1040		ent of the Treasury - Internal Revenue Individual Incom			OMB No. 15	545-0074	IRS Use C	Only-Do not write	or staple in this space.
For the year Jan, 1-D	5-670/1	6, or other tax year beginning		, 2016, ending		20		ee separate	
Your first name and in		y	Last name				Y	our social secui	ity number
RAKESH			CHINTHAL	A				643-23	1-3303
If a joint return, spous	se's first nar	ne and initial	Last name				S	oouse's social s	ecurity number
SWATHI			MUDDASAN	I					
Home address (numb	ber and stre	et).				Apt_r	10.		re the SSN(s) above
455 WILI	DWOOI	FOREST DRIVE				821	LO 4	and on I	ine 6c are correct.
City, town or post offi	ice, state, a	nd ZIP code. If you have a foreign ac	ldress, also complete spa	aces below (see instruction	ns).			Presidential	Election Campaign
SPRING			TX		7380		— io		or your spouse if filing go to this fund. Checking
Foreign country name	е		Foreign p	rovince/state/county	For	eign postal co	de a		ot change your tax or
									You Spouse
Filing 1 2 2 3		ed filing jointly (even if only o	·	the q	d of household (v rualifying person 's name here				
Check only one		filing separately. Enter spouse's SSI name here.	v above	5 Ou	alifying widov	v(ar) with c	lenende	nt child	
box.		X Yourself. If someone of	an claim vou as a						Boxes checked
Exemptions		X Spouse						}	on 6a and 6b 2
-		Dependents:		(2) Dependent's		ependent's	(4)	hk if child under	No. of children on 6c who:
i	(1) First nan	·		social security number		ship to you	for c	17 qualifying child tax credit e instructions)	lived with you did not live with
3	(1) Thothan	Edot Hallio					150		you due to divorce
If more than four								Ħ	or separation (see instructions)
dependents, see									Dependents on 6c not entered above
instructions and check here									Add numbers
	d	Total number of exemption	s claimed						on lines above > 2
l	7	Wages, salaries, tips, etc.	Attach Form(s) W-2		6 8 808785307	*****	0.60000	. 7	78,831
Income	8a	Taxable interest. Attach S	chedule B if require	ed		****		. 8a	300
A44I- F(-)	b	Tax-exempt interest. Do i	not include on line	8a	8b			MH S	
Attach Form(s) W-2 here. Also	9a	Ordinary dividends. Attach	Schedule B if requ	uired amassa,	r r _e nson			. 9a	
attach Forms	b	Qualified dividends			9b				
W-2G and	10	Taxable refunds, credits, o	r offsets of state ar	nd local income taxe	es		• • •	. 10	
1099-R if tax was withheld.	11	Alimony received						. 11	
vido vitiliorai	12	Business income or (loss).					• • •	. 12	7
If you did not	13	Capital gain or (loss). Attac						13	(194)
get a W-2,	14	Other gains or (losses). A	10					. 14	
see instructions.	15a	IRA distributions			b Taxable a				
	16a	Pensions and annuities			b Taxable a				
	17	Rental real estate, royaltie							
	18 19	Farm income or (loss). At Unemployment compensat							
	20 a	Social security benefits .	1 1	1	b Taxable a				
	21	Other income	. 200		D Taxable 8	arriount .	W.C.202	21	
	22	Combine the amounts in the f	ar right column for line	es 7 through 21. This i	s your total in	come	•	22	78,937
	23	Educator expenses			23				,0,30,
Adjusted	24	Certain business expenses of							
Gross		fee-basis government officials			24				
Income	25	Health savings account de	duction. Attach For	m 8889	25				
	26	Moving expenses. Attach		i	26				
	27	Deductible part of self-em	oloyment tax. Attach	Schedule SE	27				
	28	Self-employed SEP, SIMP	LE, and qualified pl	ans	28				
	29	Self-employed health insur			29				
	30	Penalty on early withdraws	al of savings		30				
	31a	Alimony paid b Recipient	ds SSN▶		31a				
	32	IRA deduction			32				
	33	Student loan interest dedu	ction		33				
	34	Tuition and fees. Attach Fo							
	35	Domestic production activi							
	36	Add lines 23 through 35							
	37	Subtract line 36 from line	22. This is your ad	justed gross inco	me 😸 😹 🕫 🚓		- e e ≥	37	78,937

