

PRINTED 04/19/2017

NARAYANA SASTRY | KANDUKURI
 KRISHNA SIRISHA | MOTAMARRY

 5050 HACIENDA DR APT 2334
 DUBLIN CA 94568-

	Taxpayer	Spouse
SSN	875-36-5120	
Birth	09/05/1986	12/22/1991
Death		
Day Phone		
Evening		
Cell or Fax		
PIN	65120	

Email narayanasastryk@gmail.com
 Taxpayer Occupation ANALYST Spouse Occupation HOMEMAKER
 Filing Status MARRIED FILING JOINT

Preparer ID: 100 Preparation Fee: _____ Date: _____
 Preparer: Mathews Chacko Time in return _____ min.

Recap of 2016 Income Tax Return

Earned Income	53,038.	Federal Tax	3,539.
Federal AGI	50,478.	Withholding	7,957.
Taxable Income	29,778.	Refund/(Due)	4,418.
EIC		Tax Bracket	15.0 %

State	CA			
Tax	546.			
Withholding	1,784.			
Refund/Due	1,238.			
State				
Tax				
Withholding				
Refund/Due				

Bank Product Information	Advance Only	Check	Direct Deposit	Debit Card	Walmart Direct2Cash
Qualifying refund					
Fees					
Net refund					
Advance					
Federal disbursement					
State disbursement					
Check one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Your first name NARAYANA SASTRY	M.I. K	Last name KANDUKURI	Suffix	See separate instructions.
If a joint return, spouse's first name KRISHNA SIRISHA	M.I. M	Last name MOTAMARRY	Suffix	Your social security number 875-36-5120
Home address (number and street). If you have a P.O. box, see instructions. 5050 HACIENDA DR APT 2334			Apt. no.	▲ Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DUBLIN CA 94568-			Foreign country name	
Foreign province/state/county		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

Filing Status

1 Single

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

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

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child

Check only one box.

First name	Last name	SSN
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Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

6b Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

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

No. of children on 6c who:

- lived with you **0**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 53,038**

8a Taxable interest. Attach Schedule B if required **8a**

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

9a Ordinary dividends. Attach Schedule B if required **9a**

9b Qualified dividends **9b**

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

11 Alimony received **11**

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

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

14 Other gains or (losses). Attach Form 4797 **14**

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

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

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

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

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

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 53,038**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26 2,560**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **31a** b Recipient's SSN **31b**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36 2,560**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 50,478**

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** 50,478

39a Check **You** were born before January 2, 1952, Blind. } **Total boxes checked** **39a**

if: **Spouse** was born before January 2, 1952, Blind. }

b If your spouse itemizes on a separate return or you were a dual-status alien, check here. **39b**

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

40 **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) **40** 12,600

41 Subtract line 40 from line 38 **41** 37,878

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

43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** 29,778

44 **Tax** (see instructions). Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44** 3,539

45 **Alternative minimum tax** (see instructions). Attach Form 6251 **45**

46 Excess advance premium tax credit repayment. Attach Form 8962 **46**

47 Add lines 44, 45, and 46 **47** 3,539

48 Foreign tax credit. Attach Form 1116 if required **48**

49 Credit for child and dependent care expenses. Attach Form 2441 **49**

50 Education credits from Form 8863, line 19 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit. Attach Schedule 8812, if required **52**

53 Residential energy credits. Attach Form 5695 **53**

54 Other credits from Form: **a** 3800 **b** 8801 **c** **54**

55 Add lines 48 through 54. These are your **total credits** **55**

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- **56** 3,539

Other Taxes

57 Self-employment tax. Attach Schedule SE **57**

58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 **58**

59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **59**

60a Household employment taxes from Schedule H **60a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **60b**

61 Health care: individual responsibility (see instructions) Full-year coverage **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** 3,539

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64** 7,957

65 2016 estimated tax payments and amount applied from 2015 return **65**

66a **Earned income credit (EIC)** **66a** NO

b Nontaxable combat pay election **66b**

67 Additional child tax credit. Attach Schedule 8812 **67**

68 American opportunity credit from Form 8863, line 8 **68**

69 Net premium tax credit. Attach Form 8962 **69**

70 Amount paid with request for extension to file **70**

71 Excess social security and tier 1 RRTA tax withheld **71**

72 Credit for federal tax on fuels. Attach Form 4136 **72**

73 Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** **73**

74 Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** **74** 7,957

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid** **75** 4,418

76a Amount of line 75 you want **refunded to you**. If Form 8888 is attached, check here. **76a** 4,418

b Routing number 121000358 **c** Type: Checking Savings

d Account number 325062033800

77 Amount of line 75 you want **applied to your 2017 estimated tax** **77**

Amount You Owe

78 **Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions **78**

79 Estimated tax penalty (see instructions) **79**

Third Party Designee

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

Designee's name **MATHEWS CHACKO** Phone no. **512-710-1000** Personal identification number (PIN) **69003**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation **ANALYST** Daytime phone number

