New



(T) VENUGOPALAN, SHANKAR

(S) RAGHURAMAN, KAMAKSHI

**H&R BLOCK OFFICE NUMBER: 22591** 

#### CONFIDENTIAL CLIENT INFORMATION

TAXPAYER

VENUGOPALAN, SHANKAR

HOME

**BEST TIME TO CALL:** 

(T)SSN

E-MAIL ADDRESS:

FILING STATUS: ONLINE RETURN:

FED EFILE SETTLEMENT: STATE EFILE SETTLEMENT:

2-Married Filing Jointly Best of Both | Practitioner PIN IRS Refund | Direct Deposit

shanmfc17@outlook.com

(202)696-0488

019-43-7531

Evening

TAX PREPARER

LINDSEY PETERSEN

TAX PREP START DATE:

03-30-2017 TAX PREP FINISH DATE: 04-02-2017

NEW or RETURNING: **RETURNS PREPARED:** 

1040 Fed **E-SIGNED DOCUMENTS:** No

**BLOCK FEES** 

RETURN PREP FEE:

\$40\*

OTHER FEE(s): SALES TAX:

\$3.17

\$171.15

\$127.98

**TOTAL FEES** 

\* FEES INCLUDE: Peace Of Mind (\$40.00)

DEPENDENTS NAME: 1 Total	RELATIONSHIP	MONTH(S)
SHANKAR SREERAM	Son	12

GENERAL						
ENTITY	ADJUSTED GROSS INCOME	TAXABLE INCOME	TAX LIABILITY	TOTAL PAYMENTS	REFUND / BALANCE DUE	SETTLEMENT OPTION
FEDERAL	175768	140871	26760	30412	3735	IRS Refund   Direct Deposit

ORM W2 INFO: Federal									FORM W2	INFO: State	)							
SOURCE	EIN	0	TYPE	FEDER WAGES	AL W/H	SS WAGES	W/H	MEDICA WAGES	ARE W/H	DEF COMP	ALLOC TIPS	DCB	EPHC	STATE	STAT WAGES	E W/H	LOC. WAGES	AL W/H
COGNIZANT TECHNOLOGY SOLUTIONS US CORPORATION COGNIZANT TECHNOLOGY SOLUTIONS US CORPORATION	13-3924155 13-3924155	S	R R	63462 111388	7610 22802	63462 111465	3935 6911	63462 111465	920 1616			960		TX TX				
				174850	30412	174927	10846	174927	2536	0	0	960	0		0	0	0	0

DIVIDENDS										
PAYER	OWNER	ORDINARY INCOME	QUALIFIED DIVIDENDS	CAPITAL GAINS	NON-TAXABLE	EXEMPT INCOME	NOMINEE DISTRIBUTIONS	BACKUP W/H		
ETRADE CLEARING LLC		7	7							

**SOFTWARE VERSION** 2016P.8.8.0 PG. 1 of 1





# Send A Friend & get up to \$40!

Hand out these referral coupons & you will get \$20 for each new client that you refer to H&R Block (up to two)<sup>2</sup>.

A couple of items to remember:

- 1. You and your friend must pay for their tax preparation in order to receive the Send A Friend reward.
- 2. Your friend must be a new client to H&R Block (a new client is defined as a person who did not use an H&R Block office to prepare their prior year return).
- 3. Your friend must begin his/her tax office interview tomorrow or later, but on or before April 10, 2017.
- 4. Your \$20 gift card will be mailed approximately two weeks after your friend has had his or her taxes prepared in an H&R Block office and paid for that tax preparation service.

\$25<sub>off</sub>

NEW CLIENTS:

BRING IN THIS COUPON AND GET \$25 OFF YOUR TAX PREPARATION.

Expires April 10, 2017

Offer valid from: 04/03/2017 - 4/10/2017 Coupon code: 662328654

Valid at participating H&R Block and Block Advisors offices.

Hello,

Schedule your appointment today! You can visit hrblock.com to find your tax professional and set up an appointment or call 1-800-HRBLOCK (1-800-472-5625).

١,

# SHANKAR VENUGOPALAN

want to refer you to

LINDSEY PETERSEN

6951 COUGAR TR KINGSLEY MI 49649 2314865055



The Send A Friend coupon must be presented prior to the completion of initial tax office interview. Referred client must be a new client, defined as an individual who did not use H&R Block or Block Advisors office services to prepare his or her prior-year tax return. Discount valid only for tax prep fees for an original 2016 personal income tax return prepared in a participating office. May not be combined with any other offer, special promotion or pricing program, including Free 1040EZ. Void if sold, purchased or transferred, and where prohibited. No cash value. Must be a resident of the U.S., in a participating U.S. office. H&R Block employees including Tax Professionals are excluded. Expires 4/10/2017.

<sup>2</sup> Referring client will receive a \$20 gift card for each valid new client referred, limit two. Gift card will be mailed approximately two weeks after referred client has had his or her taxes prepared in an H&R Block or Block Advisors office and paid for that tax preparation. Referred client must have taxes prepared by April 10, 2017. OBTP# B13696 ©2016 HRB Tax Group, Inc.



NEW CLIENTS:

BRING IN THIS COUPON AND GET \$25 OFF YOUR TAX PREPARATION.

Expires April 10, 2017

Offer valid from: 04/03/2017 - 4/10/2017 Coupon code: 662328664

> Valid at participating H&R Block and Block Advisors offices.

Hello,

Schedule your appointment today! You can visit hrblock.com to find your tax professional and set up an appointment or call 1-800-HRBLOCK (1-800-472-5625).

Ι,

# SHANKAR VENUGOPALAN

want to refer you to

#### LINDSEY PETERSEN

6951 COUGAR TR KINGSLEY MI 49649 2314865055



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# \$25<sub>off</sub>

NEW CLIENTS:

BRING IN THIS COUPON AND GET \$25 OFF YOUR TAX PREPARATION.

Expires April 10, 2017

Offer valid from: 04/03/2017 - 4/10/2017 Coupon code: 662328674

Valid at participating H&R Block and Block Advisors offices.

Hello,

Schedule your appointment today! You can visit hrblock.com to find your tax professional and set up an appointment or call 1-800-HRBLOCK (1-800-472-5625).

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# SHANKAR VENUGOPALAN

want to refer you to

LINDSEY PETERSEN

6951 COUGAR TR KINGSLEY MI 49649 2314865055



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NEW CLIENTS:

BRING IN THIS COUPON AND GET \$25 OFF YOUR TAX PREPARATION.

Expires April 10, 2017

Offer valid from: 04/03/2017 - 4/10/2017 Coupon code: 662328684

> Valid at participating H&R Block and Block Advisors offices.

Hello,

Schedule your appointment today! You can visit hrblock.com to find your tax professional and set up an appointment or call 1-800-HRBLOCK (1-800-472-5625).

1,

# SHANKAR VENUGOPALAN

want to refer you to

#### LINDSEY PETERSEN

6951 COUGAR TR KINGSLEY MI 49649 2314865055



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# \$25<sub>off</sub>

NEW CLIENTS:

BRING IN THIS COUPON AND GET \$25 OFF YOUR TAX PREPARATION.

Expires April 10, 2017

Offer valid from: 04/03/2017 - 4/10/2017 Coupon code: 662328694

Valid at participating H&R Block and Block Advisors offices.

Hello,

Schedule your appointment today! You can visit hrblock.com to find your tax professional and set up an appointment or call 1-800-HRBLOCK (1-800-472-5625).

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# SHANKAR VENUGOPALAN

want to refer you to

LINDSFY PFTFRSFN

6951 COUGAR TR KINGSLEY MI 49649 2314865055



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Shankar Venugopalan & Kamakshi Raghuraman 04/02/17

\$511.00

#### YOUR TAX PROFESSIONAL TODAY:

LINDSEY PETERSEN 231-486-5055 6951 Cougar Tr Kingsley, MI 49649

#### **WE'RE OPEN YEAR-ROUND:**

Call 231-486-5055 Visit hrblock.com/myblock. Download the H&R Block Mobile App.