Form 1040 (2016	5) RA1	ESH CHINTHALA & SWATHI MUDDASANI	643	-21-3303 Page 2
Tour	38	Amount from line 37 (adjusted gross income)	38	78,937
Tax and	39a	Check ∫ You were born before January 2, 1952, Blind. ↑ Total boxes		
Credits		if: Spouse was born before January 2, 1952, Blind. checked ▶ 39a	1304	
Standard	Ъ	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b		10.000
Deduction	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
for -	41	Subtract line 40 from line 38	41	66,337
People who check any	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8,100
box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	58,237
39a or 39b or	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	44	7,806
who can be claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
dependent,		Excess advance premium tax credit repayment. Attach Form 8962	46	
see instructions.	46			7 006
•All others:	47	Add lines 44, 45, and 46	47	7,806
Single or	48	Foreign tax credit. Attach Form 1116 if required	1100	
Married filing	49	Credit for child and dependent care expenses, Attach Form 2441 49	inte	
separately, \$6,300	50	Education credits from Form 8863, line 19	Word.	
	51	Retirement savings contributions credit. Attach Form 8880 51	100	
Married filing jointly or	52	Child tax credit. Attach Schedule 8812, if required		
Qualifying	53	Residential energy credit. Attach Form 5695		
widow(er) \$12,600				
Head of	54	Other credits from Form: a 3800 b 8801 c 54		
household,	55	Add lines 48 through 54. These are your total credits	55	
\$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	7,806
	57	Self-employment tax. Attach Schedule SE	57	
Other	58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
Tuxes			60a	
	60 a	Household employment taxes from Schedule H		
	þ	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage X	61	
	62	Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)	62	
	63	Add lines 56 through 62. This is your total tax	63	7,806
Payments	64	Federal income tax withheld from Forms W-2 and 1099 64 9, 233	800	1
ayments	65	2016 estimated tax payments and amount applied from 2015 return 65		
If you have a	66a	Earned income credit (EIC)		NO
qualifying				NO
child, attach Schedule EIC.	b	Nontaxable combat pay election 66b		
Scriedule Lio.	67	Additional child tax credit, Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8		
	69	Net premium tax credit. Attach Form 8962	Piles	
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld	- L	
	72	Credit for federal tax on fuels. Attach Form 4136	_ W.	
		Credits from Form: a 2439 b Reserved c 8885 d 73		
	73		74	0 000
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	9,233
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	1,427
	76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here . \rightarrow	76a	1,427
Direct deposit?	▶ b	Routing number 1 1 1 9 0 0 6 5 9 c Type: X Checking Savings	3711	
See	▶ d	Account number 7 2 9 5 5 2 2 2 7 5		
instructions	77	Amount of line 75 you want applied to your 2017 estimated tax > 77		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
You Owe	, ,	1/2 / O		
100 OWE	70			
Third Dorty	79		a Con	anlete helevy
Third Party		bu want to allow another person to discuss this return with the IRS (see instructions)?	s. Con	nplete below. No
Third Party Designee	Do y Desig name	ou want to allow another person to discuss this return with the IRS (see instructions)? Ye Phone No. 703-584-5533 number (PIN)	cation	▶ 3 6 5 0 6
Designee	Do y Desig name	bu want to allow another person to discuss this return with the IRS (see instructions)?	ey are true	▶ 3 6 5 0 6 e, correct, and
Designee Sign	Do y Desig name Under p	ou want to allow another person to discuss this return with the IRS (see instructions)? Yes ree's SUMIT PANJABI Personal identification of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, the	ey are true	▶ 3 6 5 0 6 e, correct, and
Sign Here	Do y Desig name Under p	bu want to allow another person to discuss this return with the IRS (see instructions)? Yes Phone No. 703-584-5533 number (PIN) enallies of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, the aly list all amount and sources of income I received during the tax year, Declaration of preparer (other than taxpayer) is based on all information of which pre-	ey are true	▶ 3 6 5 0 6 e, correct, and s any knowledge
Designee Sign Here Joint return? See	Do y Desig name Under p accural Your s	but want to allow another person to discuss this return with the IRS (see instructions)? Phone Phone Phone No. 703-584-5533 number (PIN) enablies of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, the sly list all amount and sources of income I received during the tax year, Declaration of preparer (other than taxpayer) is based on all information of which prignature Date Your occupation FINANCE	ey are true	a, correct, and s any knowledge, Daytime phone number