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation **HOMEMAKER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name **Mathews Chacko** Preparer's signature Date Check if self-employed PTIN **P00913345**

Firm's name **Mathews CPA Inc** Firm's EIN **27-1850234**

Firm's address **9415 Burnet Road Ste 210** Phone no. **512-710-1000**

W-2 DETAIL REPORT - 2016

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
NGUSOFT INC	20-8426518	X	53038	7957	3288	769	CA	53038	1784		
			-----	-----	-----	---		-----	-----		
			53038	7957	3288	769		53038	1784		

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 3903 and its instructions is available at www.irs.gov/form3903.
▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on return

NARAYANA SASTRY KANDUKURI & KRISHNA

Your social security number

875-36-5120

Before you begin: ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
 ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1 Transportation and storage of household goods and personal effects (see instructions)	1	2,560.	
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2		
3 Add lines 1 and 2	3	2,560.	
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4		
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	2,560.	

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

If making a payment, mail to:
PO Box 7122
San Francisco CA 94120-7122

If not making a payment, mail to:
Fresno CA 93888-0045

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

1045

2016

For calendar year 2016, or other tax year beginning _____, 2016, ending _____.

NARAYANA SASTRY KANDUKURI & KRISHNA

Line 4 - Estimate of total tax liability for year \$ 0

Line 5 - Total payments 0

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Line 6 - **Balance due.** Subtract line 5 from line 4 0

Line 7 - Amount you're paying (see inst) ► 0

875-36-5120

Line 8 - Check here if you're "out of the country" and a U.S. citizen or resident ►

Line 9 - Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ►

875365120 YK KAND 30 0 201612 670

US Married Filing Joint - Married Filing Separate Comparison 2016

Name: NARAYANA SASTRY KANDUKURI & KRISHNA SSN: 875-36-5120

The following calculations are based on a married couple living together and a married filing joint tax return. If the taxpayer and spouse lived apart for more than 6 months of the year, and at least one of them qualifies for the Head of Household filing status, this comparison should not be used.

Federal married filing separately

Allocate income between the taxpayer and spouse on the RES/NR worksheet. Social security, Schedule D losses, rental income and other passive activities, and deductions for IRA contributions, student loan interest, and tuition and fees are adjusted below using the married filing separate rules. Dependents and deductions are calculated by this adjusted AGI plus tax-free social security, military combat pay, and excluded income from Forms 2555, 2555EZ, and 4563.

Income

	Joint	Taxpayer	Spouse
7 Wages, salaries, tips, etc	53,038.	53,038.	
8 Taxable interest			
9 Ordinary dividends			
10 Taxable refunds, credits, etc			
11 Alimony			
12 Business income or (loss)			
13 Capital gain or (loss)			
14 Other gains or (losses)			
15 IRA distributions			
16 Pensions and annuities			
17 Rental real estate, royalties, pass-through entities			
18 Farm income or (loss)			
19 Unemployment compensation			
20 Taxable social security			
21 Other income			
22 Total income	53,038.	53,038.	

Adjustments

	Joint	Taxpayer	Spouse
23 Educator expenses			
24 Business expenses of reservists, QPAs, etc			
25 Health savings account deduction			
26 Moving expense	2,560.	2,560.	
27 One-half of self-employment tax			
28 Self-employed SEP, SIMPLE, and qualified plans			
29 Self-employed health insurance deduction			
30 Penalty on early withdrawal of savings			
31 Alimony paid			
32 IRA deduction			
33 Student loan interest deduction			
34 Tuition and fees deduction			
35 Domestic production activities deduction			
36 Others (write-ins)			
37 Total adjustments	2,560.	2,560.	
38 Adjusted gross income	50,478.	50,478.	

Name: NARAYANA SASTRY KANDUKURI & KRISHNA

SSN: 875-36-5120

Taxable income and Tax

	Joint	Taxpayer	Spouse
Adjusted gross income	50,478.	50,478.	
Standard deduction	12,600.	6,300.	6,300.
Itemized deductions (see below)	1,784.	1,784.	
Itemized deductions or standard deduction	12,600.	6,300.	6,300.
Total DEPENDENT exemptions - apportioned by %			
Exemptions allowed. Includes taxpayer exemption	8,100.	4,050.	4,050.
Taxable income	29,778.	40,128.	
Regular tax	3,539.	5,803.	
Estimate of AMT based on itemized deductions and other preference items you list here			
Estimate of AMT			
Total tax	3,539.	5,803.	

Credit Adjustments

Retirement savings contributions credit			
Number of children for child tax credit			
Child tax credit			
Credits that are ineligible if married filing separate Forms 2441, 8863, 8839, Schedules R and EIC			

Analysis

Separate tax		5,803.	
Joint tax / total separate tax	3,539.	5,803.	
Married filing joint savings. If negative, consider filing separately			2,264.