#### **HOW WE MAXIMIZED YOUR REFUND:**

By deducting your home interest, I helped reduce your taxes by an estimated: \$2,536.75

I helped you claim the Dependent Care Credit, reducing your taxes by: \$82.00

Since you made contributions to a qualified retirement plan through your employer with pretax dollars,

we were able to reduce your taxes by:

In total, we reduced your tax liability by: \$3,129.75

Because I helped you get all the deductions and credits you are entitled to, you paid 15% of your total income in taxes. This is your Effective Tax Rate for 2016.

YOUR H&R BLOCK FEES: WHAT YOU CAN EXPECT:

Tax Preparation: \$127.98 Federal Refund: \$3,735.00

Peace Of Mind: \$40.00 What You Should Get: \$3,735.00

Sales Tax: \$3.17

Total: \$171.15

#### 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 or mail-in a check to pay the remaining balance by April 18. 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 18 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.:	\$174,850	\$0 \$0	\$0 \$0
Interest income:	\$0 \$7	\$0 \$0	\$0 \$0
Ordinary dividend income:	\$7	\$0 \$0	\$0 \$0
Refunds of state and local taxes:	\$0 \$0	\$0 \$0	\$0 \$0
Business income or (loss) (Schedule C):	\$0 \$044	\$0 \$0	\$0 \$0
Capital gain or (loss) (Schedule D):	\$911	\$0 \$0	\$0 \$0
Other gains or (losses) (Form 4797):	\$0 \$0	\$0 \$0	\$0 \$0
IRA distributions and pension income:	\$0 \$0	\$0 \$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:	\$175,768	\$0	\$0
Adjustments			
Student loan interest deduction:	\$0	\$0	\$0
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$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 \$0
Other adjustments:	\$0 \$0	\$0	\$0 \$0
Total Adjustments:	\$0 \$0	\$0	\$0 \$0
rotal Adjustinents.	ΨΟ	ΨΟ	ΨΟ
Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$175,768	\$0	\$0
Deductions			
Itemized/Standard Deductions:	\$22,747	\$0	\$0
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$11,312	\$0	\$0
Interest paid:	\$11,435	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casuality 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:	\$140,871	\$0	\$0
Income Tax:	\$26,760	\$0	\$0
Tax Before Credits:	\$26,760	\$0	\$0
	+,	<del>+ -</del>	+ •
Other Taxes	<b>A</b> =	<b>A</b> =	<b>A</b> -
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$26,677	\$0	\$0

#### **Credits**

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



Shankar Venugopalan & Kamakshi Raghuraman 04/02/17

Child Care Credit:	\$82	\$0	\$0
Foreign tax credit:	\$1	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$83	\$0	\$0
. 5.5 5. 555	<b>433</b>	4.	Ψů
Payments			
Federal income tax withheld:	\$30,412	\$0	\$0
Earned Income Credit:	\$0	\$0	\$0
Other Payments:	\$O	\$0	\$0
Total Payments:	\$30,412	\$0	\$0
	¥ = = ,	•	•
Refund			
Amount Due:	\$0	\$0	\$0
Penalty:	<b>\$</b> 0	\$0	\$0
Overpayment:	\$3, <b>7</b> 35	\$0	\$0
Refund Due:	\$3,735	\$0	\$0
	<b>4-</b> )	4.5	**
Other Computations			
Marginal tax bracket:	25%		
Effective tax bracket:	15%		
Filing Status:	MFJ		
<del>-</del>			



# We stand behind our work.



# Maximum Refund Guarantee<sup>1</sup>

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 Assistance<sup>2</sup>

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.



# 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.

<sup>&</sup>lt;sup>1</sup>Refund claims must be made during the calendar year in which the return was prepared. Amendment included at no additional charge

<sup>&</sup>lt;sup>2</sup> H&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.

#### H AND R BLOCK 6951 COUGAR TR KINGSLEY MI 49649 2314865055

04-02-2017

#### SHANKAR VENUGOPALAN KAMAKSHI RAGHURAMAN

INSTRUCTIONS FOR FILING 2016 FEDERAL FORM 1040

- .YOU WILL RECEIVE A REFUND OF \$3,735.00.
- .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.

<u></u> 1040	<u>U.S.</u>	individual incom	<u>e rax</u>	Return ZUID	OMB	No. 1545-0074   I	IRS Use O	nlyDo n	ot write or staple in th	nis space.
For the year Jan. 1-	Dec. 31,	2016, or other tax year beginning		, 2016, ending		, 20		See se	parate instructions	
									ocial security nu	
								0	19-43-753	1
								-	e's social securit	-
									09-17-798	
SHAN	IKAR	VENUGOPALAN							ke sure the SSN(s	
		I RAGHURAMAN						_ a	nd on line 6c are o	correct.
		OLEIGH LANE							ential Election Ca	
COLL	EGE	STATION TX 77	845					filing joir	ere if you, or your spo ntly, want \$3 to go to	this fund.
								Checkin your tax	g a box below will no	tchange
								refund.	You U	Spouse
Filing Status	1	Single		4					son). (See instructions	
_	2	Married filing jointly (eve	•	•			n is a child	d but not y	our dependent, enter	this
Check only one	3	Married filing separately	. Enter sp			child's name here.				
box.		and full name here.				Qualifying widow	` '		ent child Boxes checked	
Exemptions	6a	Yourself. If someone							on 6a and 6b	2
If more than four dependents, see	b	X Spouse		(0) Dan and and			(4) if	child und	No. of children er on 6c who:	-1
inst. & check here	_	Dependents:		(2) Dependent's social security numb	'	B) Dependent's relationship to	fying fo	ge 17 qual r child tax	er on 6c who: i- • lived with you i- • did not live	1
(1) First nan		Last name				you '	credit	see mst.)	with you due to divorce	0
SREERA	71 <sub>A</sub> 1	SHANKAR		668-23-247	7 SC	NIN		X	or separation (see inst.)	0
								H	— Dependents on 6c	0
-					+			H	not entered above	0
-	d	Total number of exemption	s claimed						— Add numbers on	3
	<u>u</u> 7	Wages, salaries, tips, etc. A							·· imes above	3
Income	•	rragoo, calanco, apo, cto. r		(0) *** _				7	174	,850
	8a	Taxable interest. Attach Sc	hedule B	if required · · · · · · · · ·						.,050
	b	Tax-exempt interest. Do n		•	1	1				
Attach Form(s)	9a	Ordinary dividends. Attach						9a		7
W-2 here. Also attach Forms	b	Qualified dividends			9b			7		
W-2G and	10	Taxable refunds, credits, or	r offsets o	f state and local income	taxes			10		
1099-R if tax	11	Alimony received								
was withheld.	12	Business income or (loss).	Attach Sc	hedule C or C-EZ				. 12		
	13	Capital gain or (loss). Attac	h Schedu	le D if required. If not re	quired	, check here	▶	13		911
	14	Other gains or (losses). Atta	ach Form	4797				14		
If you did not	15a	IRA distributions	15a		<b>b</b> Tax	able amount		15b		
get a W-2,	16a	Pensions and annuities	16a		<b>b</b> Tax	able amount		. 16b		
see instructions.	17	Rental real estate, royalties			-					
	18	Farm income or (loss). Atta	ch Sched	ule F				18		
	19	Unemployment compensat	ion					19		
	20a	Social security benefits	20a		<b>b</b> Tax	able amount		20b		
	21	Other income. List type and						21		
	22	Combine the amts. in the fa				nis is your <b>total i</b> i	ncome	▶ 22	175	768
Adjusted	23 24	Educator expenses Certain business expenses of re			23			_		
Gross		fee-basis government officials.	Attach For	m 2106 or 2106-EZ	24			_		
Income	25	Health savings account de			25					
	26	Moving expenses. Attach F			26					
	27	Deductible part of self-employs			27			_		
	28	Self-employed SEP, SIMPI	•	*	28					
	29 30	Self-employed health insur			29					
	30 31a	Penalty on early withdrawa			312					
	31a 32	Alimony paid <b>b</b> Recipient's S			31a 32					
	32 33	Student loan interest deduc			33					
	34	Tuition and fees. Attach Fo			34					
	35	Domestic production activit			35					
	36	Add lines 23 through 35						36		Λ
	37	Subtract line 36 from line 2							175	768
	31	Judii aut iii le 30 110111 111116 2	<u>د. ۱۱۱۱۵ اگ</u>	your <b>aujusteu UIUSS II</b> I	COLLIC			·   31	⊥ / ∵	,,,00