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Designee Sign Here Joint return? See	Do y Desig name Under p accural Your s	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone 703-584-5533 number (PIN) Possible SUMIT PANJABI no. ▶ 703-584-5533 number (PIN) Personal identifing no. ▶ 703-584-5533 number (PIN) Personal identification no. ▶ 703-584-5533 number (PIN) Personal identification no. ▶ 703-584-5533 number (PIN) Possible Sumit Pand Possible Sumit no prepare (other than taxpayer) is based on all information of which principal identification no. ▶ 703-584-5533 number (PIN) Possible Sumit Pand Possible Sumit Pa	ey are true eparer has	3 6 5 0 6 o, correct, and s any knowledge, Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.)
Designee Sign Here Joint return? See instructions.	Do y Desig name Under p accural Your s	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone Phone Phone Phone Phone Phone Presonal identification of Preparer (or preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on all information of which preparer (other than taxpayer) is based on a	ey are true eparer has	3 6 5 0 6 o, correct, and s any knowledge, Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.)
Designee Sign Here Joint return? See instructions.	Do y Desig name Under p accurat Your s	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone 1703-584-5533 number (PIN) Phone 2703-584-5533 number (PIN) Personal identification of Preparer (other than taxpayer) is based on all information of Which prignature Date Your occupation FINANCE e's signature. If a joint return, both must sign. Date Date Check 03-19-2017 Check self-err	ey are true eparer has	3 6 5 0 6 c, correct, and s any knowledge, Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.)
Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	Do y Desig name Under p accurat Your s	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone 703-584-5533 number (PIN) no. ▶ 703-584-5533 number (PIN) Personal identification of Prepared (other than taxpayer) is based on all information of which principallities of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, the ally list all amount and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which principallities in the principal information of which principal information information of which principal information information information information information inform	ey are true eparer has	3 6 5 0 6 a, correct, and s any knowledge. Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.) PTIN P0 0 6 2 4 3 1 1
Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer	Do y Desig name Under p accurat Your s	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone 703-584-5533 number (PIN) no. FO03-584-5533 number (PIN) Personal identification of prepared products of prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared (other than taxpayer) is based on all information of which prepared is signature. If a joint return, both must sign. Date Pour occupation FINANCE Spouse's occupation HOMEMAKER Personal identification of prepared (other than taxpayer) is based on all information of which prepared is signature. If a joint return, both must sign. Date Spouse's occupation HOMEMAKER Pale Check 03-19-2017 Firm's Firm's	ey are true ey are true eparer has	3 6 5 0 6 o, correct, and s any knowledge, Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.)
Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid	Do y Desig name Under accurat Your s Spous Prepa	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone 703-584-5533 number (PIN) no. ▶ 703-584-5533 number (PIN) Personal identification of Prepared (other than taxpayer) is based on all information of which principallities of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, the ally list all amount and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which principallities in the principal information of which principal information information of which principal information information information information information inform	ey are true ey are true eparer has	3 6 5 0 6 a, correct, and s any knowledge. Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.) PTIN P0 0 6 2 4 3 1 1
Designee Sign Here Joint return? See instructions. Keep a copy for your records. Paid Preparer	Do y Desig name Under accurat Your s Spous Prepa	Du want to allow another person to discuss this return with the IRS (see instructions)? Phone Phone Phone Phone Phone Phone Personal identification of Phone Phone Phone Personal identification of Phone	ey are true eparer has illustration illustra	3 6 5 0 6 a, correct, and s any knowledge. Daytime phone number 8 0 6 - 3 9 2 - 5 3 3 7 Identity Protection PIN (see inst.) PTIN P0 0 6 2 4 3 1 1

