_____
Form 5695, line 30*					+	_____
Form 8910, line 15					+	_____
Form 8936, line 23					+	_____
Schedule R, line 22					+	_____

Enter the total. 8 _____

9. Are the amounts on lines 7 and 8 the same?
 Yes. STOP
 You cannot take this credit because there is no tax to reduce. However, you may be able to take the **additional child tax credit**. See the **TIP** below.
 No. Subtract line 8 from line 7. 9 12,074

10. Is the amount on line 6 more than the amount on line 9?
 Yes. Enter the amount from line 9. Also, you may be able to take the **additional child tax credit**. See the **TIP** below.
 No. Enter the amount from line 6. 10 1,000

} **This is your child tax credit.**

Enter this amount on Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49.

TIP You may be able to take the **additional child tax credit** on Form 1040, line 67; Form 1040A, line 43; or Form 1040NR, line 64, if you answered "Yes" on line 9 or line 10 above.

- First, complete your Form 1040 through lines 66a and 66b, Form 1040A through line 42a, or Form 1040NR through line 63.
- Then, use Schedule 8812 to figure any additional child tax credit.

* See the Form 5695 instructions to see if line 30 (Nonbusiness Energy Property Credit) applies for 2016.

**SCHEDULE D AMT
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

FOR AMT PURPOSES ONLY

2016

Name(s) shown on return
BALAKRISHNA CHEDE AND PRANITHA TRIPURA

Your social security number
620-77-3047

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.	12,266	13,049		(783)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (1,757)
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2				7 (2,540)

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	1,181	1,181		
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15

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

Schedule D (Form 1040) 2016
AMT ONLY

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	(2,540)
	<ul style="list-style-type: none"> ● If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ● If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ● If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) 	21	(2,540)
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

2017 CARRYFORWARD INFORMATION

BALAKRISHNA CHEDE AND PRANITHA TRIPURA
620-77-3047

Keep for Your Records

Itemized Returns Only – 2016 state and local tax refund (This amount may not be taxable in 2017)	_____
Charitable contributions carryover to 2017	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2016 tax liability (for 2017 Form 2210 purposes)	<u>11,074</u>
Form 8839: 2016 carryover of unqualified expenses	_____
Refund amount applied to 2017	_____
Disallowed investment interest in 2016	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2014	_____
Mortgage interest credit from 2015	_____
Mortgage interest credit from 2016	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2017 IRA contribution from 2016 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax			
from 1998	_____	from 2007	_____	from 1998	_____	from 2007	_____
from 1999	_____	from 2008	_____	from 1999	_____	from 2008	_____
from 2000	_____	from 2009	_____	from 2000	_____	from 2009	_____
from 2001	_____	from 2010	_____	from 2001	_____	from 2010	_____
from 2002	_____	from 2011	_____	from 2002	_____	from 2011	_____
from 2003	_____	from 2012	_____	from 2003	_____	from 2012	_____
from 2004	_____	from 2013	_____	from 2004	_____	from 2013	_____
from 2005	_____	from 2014	_____	from 2005	_____	from 2014	_____
from 2006	_____	from 2015	_____	from 2006	_____	from 2015	_____
Gross NOL generated in 2016	_____			Gross AMT NOL generated in 2016	_____		
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____		
Net carryforward from 2016	_____			Net carryforward from 2016	_____		
Total carryforward to 2017	_____			Total carryforward to 2017	_____		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2017 _____
- General Business Credit carryforward to 2017 _____
- First-Time Homebuyer Credit Repayment carryforward to 2017 _____
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2017.

CA 2016 TAX FOR 2017 CA UNDERPMT PENALTY FORM.....	3,537
CA 2016 AGI FOR 2017 CA UNDERPMT PENALTY FORM.....	106,866
CA STATE & LOCAL REFUND TO REPORT ON 2017 1040....	915