	20	Amount from line 27 (adjusted gross income)	38	175,768
Tax and	38	Amount from line 37 (adjusted gross income)	30	175,700
Credits	39a	Check You were born before January 2, 1952, Blind. Total boxes		
Ciedits		if: Spouse was born before January 2, 1952, Blind. checked ▶ 39a		
Standard	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 33	ah 🗆	
Deduction				22 747
for	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		22,747
People who	41	Subtract line 40 from line 38 · · · · · · · · · · · · · · · · · ·	41	153,021
check any box on line	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instruction	ons   42	12,150
39a or 39b <b>or</b>	43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0	43	140,871
who can be		Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c		
claimed as a dependent,	44		44	26,760
see	45	Alternative minimum tax (see instructions). Attach Form 6251		
instructions.	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
<ul><li>All others:</li></ul>	47	Add lines 44, 45, and 46	. ▶ 47	26,760
Single or	48	Foreign tax credit. Attach Form 1116 if required · · · · · · · · 48	1	= = 7 / 5 =
Married filing separately,			<u> </u>	
\$6,300	49	Credit for child & dependent care expenses. Attach Form 2441 49	82	
Married filing	50	Education credits from Form 8863, line 19 · · · · · · · · · 50		
jointly or	51	Retirement savings contributions credit. Attach Form 8880 51		
Qualifying	52	Child tax credit. Attach Schedule 8812, if required 52		
widow(er), \$12,600		, , , , , , , , , , , , , , , , , , , ,		
Head of	53	Residential energy credits. Attach Form 5695		
household,	54	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 54		
\$9,300	55	Add lines 48 through 54. These are your <b>total credits</b>	55	83
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0	. ▶ 56	
		· · · · · · · · · · · · · · · · · · ·		
	57	Self-employment tax. Attach Schedule SE		
Other	58	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	- 59	
Taxes	60a	Household employment taxes from Schedule H		1
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		
	61	Health care: individual responsibility (see instructions) Full-year coverage	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	26,677
Daymonto	64	Federal income tax withheld from Forms W-2 and 1099 64 30 , 4	112	,
Payments	65	2016 estimated tax payments & amt. applied from 2015 return 65		
If you have a				
qualifying	<u>6</u> 6a	Earned income credit (EIC)		
child, attach	b	Nontaxable combat pay election · ·   66b		
Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67		
	68	American opportunity credit from Form 8863, line 8 · · · · · · · · 68		
	69	Net premium tax credit. Attach Form 8962 69		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld		
	72	Credit for federal tax on fuels. Attach Form 4136		
	73	Credits from Form: a         2439         b         Reserved         c         8885         d	<u> </u>	
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	▶ 74	30,412
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid		3,735
		in mile ? ? To mile and mile of, captillate mile of mem mile ? In this is an amount you ever para	75	
		•	$\neg$	il 3.735
Direct	76a ▶ b	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here	75 76a	3,735
deposit?	76a ▶ b	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here Routing no. 0 5 4 0 0 1 2 0 4 • Type: X Checking Savings	$\neg$	3,735
deposit? See		Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here •  Routing no.  Account no.    O 5 4 0 0 1 2 0 4   • c Type:   Checking   Savings	$\neg$	3,735
deposit?	76a ▶ b	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here Routing no. 0 5 4 0 0 1 2 0 4 • Type: X Checking Savings	$\neg$	3,735
deposit? See instructions.	76a ▶ b ▶ d	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here •  Routing no.  Account no.    O 5 4 0 0 1 2 0 4   • c Type:   Checking   Savings	$\neg$	
deposit? See instructions.  Amount	76a ▶ b ▶ d 77	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶  Routing no. 0 5 4 0 0 1 2 0 4 ▶ c Type: ☑ Checking Savings  Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want <b>applied to your 2017 estimated tax</b> ▶ 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	76a	
deposit? See instructions.  Amount You Owe	76a ▶ b ▶ d 77 78 79	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here   Routing no. 0 5 4 0 0 1 2 0 4	76a       ▶     78	
deposit? See instructions.  Amount You Owe Third Party	76a  ▶ b  ▶ d  77  78  79	Amount of line 75 you want <b>refunded to you.</b> If Form 8888 is attached, check here▶  Routing no. 0 5 4 0 0 1 2 0 4 ▶ c Type: ☑ Checking Savings  Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want <b>applied to your 2017 estimated tax ▶ 77</b> Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions  Estimated tax penalty (see instructions)	76a  78  Yes. Com	plete below. No
deposit? See instructions.  Amount You Owe Third Party Designee	76a  ▶ b  ▶ d  77  78  79  Do you Designame	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  Routing no. 0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification	pplete below. No
deposit? See instructions.  Amount You Owe Third Party Designee Sign	76a b d 77 78 79 Do yo Designame Under	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here   Routing no. 0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification d to the best	pplete below. No  ▶ 34166 st of my knowledge and belief.
deposit? See instructions.  Amount You Owe Third Party Designee	76a b d 77 78 79 Do yo Designame Under	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  Routing no.  0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification d to the besof preparer	pplete below.  No  34166 st of my knowledge and belief, (other than taxpayer) is based
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here	76a b d 77 78 79 Do yo Designame Under	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here   Routing no. 0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification d to the besof preparer	pplete below. No  ▶ 34166 st of my knowledge and belief.
deposit? See instructions.  Amount You Owe Third Party Designee Sign	76a b d 77 78 79 Do yo Designame Under they a on all	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  Routing no.  0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification d to the besof preparer	pplete below.  No  34166 st of my knowledge and belief, (other than taxpayer) is based
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy	76a b d 77 78 79 Do yo Design name Under they a on all	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here   Routing no. 0 5 4 0 0 1 2 0 4	76a  78  Yes. Comtification d to the besof preparer D	pplete below.  No 34166 st of my knowledge and belief, (other than taxpayer) is based aytime phone number  the IRS sent you an Identity
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy for your	76a b d 77 78 79 Do yo Design name Under they a on all	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here PROUTING NO. 0 5 4 0 0 1 2 0 4 C Type: C Checking Savings Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want applied to your 2017 estimated tax 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions)	Yes. Comtification d to the besof preparer	pplete below.    34166
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy	76a b d 77 78 79 Do you Design name Under they a on all	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here PROUTING NO. 0 5 4 0 0 1 2 0 4 C Type: Checking Savings Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want applied to your 2017 estimated tax 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions)	Yes. Comtification d to the besof preparer	pplete below.    34166
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy for your	76a b d 77 78 79 Do yo Designame Under they a on all S. Pri	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here PROUTING NO. 2 2 6 0 0 1 2 0 4 C Type: Checking Savings Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want applied to your 2017 estimated tax 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions)	76a  Yes. Comtification d to the besof preparer  D  If Preparer  Check	pplete below.    34166
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy for your records.  Paid	76a b d 77 78 79 Do yo Designame Under they a on all S. Pri	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here PROUTING NO. 2 2 6 0 0 1 2 0 4 C Type: Checking Savings Account no. 2 2 6 0 0 5 3 3 3 3 2 3  Amt. of line 75 you want applied to your 2017 estimated tax 77  Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions Estimated tax penalty (see instructions)	76a  Yes. Comtification d to the besof preparer  D  If Preparer  Check	pplete below.  No  34166  st of my knowledge and belief, (other than taxpayer) is based aytime phone number  the IRS sent you an Identity otection N, enter it re (see inst.)
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy for your records.  Paid Preparer	76a b b d 77 78 79 Do yo Designame Under they a on all S. Pri	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  Routing no.  0 5 4 0 0 1 2 0 4	76a  78  Yes. Com tification d to the bes of preparer  D  If Pr Pl he Check self-empl	pplete below.    34166
deposit? See instructions.  Amount You Owe Third Party Designee Sign Here Joint return? See instructions Keep a copy for your records.  Paid	76a b b d 77 78 79 Do yo Designame Under they a on all S. Pri	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here  Routing no.  0 5 4 0 0 1 2 0 4	76a  78  Yes. Com tification d to the bes of preparer  D  If Pr Pl	pplete below.    34166

#### **SCHEDULE A** (Form 1040)

**Itemized Deductions** 

OMB No. 1545-0074

2016

Department of the Treasury Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. ▶ Attach to Form 1040.