SCHEDULE B

(Form 1040A or 1040)

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2016

Attachment Sequence No. 08

Your social security number Name(s) shown on return RAKESH CHINTHALA & SWATHI MUDDASANI 643-21-3303 List name of payer. If any interest is from a seller-financed mortgage and the Amount Part I buyer used the property as a personal residence, see instructions and list Interest this interest first. Also, show that buyer's social security number and address CHASE BANK 300 (See instructions for Form 1040A, or Form 1040, line 8a.) 1 Note: If you received a Form 300 INTEREST SUBTOTAL 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that 2 300 Add the amounts on line 1 2 form 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 300 4 Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer > Part II **Ordinary Dividends** (See instructions for Form 1040A. or Form 1040, 5 line 9a.) Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown on that form. 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. Yes No Part III At any time during 2016, did you have a financial interest in or signature authority over a financial Foreign account (such as a bank account, securities account, or brokerage account) located in a foreign X Accounts country? See instructions and Trusts If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial (See instructions.) 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 Χ If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located > INDIA 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

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service

▶ 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.

Attachment Sequence No. 12

Name(s) shown on return RAKESH CHINTHALA & SWATHI MUDDASANI Your social security number 643-21-3303

Par	Short-Term Capital Gains and Losse	s - Assets Held C	ne Year or Less			
lines This f	nstructions for how to figure the amounts to enter on the below. Form may be easier to complete if you round off cents to be dollars.	(d) Proceeds (sales price)	(e) Cost (or olher basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Po	om art I,	(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					(3)
ıa	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions).			2004		
	However, if you choose to report all these transactions					
	on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with			100	III/IIIIIII	
ID	Box A checked	1,295	1,489			(194)
2	Totals for all transactions reported on Form(s) 8949 with	1,200	1,100			(1)1/
2	Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with					
3	Box C checked					
-	DON'D GITCORCC					
4	Short-term gain from Form 6252 and short-term gain or (lo	oss) from Forms 4684	6781 and 8824	none a area	4	
5	Net short-term gain or (loss) from partnerships, S corporat	•				
Ů	Schedule(s) K-1				5	
6	Short-term capital loss carryover. Enter the amount, if an					
Ü	Worksheet in the instructions	•			6	(
7	Net short-term capital gain or (loss). Combine lines 1a				_	, ,
	term capital gains or losses, go to Part II below. Otherwise	-			7	(194)
Pai						
	and the second s		((g)		(h) Gain or (loss)
	nstructions for how to figure the amounts to enter on the below.	(d)	(e)	Adjustments		Subtract column (e)
This	form may be easier to complete if you round off cents to e dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss fro Form(s) 8949, P line 2, column	art II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form				10	
	1099-B for which basis was reported to the IRS and for					
	which you have no adjustments (see instructions).			10 10 2		
	However, if you choose to report all these transactions					
	on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with					
	Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with					
	Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms 2	439 and 6252; and Ion	g-term gain or (loss)			
	from Forms 4684, 6781, and 8824			* * * * * * * * * *	11_	
4.0					40	
12	Net long-term gain or (loss) from partnerships, S corporati	ions, estates, and trusts	s nom schedule(s) K-T	108/2009 18 06	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any	y, from line 13 of your	Capital Loss Carryov	ег		
	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	45	

Part III Summary	in the	
16 Combine lines 7 and 15 and enter the result	. 16	(194)
 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? Yes. Go to line 18.		
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? 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.		
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:		
 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	. 21 (194
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?		
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).		
No. Complete the rest of Form 1040 or Form 1040NR.		

Form **8949**

Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No., 1545-0074 2016

Department of the Treasury		illioitilation abo	at i oiiii os45 and	na acparate matro	300113 13 at WWW.no	.gov//o////ooat	" I A	Attachment
Internal Revenue Service	▶ File	e with your Sched	lule D to list your	transactions for line	es 1b, 2, 3, 8b, 9, ar	d 10 of Sched	lule D.	Sequence No. 12A
Name(s) shown on return					Social sec	urity number or	taxpayer identificati	on number
RAKESH CHIN	THALA	& SWATH	I MUDDAS	ANI		6	43-21-33	03
Before you check Box A								
statement will have the s	same inforr	mation as Form	1099-B. Either w	ill show whether ye	our basis (usually	your cost) wa	as reported to th	e IRS by your
broker and may even tel								
Part I Short-Te transaction			olving capital	assets you he	ld 1 year or les	ss are shor	t term. For lo	ong-term
reported Schedule	to the IR D, line	S and for wh 1a; you aren'	ich no adjust t required to i	nsactions repo ments or codes eport these tra	s are required. Insactions on	Enter the Form 8949	totals directly (see instruc	y on
You must check Box A complete a separate For for one or more of the bo	m 8949, pa	age 1, for each a	pplicable box. If	you have more sho	rt-term transaction	nort-term trar ns than will fit	nsactions, on this page	
= ' '	ansactions	reported on For	m(s) 1099-B sho	wing basis was re wing basis wasn't l9-B			ove)	
1 (a) Description of proper (Example: 100 sh. XYZ	ty	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	If you enter an	if any, to gain or los amount in column (g ode in column (f). parate Instructions. (g) Amount of adjustment	
TETRA TECHNOLOG	GIES INC		11-10-2016	1,295	1,489			(194)
		VARIOUS	11-10-2010	1,255	1,409			(424)
e								
-								