Schedule A Deductions

	Taxpayer	Spouse	Taxpayer	Spouse	Apportionment AGI	
Medical					Taxpayer	50,478.
Medical expenses exceeding 7.5% AGI					Spouse	
State/local	1,784.					
Other tax					Taxpayer	100.0 %
Taxes you paid			1,784.		Spouse	0.0 %
Interest						
Cash						
Noncash						
Carryovers						
Contributions						
Casualty						
Casualty and theft losses						
Total misc						
Miscellaneous deductions after 2%						
Gambling						
Other						
Other miscellaneous deductions						
Total itemized deductions					1,784.	

US

Allocation of Income: Taxpayer/Spouse and/or Resident-Nonresident States

2016

Name: NARAYANA SASTRY KANDUKURI & KRISHNA

SSN: 875-36-5120

Table with 7 columns: Federal and resident state (CA), Nonresident state, Taxpayer/default, Spouse, Taxpayer or joint, Spouse, Taxpayer or joint, Spouse. Rows include Wages (53,038), Total income (53,038), Moving (2,560), Total adjustments (2,560), and final total (50,478).

US 1040

Three - Year Tax Summary

2016

Name: NARAYANA SASTRY KANDUKURI & KRISHNA

SSN: 875-36-5120

Gross Income	2014	2015	2016
Wages and salaries			53,038.
Interest and dividends			
Business income			
Sale of assets - gain or loss			
Pension and IRA distributions			
Rents, royalties, etc			
Unemployment and social security			
Other income			
Total gross income			53,038.
Adjustments to Income			2,560.
Adjusted gross income			50,478.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			12,600.
Exemptions			8,100.
Taxable Income	0	0	29,778.
Tax (2016 - 1040, line 44)	0	0	3,539.
Alternative minimum tax			
Other taxes			
Credits and Payments			
Credits			
Withholding			7,957.
EIC and Additional Child Tax Credit			
Estimated tax payments			
Other payments			
Total credits and payments			7,957.
Tax liability after credits			3,539.
Estimated tax penalty			
Refund or (Balance Due)			4,418.
Federal marginal tax bracket	0.0 %	0.0 %	15.0 %
Tax preparation fee			
State refund or (balance due)			
1st resident state refund (balance due)			CA 1,238.
2nd resident state refund (balance due)			
1st part-year state refund (balance due)			
2nd part-year state refund (balance due)			
1st nonresident state refund (balance due)			
2nd nonresident state refund (balance due)			
3rd nonresident state refund (balance due)			
4th nonresident state refund (balance due)			
5th nonresident state refund (balance due)			

NOTES FOR 2016:

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

► For use by individuals who are not U.S. citizens or permanent residents.
► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only. Before you begin:

- **Don't submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- Getting an ITIN doesn't change your immigration status or your right to work in the United States and doesn't make you eligible for the earned income credit.

Application Type (Check one box):

- Apply for a New ITIN
 Renew an Existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g**, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (**based on days present in the United States**) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► 875-36-5120
- e Spouse of U.S. citizen/resident alien } NARAYANA SASTRY KANDUKURI
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ►

Additional information for **a** and **f**: Enter treaty country ► and treaty article number ►

Name (see instructions)	1a First name KRISHNA SIRISHA	Middle name	Last name MOTAMARRY
	1b First name	Middle name	Last name

Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 5050 HACIENDA DR APT 2334 City or town, state or province, and country. Include ZIP code or postal code where appropriate. DUBLIN CA 94568- USA
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Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Don't use a P.O. box number. HNO 12-13-471/1 ROAD NO 1 City or town, state or province, and country. Include ZIP code or postal code where appropriate. HYDERABAD ANDHRA PRADESH INDIA
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Birth information	4 Date of birth (month / day / year) 12/22/1991	Country of birth INDIA	City and state or province (optional)	5 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
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Other information	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date H4 L4615889 08/15/2018
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6d Identification document(s) submitted (see instructions)	<input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____ Date of entry into the United States
---	--

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)?	<input checked="" type="checkbox"/> No/Don't know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).
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6f Enter ITIN and/or IRSN	ITIN _____ IRSN _____ and name under which it was issued ► First name Middle name Last name
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6g Name of college/university or company (see instructions)	City and state Length of stay
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Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions)	Date (month / day / year)	Phone number
Name of delegate, if applicable (type or print)	Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney

Acceptance Agent's Use ONLY	Signature	Date (month / day / year)	Phone 512-710-1000	Fax
	Name and title (type or print) MATHEWS CHACKO	Name of company MATHEWS CPA INC	EIN 27-1850234	PTIN 00913345
			Office Code 700199	