Attachment Sequence No. 07

		7 71111011101				
Name(s) shown	on	Form 1040			Your	social security no.
SHANKAR	VI	ENUGOPALAN AND KAMAKSHI RAGHURAMAN			019	-43-7531
		Caution: Do not include expenses reimbursed or paid by others.				
Medical	1	Medical and dental expenses (see instructions)	1			
and Dental	2	Enter amount from Form 1040, line 38 · · ·   2   175, 768				
Expenses	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was				
<b>Е</b> хропосо		born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead · · ·	3	17,577		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You		State and local (check only one box):				
Paid		a Income taxes, or	5	2,700		
		b X General sales taxes				
	6	Real estate taxes (see instructions)	6	8,612		
	7	Personal property taxes	7	,		
	8	Other taxes. List type and amount				
			8			
	9	Add lines 5 through 8 · · · · · · · · · · · · · · · · · ·			9	11,312
Interest		Home mortgage interest and points reported to you on Form 1098 · ·	10	11,435		,
You Paid	11	Home mortgage int. not reported to you on Form 1098. If paid to the person from		,		
		whom you bought the home, see inst. and show that person's name, identifying				
		no., and address 🕨				
Note: Your mortgage			11	0		
interest	12	Points not reported to you on Form 1098. See inst. for special rules · ·	12			
deduction may be limited (see		Mortgage insurance premiums (see instructions)	13			
instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14 · · · · · · · · · · · · · · · · · ·			15	11,435
Gifts to		Gifts by cash or check. If you made any gift of \$250 or more,				,
Charity		see instructions	16			
If you made	17	Other than by cash or check. If any gift of \$250 or more, see				
a gift and got		instructions. You must attach Form 8283 if over \$500	17			
a benefit for it, see	18	Carryover from prior year	18			
instructions.	19	Add lines 16 through 18 · · · · · · · · · · · · · · · · · ·			19	0
Casualty and						
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0
Job	21	Unreimbursed empl. exp job travel, union dues, job education, etc.				
Expenses		Attach Form 2106 or 2106-EZ if required. (See inst.) ▶				
and Certain						
Miscellaneous	i		21			
Deductions	22	Tax preparation fees	22			
	23	Other expenses investment, safe deposit box, etc. List type and amt.				
			23			
	24	Add lines 21 through 23 · · · · · · · · · · · · · · · · · ·	24			
	25	Enter amount from Form 1040, line 38 <b>25</b> 175, 768				
	26	Multiply line 25 by 2% (0.02)	26	3,515		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter –0– $\cdot\cdot$			27	0
Other Miscellaneous Deductions	28	Other from list in instructions. List type and amount			28	
Total	29	Is Form 1040, line 38, over \$155,650?				
Itemized		No. Your deduction is not limited. Add the amounts in the far right col	lumn			
<b>Deductions</b>		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			29	22,747
		Yes. Your deduction may be limited. See the Itemized Deductions				·
	30	Worksheet in the instructions to figure the amount to enter.  If you elect to itemize deductions even though they are less than your sta	andar	d deduction		
	55	check here · · · · · · · · · · · · · · · · · ·				
	_					

#### **SCHEDULE B**

(Form 1040A or 1040)

(Rev. January 2017) Department of the Treasury Internal Revenue Service (99)

# **Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

Attachment Sequence No. 08

Name(s) snown o				r sociai seci 9 – 43 – 75	-	О.
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used	012		ount	
raiti		the property as a personal residence, see instructions and list this interest first. Also, show		2 44 12 1		
Interest		that buyer's social security number and address <b>&gt;</b>				
(Caa inatuustiana						
(See instructions for Form 1040A,						
or Form 1040,						
line 8a.)			1			
Note: If you						
received a Form 1099-INT,						
Form 1099-OID,						
or substitute						
statement from						
a brokerage firm, list the firm's						
name as the						
payer and enter						
the total interest	2	Add the amounts on line 1	2			
shown on that form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
IOIIII.		Attach Form 8815	3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or				
		Form 1040, line 8a	4			0
	Note	: If line 4 is over \$1,500, you must complete Part III.		Amo	ount	
Part II	5	List name of payer ▶				
		ETRADE CLEARING LLC				7
Ordinary						
Dividends						
(See instructions						
for Form 1040A,						
or Form 1040,						
line 9a.)						
			5			
Note: If you						
received a Form 1099-DIV						
or substitute						
statement from						
a brokerage						
firm, list the						
firm's name as the payer and						
enter the ordinary						
dividends shown						
on that form.	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6			7
	Note	: If line 6 is over \$1,500, you must complete Part III.				
Part III		must complete this part if you <b>(a)</b> had over \$1,500 of taxable interest or ordinary dividends; <b>(b)</b> eign account; or <b>(c)</b> received a distribution from, or were a grantor of, or a transferor to, a foreig		•	Yes	No
Foreign		At any time during 2016, did you have a financial interest in or signature authority over a financial				
Accounts	1 a	(such as a bank account, securities account, or brokerage account) located in a foreign countr	y?	Courit	37	
and Trusts		See instructions If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial accounts.	unts (I	FBAR).	X	
		to report that financial interest or signature authority? See FinCEN Form 114 and its instruction				37
(See		requirements and exceptions to those requirements				X
instructions.)	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the file	nancia	il.		
	_	account is located   Divine 2016, did you reading a distribution from any your the greater of authors from the property of the	£•			
	8	During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a	•			37
		trust? If "Yes," you may have to file Form 3520. See instructions				X

#### SCHEDULE D (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

**Capital Gains and Losses** 

Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2016

Attachment Sequence No. 12

Name(s) shown on return

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN

Your social security number 019-43-7531

#### Short-Term Capital Gains and Losses -- Assets Held One Year or Less See instructions for how to figure the amounts to enter (e) (g) (h) Gain or (loss) (d) on the lines below. Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) Proceeds Subtract column (e) from Cost This form may be easier to complete if you round off (sales price) column (d) and combine (or other basis) cents to whole dollars. the result with column (g) Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . . . . . . . . . . . 1b Totals for all transactions reported on Form(s) 8949 14,422 13,511 911 Totals for all transactions reported on Form(s) 8949 with Box B checked ..... 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 ..... 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions ..... 6 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 7 911 Part II Long-Term Capital Gains and Losses -- Assets Held More Than One Year

instructions for how to figure the amounts to enter he lines below.	(d)	(e)	(g) Adjustments		(h) Gain or (loss) Subtract column (e) from
form may be easier to complete if you round off to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Par	t II,	column (d) and combine the result with column (g)
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 · · · · · · · · · · · · · · · · · ·					
Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked					
Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked					
Totals for all transactions reported on Form(s) 8949					
with <b>Box F</b> checked · · · · · · · · · · · · · · · · · · ·					
from Forms 4684, 6781, and 8824				11	
Net long-term gain or (loss) from partnerships, S cor	porations, estates, and	d trusts from Schedule(s)	) K-1 · · · · · · · ·	12	
Capital gain distributions. See the instructions				13	
Long-term capital loss carryover. Enter the amount,	if any, from line 13 of y	our Capital Loss Carry	yover		
Worksheet in the instructions				14	( )
,	•	` '			
				15	
	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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Gain from Form 4797, Part I; long-term gain from Form Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S con Capital gain distributions. See the instructions  Long-term capital loss carryover. Enter the amount, Worksheet in the instructions  Net long-term capital gain or (loss). Combine lines page 2	the lines below. Is form may be easier to complete if you round off to to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; an from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, estates, and Capital gain distributions. See the instructions  Long-term capital loss carryover. Enter the amount, if any, from line 13 of y Worksheet in the instructions  Net long-term capital gain or (loss). Combine lines 8a through 14 in colupage 2	the lines below. Is form may be easier to complete if you round off to to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (los from Forms 4684, 6781, and 8824  Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s)  Capital gain distributions. See the instructions  Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carry Worksheet in the instructions  Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part	Adjustments form may be easier to complete if you round off to to whole dollars.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  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  Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1  Capital gain distributions. See the instructions  Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions  Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2.	the lines below. If orm may be easier to complete if you round off softers may be easier to complete if you round off softers may be easier to complete if you round off softers below.  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  Totals for all transactions reported on Form(s) 8949 with Box D checked  Totals for all transactions reported on Form(s) 8949 with Box E checked  Totals for all transactions reported on Form(s) 8949 with Box F checked  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  Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1  Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover  Worksheet in the instructions  14  Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2.