above is checked), or line 3 (if Box C above is checked) ▶ 1,295 1,489 Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

	a Employee's social security numbe 643 - 21 - 3303	ег	OMB No. 1545-	0008		accurate, Use	,	IRS 6	e-file		Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) $74 - 2148293$				1	Wages, tips,			tion 831	2 Fee	deral in	come tax wilhheld
c Employer's name, address, and ZIP co				3	Social securit	ly wages		298	4 So	cial sec	urity tax withheld 5 , 164
24955 I 45 NORTH					Medicare wag			298			tax withheld
THE WOODLANDS	TX 7	77380)	7	Social securil	ty tips			8 Allo	ocated	lips
d Control number				9					10 De	penden	at care benefits
e Employee's first name and initial	Last name		Suff,	11	Nonqualified	plans			12a Se	e instru	ctions for box 12
RAKESH (CHINTHALA			13	Statutory employee	Retirem plan	ent	Third-party sick pay	12b c g D	1	4,467
455 WILDWOOD FOR	REST DR 8210 TX 77	7380		Ι.,	Other SEC125		2,	489	12c	 ol	9,858
							,		12d c # V	L	2,215
f Employee's address and ZIP code										115	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State	income tax	18	Local wages,	tips, etc.		19 Local in	come tax		20 Locality name
- 1				-							
00				_							

Wage and Tax Statement

2016

Department of the Treasury-Internal Revenue Service

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

	a Employee's social security numb		Safe, accurate,		e-file	ADVANTAGE ONE TAX Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN)			1 Wages, tips, other compet	nsation	2 Federa	l income tax withheld
C Employer's name, address, and ZIP code	3		3 Social security wages		4 Social	security tax withheld
			5 Medicare wages and tips		6 Medica	are tax withheld
			7 Social security tips		8 Allocate	ed tips
d Control number			9		10 Depend	dent care benefits
Employee's first name and initial	Last name	Suff,	11 Nonqualified plans Statutory Retirement	Third-party	12a See ins	structions for box 12
			13 Statutory employee plan	sick pay	12c G d d e	
f Employee's address and ZIP code	Ţ.				C B J e	
5 State Employer's state ID number	16 State wages, tips, etc.	17 State income lax	18 Local wages, tips, etc.	19 Local in	come tax	20 Locality name
Ì.						
I						

W-2 Wage and Tax Statement

2016

Department of the Treasury-Internal Revenue Service

W-2 Detail Listing

(Keep for your records)

2016

Name(s) as shown on return

Tax ID Number

RAKESH CHINTHALA & SWATHI MUDDASANI

643-21-3303

	AKESII CHINIIALA & SWAINI MODE	1104 417 4	FEDERAL		STATE	21 3303
T/S	Employer Name	Gross		State Code	Gross	W/H
T	TETRA TECHNOLOGIES INC	78,831	9,233			
	Totals	78,831	9,233			
]			ļ

	1040				Interest Listing	Listing				2016	
NAM	NAME(S) AS SHOWN ON RETURN				SSN						
RAK	RAKESH CHINTHALA & SWATHI MUDDASANI				643	643-21-3303					
丞	NAME OF PAYER	STES	INCOME	PENALTY FOR EARLY WITHDRAWAL	UNITED STATES GOVERNMENT INTEREST	RESIDENT STATE INTEREST	OTHER STATE INTEREST	NOMINEE INTEREST	ACCRUED INTEREST	OTHER TAX-EXEMPT INTEREST	FEDERAL TAX WITH/HELD
H	CHASE BANK	ΣŢ	300								
	TOTALS		300								