2016 CALIFORNIA TWO YEAR COMPARISON

Taxpayer's Last and First Name
BALAKRISHNA CHEDE AND PRANITHA TRIPURA

Taxpayer's SSN
620-77-3047

	Tax Year 2016	Tax Year 2015	Difference
Filing status	MFJ		
Residency status	RESIDENT		
Number of exemptions claimed	3		
 INCOME, DEDUCTIONS AND ADJUSTMENTS:			
Federal Adjusted Gross Income	106,866		106,866
Additions to Federal Income			
Subtractions from Federal Income			
California Income	106,866		106,866
Itemized/Standard Deduction	8,258		8,258
Exemption Amount (Allowance) / Personal Exemptions			
Taxable Income	98,608		98,608
 TAX, CREDIT AND PAYMENTS:			
California Tax	4,103		4,103
Credit for Taxes Paid to Another State			
Other Credits	566		566
Net Tax	3,537		3,537
Income Tax Withheld	4,452		4,452
Estimated Tax Payments			
Amount Paid with Extension			
Other payments including refundable credits			
Total Payments	4,452		4,452
 REFUND OR BALANCE DUE			
Balance Due			
Underpayment Penalty			
Other Penalties and Interests			
Amount You Owe			
Overpayment	915		915
Overpayment Applied to Estimated Payments			
Amount to be Refunded	915		915

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO, CA 94240-0001

Fold here for #10 envelope

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO, CA 94240-0001

Fold here for 6x9 envelope

Fold here for #10 envelope

APE

ATTACH FEDERAL RETURN

620-77-3047 CHED 616-79-9505
BALAKRISHNA CHEDE
PRANITHA TRIPURA

16

A
R
RP

28222 N VIA SONATA DR
SANTA CLARITA CA 91354

03-25-1981 06-17-1984

Filing Status

1 Single

2 Married/RDP filing jointly. See inst.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

If your California filing status is different from your federal filing status, check the box here

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

Exemptions

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> EASHAN	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Last Name	<input checked="" type="radio"/> CHEDE	<input checked="" type="radio"/>	<input checked="" type="radio"/>
SSN	<input checked="" type="radio"/> 740-95-12	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Total dependent exemptions 10 1 X \$344 = \$ 344.

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 11 \$ 566.

Your name: Your SSN or ITIN:

Taxable Income

- 12 State wages from your Form(s) W-2, box 16 ● 12
- 13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4 ● 13
- 14 California adjustments - subtractions. Enter the amount from Schedule CA (540), line 37, column B ... ● 14
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15
- 16 California adjustments - additions. Enter the amount from Schedule CA (540), line 37, column C ● 16
- 17 California adjusted gross income. Combine line 15 and line 16 ● 17
- 18 Enter the larger of
 Your California **itemized deductions** from Schedule CA (540), line 44; **OR**
 Your California **standard deduction** shown below for your filing status:
 ● Single or Married/RDP filing separately \$4,129
 ● Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions
 ● 18
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19

Tax

- 31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 ● FTB 3800 ● FTB 3803 ● 31
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions ● 32
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33
- 34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A ● 34
- 35 Add line 33 and line 34 ● 35

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40
- 43 Enter credit name code ● and amount ● 43
- 44 Enter credit name code ● and amount ● 44
- 45 To claim more than two credits, see instructions. Attach Schedule P (540) ● 45
- 46 Nonrefundable renter's credit. See instructions ● 46
- 47 Add line 40 through line 46. These are your total credits ● 47
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61
- 62 Mental Health Services Tax. See instructions ● 62
- 63 Other taxes and credit recapture. See instructions ● 63
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64

Your name:

Your SSN or ITIN:

Payments	71 California income tax withheld. See instructions ● 71	<input type="text" value="4,452."/>
	72 2016 CA estimated tax and other payments. See instructions ● 72	<input type="text"/>
	73 Withholding (Form 592-B and/or 593). See instructions ● 73	<input type="text"/>
	74 Excess SDI (or VPD) withheld. See instructions ● 74	<input type="text"/>
	75 Earned Income Tax Credit (EITC) ● 75	<input type="text"/>
	76 Add lines 71 through 75. These are your total payments. See instructions ● 76	<input type="text" value="4,452."/>

Use Tax	91 Use Tax. See instructions ● 91	<input type="text"/>
----------------	---	----------------------

Overpaid Tax/Tax Due	92 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 ● 92	<input type="text" value="4,452."/>
	93 Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 ● 93	<input type="text"/>
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 ● 94	<input type="text" value="915."/>
	95 Amount of line 94 you want applied to your 2017 estimated tax ● 95	<input type="text"/>
	96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96	<input type="text" value="915."/>
	97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97	<input type="text"/>



Your name: Your SSN or ITIN:

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/>
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/>
Rare and Endangered Species Preservation Program	● 403	<input type="text"/>
California Breast Cancer Research Fund	● 405	<input type="text"/>
California Firefighters' Memorial Fund	● 406	<input type="text"/>
Emergency Food for Families Fund	● 407	<input type="text"/>
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/>
California Sea Otter Fund	● 410	<input type="text"/>
California Cancer Research Fund	● 413	<input type="text"/>
Child Victims of Human Trafficking Fund	● 419	<input type="text"/>
School Supplies for Homeless Children Fund	● 422	<input type="text"/>
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/>
Protect Our Coast and Oceans Fund	● 424	<input type="text"/>
Keep Arts in Schools Fund	● 425	<input type="text"/>
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/>
Prevention of Animal Homelessness & Cruelty Fund	● 431	<input type="text"/>
Revive the Salton Sea Fund	● 432	<input type="text"/>
California Domestic Violence Victims Fund	● 433	<input type="text"/>
Special Olympics Fund	● 434	<input type="text"/>
Type 1 Diabetes Research Fund	● 435	<input type="text"/>
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text" value="0."/>

Your name: BALAKRISHNA CHEDE

Your SSN or ITIN: 620-77-3047

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**
 Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867
SACRAMENTO CA 94267-0001 ● **111**
 Pay online - Go to **ftb.ca.gov** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112**
113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** . . ● **113**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.
 Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840
SACRAMENTO CA 94240-0001 ● **115**
 Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
 See instructions.

Refund and Direct Deposit

Have you verified the routing and account numbers? Use whole dollars only.
 All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type
 ● Routing number Checking ● Account number ● **116** Direct deposit amount
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type
 ● Routing number Checking ● Account number ● **117** Direct deposit amount
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.
 To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here
 ● Your email address. Enter only one email address. ● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

 Firm's name (or yours, if self-employed) ● PTIN
 Firm's address ● FEIN
 (See instructions)

Do you want to allow another person to discuss this tax return with us? See instructions ● Yes ● No
 Print Third Party Designee's Name Telephone Number

2016 CALIFORNIA DEPENDENT CONTINUATION

CHEDE

620-77-3047

Dependent's Name	Birth Year	Dependent Social Security Number	Relationship to Taxpayer	Number of Months in Home
EASHAN CHEDE	2011	740-95-1260	SON	12

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

▶ Don't send to the IRS. This isn't a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2016

Submission Identification Number (SID) ▶

Taxpayer's name BALAKRISHNA CHEDE	Social security number 620-77-3047
Spouse's name PRANITHA TRIPURA	Spouse's social security number 616-79-9505

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	106,866
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	11,074
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	12,872
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	1,798
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 HRB TAX GROUP INC to enter or generate my PIN 13047
ERO firm name **Enter five digits, but don't enter all zeros**
 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize HRB TAX GROUP INC to enter or generate my PIN 19505
ERO firm name **Enter five digits, but don't enter all zeros**
 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95630747390
Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ 02-18-2017

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)

Form **8879**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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CLIENT COPY

2016

Submission Identification Number (SID) ▶

Taxpayer's name BALAKRISHNA CHEDE	Social security number 620-77-3047
Spouse's name PRANITHA TRIPURA	Spouse's social security number 616-79-9505

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)	1	106,866
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	11,074
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	12,872
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	1,798
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	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 complete. 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 acknowledgment 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 HRB TAX GROUP INC to enter or generate my PIN 13047
ERO firm name **Enter five digits, but do not enter all zeros**
 as my signature on my tax year 2016 electronically filed income tax return. **only if you are entering your**
- 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 ▶ Signature and Date on file Date ▶ _____

Spouse's PIN: check one box only

- I authorize HRB TAX GROUP INC to enter or generate my PIN 19505
ERO firm name **Enter five digits, but do not enter all zeros**
 as my signature on my tax year 2016 electronically filed income tax return. **only if you are entering your**
- 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 ▶ Signature and Date on file Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95630747390

Do not 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 **Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ 02-18-2017

ERO Must Retain This Form -- See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879** (2016)

TAXABLE YEAR

FORM

2016

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/SSN/ITIN and Value. Rows include Your name (BALAKRISHNA CHEDE), Spouse's/RDP's name (PRANITHA TRIPURA), Your SSN or ITIN (620-77-3047), and Spouse's/RDP's SSN or ITIN (616-79-9505).

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (106,866), 2 Amount You Owe, 3 Refund or No Amount Due (915).

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

Form with checkboxes for PIN authorization. Includes fields for ERO firm name (HRB TAX GROUP INC) and PIN (13047).

Your signature Date

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

Form with checkboxes for PIN authorization. Includes fields for ERO firm name (HRB TAX GROUP INC) and PIN (19505).

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 95630747390

I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02-18-2017