16	Combine lines 7 and 15 and enter the result	16	911
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14.</li> <li>Then go to line 17 below.</li> </ul>		
	<ul> <li>If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> </ul>		
	● If line 16 is <b>zero</b> , 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 <b>both</b> gains?  Yes. Go to line 18.  No. Skip lines 18 through 21, and go to line 22.		
	EX NO. ONE lines to 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:		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	( )
	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.		
<u></u>	46 D2 DWC 4040 Farm Caffeirara Consciebt 4000 2047 HDD Tay Consciebt	`abadııl	la D (Farm 1040) 2016

# Form **8949**

Sales and Other Dispositions of Capital Assets

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

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2016 Attachment Sequence No. 12A

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Name(s) shown on return
SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN

SSN or taxpayer identification number 019-43-7531

Before you check Box A, B, or C below, see whether you received any Form(s) 1099–B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099–B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

**Short–Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099–B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b)  Date acquired (Mo., day, yr.)	( <b>c</b> )  Date sold or  disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see Column (e)	If you enter a enter a c See the se	if any, to gain or loss. n amount in column (g), ode in column (f). parate instructions.	(h) Gain or (loss). Subtract column (e)
		(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	<b>(g)</b> Amount of adjustment	from column (d) and combine the result with column (g)
ETRADE			14,422	13,511	М		911
2 Totals. Add the amounts	in columns (d), (e), (	g), and (h) (subtract					
negative amounts). Enter e D, <b>line 1b</b> (if <b>Box A</b> ab above is checked), or <b>line</b>	ach total here and ir ove is checked), <b>lin</b>	nclude on your Sch.	14,422	13,511			911

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.

#### Form **2441**

#### **Child and Dependent Care Expenses**

Attach to Form 1040, Form 1040A, or Form 1040NR.

1040 1040A 1040NR 2441

OMB No. 1545-0074

Attachment Sequence No. **21** 

2016

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.

> Your social security number 019-43-7531

Name(s) shown on return SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN

Persons or Organizations Who Provided the Care -- You must complete this part.

(If you have more	than two care providers, see the instructions.)		
1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	1812 WELSCH AVENUE COLLEGE STATION TX 77840	74-6000528	2,330

 No — Complete only Part II below. Did you receive dependent care benefits? - Yes — Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

2	Information about your qualifying person(s). If you have more than two qual	ifying persons, see the instructions.
	(a) Qualifying person's name	(b) Qualifying person's social

• •	Qualifying person's name	(b) Qualifying person's social security number	Incurred and paid in 2016 for		
First	Last	Security Humber	the person listed in column (a)		
SREERAM	SHANKAR	668-23-2477	410		

#### LINE 2(C) LIMITED BY LINE 31

3	Add the amounts in column (c) of line 2. <b>Do not</b> enter more than \$3,000 for one qualifying person		
	or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	410
4	Enter your <b>earned income.</b> See instructions	4	111,388

- 5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4 ...... 63,462
- Enter the **smallest** of line 3, 4, or 5 410 Enter the amount from Form 1040, line 38; Form 1040A,
- Enter on line 8 the decimal amount shown below that applies to the amount on line 7

#### If line 7 is: If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is		
\$0 -	- 15,000	.35	\$29,000 -	31,000	.27		
15,000 -	- 17,000	.34	31,000 -	33,000	.26		
17,000 -	- 19,000	.33	33,000 -	35,000	.25	8	x20
19,000 -	- 21,000	.32	35,000 -	37,000	.24		711,20
21,000 -	- 23,000	.31	37,000 -	39,000	.23		
23,000 -	- 25,000	.30	39,000 -	41,000	.22		
25,000 -	- 27,000	.29	41,000 -	43,000	.21		
27,000 -	- 29,000	.28	43,000 -	· No limit	.20		
line 6 b	v the decimal	amount on line 8. If vo	u paid 2015 expens	ses in 2016.	see the instructions	9	83

- Tax liability limit. Enter the amount from the Credit 26,759
- Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

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

Form **2441** (2016)

11

FDA

16 24412

BWF 1040

Form	2441 (2016) VENUGOPALAN	019	9 – 4	3-7531		Page 2
Pai	Dependent Care Benefits					
12	Enter the total amount of dependent care benefits you	received i	in 201	6. Amounts you		
	received as an employee should be shown in box 10 of y	our Form	(s) W	-2. <b>Do not</b> include		
	amounts reported as wages in box 1 of Form(s) W-2. If y	ou were	self-e	mployed or a partner,		
	include amounts you received under a dependent care as			•		l .
	proprietorship or partnership				12	960
13	Enter the amount, if any, you carried over from 2015 and					
	See instructions · · · · · · · · · · · · · · · · · · ·				13	960
14	Enter the amount, if any, you forfeited or carried forward	to 2017. S	See in	structions	14	
15	3	1			15	1,920
16	Enter the total amount of <b>qualified expenses</b> incurred in	ו				
	2016 for the care of the <b>qualifying person(s)</b>		16	2,330		
17	Enter the <b>smaller</b> of line 15 or 16		17	1,920		
18	Enter your <b>earned income</b> . See instructions		18	111,388		
19	Enter the amount shown below that applies to you.					
	If married filing jointly, enter your					
	spouse's earned income (if you or your					
	spouse was a student or was disabled, see					
	the instructions for line 5).					
	If married filing separately, see		19	63,462		
	instructions.					
	All others, enter the amount from line 18.					
20	Enter the <b>smallest</b> of line 17, 18, or 19 · · · · · · · · · · · · · · · · · ·		20	1,920		
21	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you					
	were required to enter your spouse's earned income on					
	line 19) · · · · · · · · · · · · · · · · · · ·	_	21	5,000		
22	Is any amount on line 12 from your sole proprietorship or	partners	hip? (	Form 1040A filers		
	go to line 25.)					
	No. Enter -0					4
	Yes. Enter the amount here				22	L
23	Subtract line 22 from line 15 · · · · · · · · · · · · · · · · · ·	L		1,920		
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, 0					1
	the appropriate line(s) of your return. See instructions				24	
25	Excluded benefits. Form 1040 and 1040NR filers: If yo					
	of line 20 or 21. Otherwise, subtract line 24 from the smal			•	05	1 000
26	enter -0 Form 1040A filers: Enter the smaller of line 2				25	1,920
26	Taxable benefits. Form 1040 and 1040NR filers: Subtra			·		
	-0 Also, include this amount on Form 1040, line 7, or Form 1040, line 7, or Form 1040, line 7, or Form 1040, line 8, or form 1040,		-			
	Form 1040, line 7, or Form 1040NR, line 8, enter "DCB."				26	
	15. Also, include this amount on Form 1040A, line 7. In the			,	26	
				dependent care 27 through 31 below.		
27	·			<u> </u>	27	3 000
27	Enter \$3,000 (\$6,000 if two or more qualifying persons) Form 1040 and 1040NR filers: Add lines 24 and 25. For				27	3,000
28	from line 25 · · · · · · · · · · · · · · · · · ·				20	1 000
20					28	1,920
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You can			• •	20	1 000
20	paid 2015 expenses in 2016, see the instructions for line 9				29	1,080
30	Complete line 2 on page one of this form. <b>Do not</b> include			=	20	110
24	line 28 above. Then, add the amounts in column (c) and				30	410
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount		•	•	24	410
	complete lines 4 through 11 · · · · · · · · · · · · · · · · · ·				31	411

# 2016 WAGES AND SALARIES SUMMARY ATTACHMENT

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

<u>010 10 7001</u>									
Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
COGNIZANT TECHNOLOGY SOLUTI COGNIZANT TECHNOLOGY SOLUTI TOTAL			63,462 111,388 174,850	22,802	6,911	TX			

# 2016 FEDERAL TAX WITHHOLDINGS ATTACHMENT

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

W-2	COGNIZANT TECHNOLOGY SOLUTIONS US	7,610
W-2	COGNIZANT TECHNOLOGY SOLUTIONS US	22,802
TOTAL TO	FORM 1040 LINE 64	30,412

# 2016 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A instructions for line 5b Worksheet)

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

Keep for Your Records

ıa.	Available income shown on Form 1040, line 38		
	Tax-exempt interest income		
	Nontaxable combat pay		
	Nontaxable part of social security and railroad retirement benefits		
e.	Nontaxable part of IRA, pension, or annuity distributions not including rollovers 1e.		
	Nontaxable unemployment compensation		
	Other adjustments to total available income	1h	175,768
•••	Total available moone. And lines to unough by		173,700
2.	Number of exemptions claimed	2.	3
3.	Enter your <b>state</b> general sales taxes from the applicable table in the instructions (see instructions) $\dots$ $\pm \chi$ .	3.	
	<b>Next.</b> If, for all of 2016, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.		
4.	Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York State North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2016?	<b>)</b> ,	
	<ul> <li>No. Enter -0</li> <li>Yes. Enter your local general sales taxes from the applicable</li> <li></li></ul>		
	table in the instructions.		
5	$\dashv$		
Э.	Did your locality impose a <b>local</b> general sales tax in 2016 Residents of California and Nevada see instructions.		
	No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9.  The large large large stay rate, but amit percentage sign.		
	<ul> <li>Yes. Enter your local general sales tax rate, but omit percentage sign.</li> <li>For example, if your local general sales tax rate was 2.5%, enter 2.5. If</li> </ul>		
	your local general sales tax rate changed or you lived in more than one locality in the same state during 2016, see instructions. (If you do		
	not know your local general sales tax rate, contact your local government 5		
6.	Did you enter -0- on line 4 above?		
	No. Skip lines 6 and 7 and go to line 8.		
	• Yes. Enter your state general sales tax rate (shown in the table heading for		
	your state), but omit the percentage sign. For example, if your state general		
	sales tax rate is 6%, enter 6.0		
7	Divide the 5 hours of February and the second of the state of the stat		
٠.	Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three		
	places)		
8.	Did you enter -0- on line 4 above?		
	No. Multiply line 4 by line 5.		
	Yes. Multiply line 3 by line 7. If you lived in more than one locality	8.	0
	in the same state during 2016, see instructions above.	٠.	
9.	Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.	1,800
10.	<b>Deduction for general sales taxes.</b> Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on		
	Schedule A, line 5. Be sure to check <b>box b</b> on that line	10.	1,800
	STATE AND LOCAL TAX SUMMARY		
1.	Total state and local income taxes	1.	0
2.	General sales taxes (as entered or from all worksheets)	2.	2,700
	Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040), line 5	3.	2,700

FDA

# 2016 ITEMIZED DEDUCTIONS WORKSHEET - LINE 29

	ANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 9-43-7531		Keep for Your Records
1.	Enter the total of the amounts from Schedule A, lines 4, 9, 15, 19, 20, 27, and 28 · · · · · · · · · · · · · · · · · ·	1.	22,747
2.	Enter the total of the amounts amounts from Schedule A, lines 4, 14, and 20, plus any gambling and casualty or theft losses included on line 28	2.	
=	CAUTION!  Be sure your total gambling and casualty or theft losses are clearly identified on the dotted lines next to line 28.		
3.	Is the amount on line 2 less than the amount on line 1?		
	No. STOP Your deduction is not limited. Enter the amount from line 1 above on		
	Schedule A, line 29. Do not complete the rest of this worksheet.		
	Yes. Subtract line 2 from line 1	3.	22,747
4.	Multiply line 3 above by 80% (.80)		
5.	Enter the amount from Form 1040, line 38		
6.	Enter \$311,300 if married filing jointly or qualifying widow(er); \$285,350 if head		
	of household; \$259,400 if single; or \$155,650 if married filing separately 6. 311,300		
7.	Is the amount on line 6 less than the amount on line 5?		
	No. STOP Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <b>Do not</b> complete the rest of this worksheet.		
	Yes. Subtract line 6 from line 5		
8.	Multiply line 7 above by 3% (.03)		

10. Total itemized deductions . Subtract line 9 from line 1. Enter the result here and on Schedule A, line 29 ......

# 2016 FORM 2441 CREDIT LIMIT WORKSHEET - LINE 10

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

Keep for Your Records

ד ט	. 9 - <del>1</del> 3 - 1 3 3 1	Keep it	or rour necorus
U	lse this worksheet to figure your credit limit.		
1	Enter the amount from Form 1040, line 47; Form 1040A, line 30; or Form 1040NR, line 45	1	26,760
2	Enter the amount from Form 1040, line 48, or Form 1040NR, line 46; Form 1040A filers, enter -0	2	1
3	Subtract line 2 from line 1. Enter this amount on Form 2441, line 10. But if zero or less, <b>stop</b> ; you cannot take this credit	3.	26,759

# 2016 FORM 2441 EARNED INCOME WORKSHEET - LINES 4 AND 5

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

					Keep	for Your Records
	Тахр ( <i>а</i>	•	Spouse (b)		Taxpayer (c)	Spouse (d)
1.	Amount from Form 1040, line 7			1.	111,388	63,462
2.	Scholarship amount included on Form 1040,			_		03/102
3.	Form 2555, line 43, excluded as foreign					
4.						
	Form 1040, line 7, and excluded on line 21 · · · · 4.					
5.	If member of clergy, amount from line 1 also					
	reported on Schedule SE 5.					
6.						
	church income, amount from line 1 also					
	reported on Schedule SE 6.					
7.	Amount received for work performed while					
	an inmate in a penal institution 7.					
8.	Amount received as a pension or annuity					
	from a nonqualified deferred compensation					
	plan (Form W-2, box 11) 8.					
9.	Add lines 2 through 8 9.					
10.	Subtract line 9 from line 1 · · · · · · · · · · · · · · · · · ·			10.	111,388	63,462
11.	Amount from Schedule SE, line 3 11.			_		
	Schedule SE deduction claimed on					
	Form 1040, line 27 12.					
	Subtract line 12 from line 11			13.		
14.	Amount from Schedule SE, line 4b 14.					
15.	Amount from Schedule SE, line 5a 15.					
	Add lines 14 and 15			16.		
17.	Amount from Schedule C, line 1, if filing					
	as a statutory employee 17.					
18.	Amount of nontaxable combat pay 18.					
	Self-employment loss from Schedule C,					
	Schedule F, and partnership K-1 19.					
20.	Self-employment net earnings less than					
	\$400 from Schedule C, Schedule F, and					
	partnership K-1					
21.	Add lines 17, 18, 19, and 20			21		
22.	Student/disabled allowance			22.		
23.	Total earned income. Add lines 10, 13, 16, 21, and 22 · · · · · · ·			23	111,388	63,462
	Enter taxpayer earned income (line 23, column c) on Form 2441, I	ine 4.				
	Enter spouse earned income (line 23, column d) on Form 2441, lin	ne 5.				

STATEMENT #1 - REAL ESTATE TAXES: STATE/LOCAL (SCHEDULE A LINE 6	)
WELLS FARGO 8,612	
TOTAL CARRIED TO SCHEDULE A LINE 6	8,612
STATEMENT #2 - HOME MORTGAGE INT AND POINTS (SCHEDULE A LINE 10)	
WELLS FARGO	
TOTAL CARRIED TO SCHEDULE A LINE 10	11,435
STATEMENT #3 - POINTS NOT REPORTED ON 1098 (SCHEDULE A LINE 12)	
AMORTIZED POINTS	
TOTAL CARRIED TO SCHEDULE A LINE 12	
STATEMENT #4 - MORTGAGE INSURANCE PREMIUMS (SCHEDULE A LINE 13)	
WELLS FARGO 2,420	
TOTAL CARRIED TO SCHEDULE A LINE 13	2,420

### 2016 QUALIFIED DIVIDENDS and CAPITAL GAIN TAX WORKSHEET - LINE 44

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

**Keep for Your Records** 

Befo	re you begin:  √ See the instructions for line 44 in the instructions to see if you can use this worksheet to figure you √ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.	ur tax.
	Enter the amount from Form 1040, line 43. However, if you are filing Form 2555	
	or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of	
	the Foreign Earned Income Tax Worksheet in the instructions	
2.	Enter the amount from Form 1040, line 9b*	
	Are you filing Schedule D?*	
	Yes. Enter the smaller of line 15 or 16 of	
	Schedule D. If either line 15 or line 16 3.	
	is blank or a loss, enter -0-	
	No. Enter the amount from Form 1040, line 13	
4.	Add lines 2 and 3	
5.	If filing Form 4952, (used to figure investment interest	
	expense deduction), enter any amount from line 4g of	
	that form. Otherwise, enter -0	
6.	Subtract line 5 from line 4. If zero or less, enter -0-         6.         7	
7.	Subtract line 6 from line 1. If zero or less, enter -0 7. 140 , 864	
8.	Enter:	
	\$37,650 if single or married filing separately,	
	\$75,300 if married filing jointly or qualifying widow(er),	
	\$50,400 if head of household.	
9.	Enter the smaller of line 1 or line 8	
10.	Enter the smaller of line 7 or line 9	
11.	Subtract line 10 from line 9. This amount is taxed at 0%	
12.	Enter the smaller of line 1 or line 6	
13.	Enter the amount from line 11	
14.	Subtract line 13 from line 12	
15.		
	\$415,050 if single,	
	\$233,475 if married filing separately,	
	\$466,950 if married filing jointly or qualifying widow(er),	
	\$441,000 if head of household.	
16.	Enter the smaller of line 1 or line 15 · · · · · · · · · · · · · · · · · ·	
17.	Add lines 7 and 11	
18.	Subtract line 17 from line 16. If zero or less, enter -0	
19.	Enter the smaller of line 14 or line 18	
20.	Multiply line 19 by 15% (0.15)	
21.	Add lines 11 and 19	
22.	Subtract line 21 from line 12	
23.	Multiply line 22 by 20% (0.20)	
24.	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax	
	Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet 24.	26,759
25.	Add lines 20, 23, and 24	
26.	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax	·
	Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet 26.	26,760
27.	Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form	· · · · · ·
	1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44.	
	Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet	26,760
*	If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing	

#### 2016 CHILD TAX CREDIT WORKSHEET - LINE 52

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

**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: 1x \$1,000. Enter the result
	2.	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37
	3.	Enter the amount shown below for your filing status.  Married filing jointly - \$110,000  Single, head of household, or qualifying widow(er) - \$75,000  Married filing separately - \$55,000
	4.	Is the amount on line 2 more than the amount on line 3?  No. Leave line 4 blank. Enter -0- on line 5, and go to line 6.  Yes. Subtract line 3 from line 2
	5.	Multiply the amount on line 4 by 5% (0.05). Enter the result
	6.	Is the amount on line 1 more than the amount on line 5?  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.  Yes. Subtract line 5 from line 1. Enter the result.  Go to Part 2 on page 2 of this worksheet

# SCHEDULE D AMT (Form 1040)

Department of the Treasury

# **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.

2016

FOR AMT PURPOSES ONLY

Internal Revenue Service (99)

Name(s) shown on return

Totals for all transactions reported on Form(s) 8949 with **Box C** checked

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN

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

Your social security number 019-43-7531

#### See instructions for how to figure the amounts to enter (e) (g) (h) Gain or (loss) (d) on the lines below. Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) Proceeds Subtract column (e) from Cost This form may be easier to complete if you round off (sales price) column (d) and combine (or other basis) cents to whole dollars. the result with column (g) Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . . . . . . . . . . . . 1b Totals for all transactions reported on Form(s) 8949 14,422 13,511 911 Totals for all transactions reported on Form(s) 8949 with Box B 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	(	
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		911

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

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 <b>Box E</b> checked	
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	
13 Capital gain distributions. See the instructions	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover  Worksheet in the instructions	,
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on	
page 2	

16	Combine lines 7 and 15 and enter the result	16	911
	<ul> <li>If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14.</li> <li>Then go to line 17 below.</li> </ul>		
	• If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.		
	● If line 16 is <b>zero</b> , 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 <b>both</b> gains?		
	Yes. Go to line 18.  X 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 <b>both</b> zero or blank?  Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Don't</b> 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:		
	<ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21 (	)
	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.		
			- /

#### 2017 CARRYFORWARD INFORMATION

SHANKAR VENUGOPALAN AND KAMAKSHI RAGHURAMAN 019-43-7531

Keep for Your Records

Estimated short-term capital los	ss carryover		· · · · · · · · · <u> </u>
Estimated long-term capital los	s carryover		
2016 tax liability (for 2017 Form	2210 purposes)		26,677
	nqualified expenses		· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
	n 2016 · · · · · · · · · · · · · · · · · · ·		·
			· · · · · · · · · · · · · · · · · · ·
	redit from 2014 · · · · · · · · · · · · · · · · · · ·		
	redit from 2015 · · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
	redit from 2016 · · · · · · · · · · · · · · · · · · ·		
	carryforward		·
	from 2016 tax refund		
NOL carryforward:	Regular Tax	1	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 2003	from 2011 from 2012	from 2002 from 2003	from 2011
from 2004	from 2013	from 2004	from 2012 from 2013
from 2005	from 2014	from 2005	from 2014
from 2006	from 2015	from 2006	from 2015
	ed in 2016		erated in 2016
	carryback period		rryback period
•			1 2016
To be absorbed in			
To be absorbed in Net carryforward fro	om 2016 o 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.

- 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.

# **CLIENT Copy**



Client Name
SHANKAR VENUGOPALAN

Client SSN
XXX-XX-7531

# Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

Thank you for purchasing Peace of Mind. We appreciate the opportunity to serve you! The Peace of Mind<sup>®</sup> Extended Service Plan (the "Plan") is offered by HRB Tax Group, Inc. and its subsidiaries' franchisees ("Block"). The Plan is available only at participating Block offices at the time your return is completed or over the phone within 30 days after your return is accepted by the IRS, but no later than October 31st of the year of the return due date. The Plan is separate from, and in addition to, the H&R Block Guarantee that pays penalty and interest resulting from an H&R Block error in tax preparation.

The Plan is effective when paid for and signed by you, and cannot be transferred by you to others. Subject to the exceptions noted below, the Plan provides you with the following benefits with respect to the individual federal and any individual state or local returns prepared and paid for on the date of this agreement.

The Plan applies only to filed and accepted original individual U.S. resident tax returns prepared by Block for the year of the return and for which the balance due to Block has been paid. You represent to us that you have reviewed the items on your return to ensure it includes all of your sources of income, and that items or issues on such returns have not been, or are not currently, under examination by tax authorities as of the date you pay for the Plan or the date any unpaid balance is paid, whichever is last.

**If your return is audited,** Block will provide you with a qualified person (but not an attorney) to represent you before the tax authority should such tax authority question the accuracy of your return.

If your tax liability increases as a result of an error in tax preparation and the error is discovered by you, your representative or a tax authority, during the period of three years from the filing deadlines for such returns, not including extensions, Block will pay you for such taxes up to a cumulative total of \$6,000 for all such returns, subject to the terms and conditions detailed below. Any Block errors resulting from Block's misinterpretation of your tax situation will only be reimbursed if all other terms and conditions have been met by you, including that you have provided complete and accurate information. In that event, Block may, at its sole discretion and expense, challenge the determination that additional taxes are owed, and Block will reimburse you upon the conclusion of an unsuccessful challenge. Such three year limitation applies to your federal and state returns, including returns for those states in which the "open" period to review returns is greater than three years. In some cases, the correction of a specific error will involve changes on multiple returns, including state or local tax returns, which may result in an overpayment on one return and a balance due on another. In such cases, the overpayment and balance due may be netted in determining the amount Block will pay for additional taxes owed as a result of correction of the error. Block assumes no responsibility for payment of additional taxes to a tax authority. You are responsible for providing payment of additional taxes to the tax authority.

A Special Note about the Affordable Care Act (ACA) and the Protecting Americans from Tax Hikes (PATH) Act of 2015: As with all penalty calculations or tax calculations and credits, it is critical that you provide Block with accurate and current information.

- (a) For ACA related tax issues, this includes documentation (1095 A, B or C), other required information in connection with your household insurance coverage status, penalty exemptions you may have claimed (and whether they were denied by the IRS or an Insurance Marketplace), and information related to whether you received Advanced Premium Tax Credits.
- (b) For credits subject to return preparer due diligence requirements (Earned Income Tax Credit (EITC), Child Tax Credit (CTC), and American Opportunity Credit (AOC)), this includes providing information about all sources of income reportable to the Internal Revenue Service (IRS) (e.g., W2 and 1099) as well as providing accurate relationship and residency information of all of your dependents.

#### Before such payment, you must:

- (a) notify Block of any government notice regarding such tax returns prior to any call, conference or audit with any government agency and within 60 days from the date of the initial notice;
- (b) promptly provide Block with copies of such notices and other documents relating to or substantiating any information in question:

# **CLIENT Copy**

# Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

- (c) provide Block with reasonable notice of the initial audit and allow Block to attend the audit with you or as your representative with Power of Attorney:
- (d) allow Block at its sole discretion and expense, to challenge the determination that additional taxes and penalties and interest are owed; and
- (e) provide Block with your receipt as proof of your purchase of the Plan.

#### The Plan does not apply to:

- (a) amended returns (1040-X) unless the H&R Block error at issue is a result from the error in the original tax preparation; 1040-NR;
- (b) non-individual returns such as employment (including taxes assessed on Form 4137 for income other than allocated tips), corporate, state and local small business, occupation tax, partnership, trust, estate, and gift tax returns:
- (c) errors made on any returns or other forms used to file for tax credits, prebates or rebates such as property tax, homestead or renters credits (an "Ancillary Form"), unless the error at issue occurred on a federal, state or local income tax return and that data was then used by Block to prepare the Ancillary Form;
- (d) the calculation of estimated tax payment vouchers, additional taxes owed as a result of an erroneous refund of your estimated tax payments by the IRS or a state or local taxing authority;
- (e) any return for which, as of the date of such purchase, you have knowledge of additional taxes owed;
- (f) any return for which you have received on or before the date of such purchase any notification from any tax authority of examination or audit;
- (g) returns for which errors have been identified by Block prior to an assessment of additional taxes by tax authorities and can be corrected by Block within 30 days after purchase;
- (h) any return relating to previous years;
- (i) additional taxes, penalties and interest that are assessed as the result of (i) incorrect, incomplete, false or misleading information that you have given to Block in connection with its preparation of a return; (ii) the government's inability to obtain from you sufficient records to support deductions, credits and other items on your return; (iii) your failure to timely pay the taxes as shown to be due on your return; and (iv) additional taxes assessed as the result of your desire to take a position on your return that challenges current IRS or judicial tax law guidelines or interpretation. In the event you receive a refund of any assessment that Block has paid you under the Plan, you must reimburse Block for the amount of such refund;
- assessments of additional taxes that occur after three years from the filing deadline for the return, not including extensions; or
- (k) additional taxes resulting from non-participation in an Individual Retirement Account where you claimed a deduction for such an account.

#### **Claim Process - Frequently Asked Questions:**

#### I received an inquiry from a tax authority. What do I do next?

- 1. Provide your tax authority notice and any related documents to your local H&R Block office **within 60 days** from the date of the initial notice. If you don't contact us within 60 days, your claim may be denied.
- 2. Your local H&R Block office will investigate the issue, providing full audit representation if necessary. (Please note: while receipts are not required for tax return preparation, you must make these documents available to the tax authority in the event they are requested.)
- Once the final determination has been made with the tax authority, and if additional taxes are owed due to H&R
  Block's error, the office will submit your claim to the Peace of Mind Claims Department where it will be reviewed
  and processed within four to six weeks.
  - If your claim is approved, you will receive a check.
  - If your claim is not approved, you will receive a letter explaining the reason for the denial. If you disagree
    with the denial, you may call your local H&R Block office or 1-800-HRBLOCK to request a review of the
    determination. Your claim will usually be reviewed within three to five days. You will receive the final
    determination in writing.
  - If penalties and interest are due in addition to taxes, that payment may be processed and paid separately
    under the conditions of the H&R Block Guarantee.

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# Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

#### What are the tax implications of receiving a Peace of Mind payment?

Federal law states that if your tax liability is paid by someone else, the amount of that payment becomes taxable income to you. Therefore, you will need to include your Peace of Mind payment on your tax return next year. If the payment is \$600 or more, you will receive form 1099-MISC from H&R Block next year. H&R Block is not responsible for the payment of any taxes you may owe on such income.

#### Who do I contact if I have more questions?

You should contact the H&R Block office where your claim was originally filed. You may also speak to a client service representative by calling 1-800-HRBLOCK.

**For New Hampshire Residents ONLY:** In the event you do not receive satisfaction under this Peace of Mind contract, you may contact the New Hampshire Insurance Department, Consumer Division, which provides oversight for consumer guaranty contracts, at 21 South Fruit Street, Suite 14, Concord NH 03301 or 603-271-2261. This number is only for clients who purchased Peace of Mind.

#### ARBITRATION IF A DISPUTE ARISES BETWEEN YOU AND H&R BLOCK

If a dispute arises between you and H&R Block, including any dispute that relates to POM, the dispute shall be settled by binding arbitration unless you opt-out of this arbitration provision. The arbitration procedures, including the procedures for you to opt-out of arbitration, are set forth in the Client Service Agreement between you and Block, in the section titled "Arbitration if a Dispute Arises." The "Arbitration if a Dispute Arises" section hereby is incorporated by reference.

# **CLIENT COPY Signature Required**

# Peace of Mind® Extended Service Plan Terms, Conditions and Limitations

#### **SATISFACTION**

If for any reason you are not satisfied with the terms of this Plan and want to rescind this Plan, you may obtain a full refund of the fee you paid for the Plan provided that within seven (7) days from the date of purchase you contact the manager of the H&R Block office where your tax return was prepared and provide at that office the receipt for such payment.

#### **OVERVIEW**

**Peace of Mind®** Extended Service Plan ("Plan") provides the following benefits with respect to individual resident federal, state and local returns prepared and paid for on the date you sign this document:

- o If additional taxes are assessed due to H&R Block's error, H&R Block will pay you an amount up to \$6,000 for your payment of the additional tax assessment, subject to the terms and conditions outlined in this agreement.
- H&R Block's payment is for additional tax assessments made within three years from the filing deadline of your return, not including extensions.
- You are responsible for providing payment of additional taxes to the tax authority.
- o H&R Block will provide a qualified person (but not an attorney) to represent you at an audit if the accuracy of your return is questioned. You may not even have to attend.
- Any dispute arising between you and H&R Block will be settled through binding arbitration as provided in the arbitration provision of this Plan and the Client Service Agreement.

In order to be eligible to receive payment, you must:

- Notify Block of any government notice regarding such tax returns prior to any call, conference or audit with any government agency and within 60 days from the date of the initial notice.
- Provide your tax professional with complete and correct information for the preparation of your return prior to filing and acceptance by the IRS.
- o Comply with all other requirements set forth in this Plan.

Please confirm we have captured some basic income information correctly.

Not all returns are covered by the Plan.

# of W-2 Entries:	2				
# of 1099-R Entries:	0	Self-Employment Income:	Yes	No	Х

# of 1099-SSA/RRB Entries: 0\_\_\_\_ Interest Income: Yes \_\_\_\_ No \_X\_\_

The above information is accurate (client initials):

My/our signature(s) below confirms that I/we understand and voluntarily agree to the terms, conditions and disclosures presented in this Plan, INCLUDING THE REQUIREMENT THAT ANY DISPUTE BETWEEN ME/US AND H&R BLOCK BE SETTLED THROUGH BINDING ARBITRATION.

Client's Name: SHANKAR VENUGOPALAN		
Spouse's Name (if applicable): KAMAKSHI RAGHUI	RAMAN	
Extended Service Plan Accepted X	Extended Service Plan Declined	
Client's Signature:	Date:/2	017
Spouse's Signature:(If married and Spouse is present, Spouse must also sign		:017
Tax Professional Signature:	/2	017