

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

Your first name and initial: **MURALI** Last name: **GARA** Your social security number: **396-53-6004**

If a joint return, spouse's first name and initial: **LAKSHMI** Last name: **GARA** Spouse's social security number: **949-95-6896**

Home address (number and street). If you have a P.O. box, see instructions. **4117 STEVENSON BLVD** Apt. no. **218**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Fremont CA 94538**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

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

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

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above 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.

Exemptions

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

b Spouse

c Dependents:

(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)
JITIN KARTIKEYAN	GARA	949-95-6926	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **3**

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

No. of children on 6c who:
• lived with you **1**
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 138,887.**

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

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

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

b 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 ▶ **22 138,887.**

Adjusted Gross Income

23 Educator expenses **23**

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

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

26 Moving expenses. Attach Form 3903 **26**

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

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 b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

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

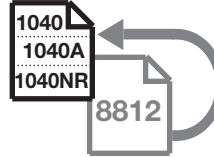
35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37 138,887.**

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2016

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.

Name(s) shown on return

MURALI & LAKSHMI GARA

Your social security number

396-53-6004

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers


1	If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.		
	If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:		
	1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).	1	
	1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).		
	1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).		
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	
4a	Earned income (see separate instructions)	4a	
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	
6	Multiply the amount on line 5 by 15% (0.15) and enter the result	6	
	Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

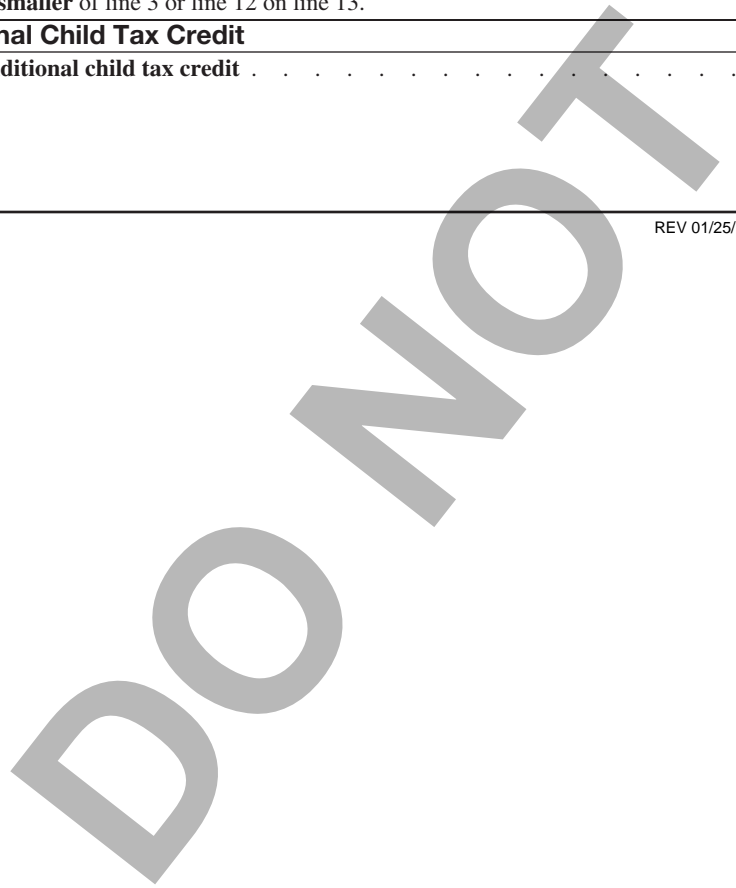
Part III Certain Filers Who Have Three or More Qualifying Children

<p>7 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions</p>	<p>7</p>	
<p>8 1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.</p>	<p>8</p>	
<p>1040A filers: Enter -0-.</p>		
<p>1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.</p>	<p>9</p>	
<p>9 Add lines 7 and 8</p>		
<p>10 1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.</p>	<p>10</p>	
<p>1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).</p>		
<p>1040NR filers: Enter the amount from Form 1040NR, line 67.</p>		
<p>11 Subtract line 10 from line 9. If zero or less, enter -0-</p>		<p>11</p>
<p>12 Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.</p>		<p>12</p>

Part IV Additional Child Tax Credit

<p>13 This is your additional child tax credit</p>	<p>13</p>
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 Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.



TAXABLE YEAR

FORM

2016

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include MURALI GARA, LAKSHMI GARA, 396-53-6004, and 949-95-6896.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due) and Amount. Values include 138,887 and 919.

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

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

Taxpayer's PIN: check one box only

- I authorize [ERO firm name] to enter my PIN [3 6 0 0 4] as my signature on my 2016 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return.

Your signature Date

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

- I authorize [ERO firm name] to enter my PIN [5 6 8 9 6] as my signature on my 2016 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2016 e-filed California individual income tax return.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

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

Input field for ERO's EFIN/PIN with 11 boxes.

Do not enter all zeros

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

ERO's signature Date

2016 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

A
R
RP

396-53-6004 GARA 949-95-6896
MURALI GARA
LAKSHMI GARA

16

4117 STEVENSON BLVD APT 218
FREMONT CA 94538

08-15-1984 05-01-1984

Filing Status

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

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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

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

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

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

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 X \$111 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$111 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$111 = \$

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> JITIN KARTI	<input type="radio"/>	<input type="radio"/>
Last Name	<input checked="" type="radio"/> GARA	<input type="radio"/>	<input type="radio"/>
SSN	<input checked="" type="radio"/> 9 4 9 9 5 6 9 2 6	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> SON	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions 10 X \$344 = \$

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

Your name:

Your SSN or ITIN:

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 .00

13 Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4. ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ● 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16. ● 17 .00

18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), line 44; **OR** Your California **standard deduction** shown below for your filing status:
 ● Single or Married/RDP filing separately. \$4,129
 ● Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,258
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. ● 19 .00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0-. ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. ● 34 .00

35 Add line 33 and line 34. ● 35 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount . . . ● 43 .00

44 Enter credit name code ● and amount . . . ● 44 .00

45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00

46 Nonrefundable renter's credit. See instructions. ● 46 .00

47 Add line 40 through line 46. These are your total credits. ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0-. ● 48 .00

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540). ● 61 .00

62 Mental Health Services Tax. See instructions. ● 62 .00

63 Other taxes and credit recapture. See instructions. ● 63 .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 .00

Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="7349"/>	<input type="text" value="00"/>
	72	2016 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	<input type="text" value="7349"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. See instructions	● 91	<input type="text"/>	<input type="text" value="00"/>
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Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	<input type="text" value="7349"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	<input type="text" value="919"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="919"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97	<input type="text"/>	<input type="text" value="00"/>

Your name:

Your SSN or ITIN:

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	● 400	<input type="text" value=""/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text" value=""/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text" value=""/> .00
California Breast Cancer Research Fund	● 405	<input type="text" value=""/> .00
California Firefighters' Memorial Fund	● 406	<input type="text" value=""/> .00
Emergency Food for Families Fund	● 407	<input type="text" value=""/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text" value=""/> .00
California Sea Otter Fund	● 410	<input type="text" value=""/> .00
California Cancer Research Fund	● 413	<input type="text" value=""/> .00
RESERVED (DO NOT USE)		<input type="text" value=""/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text" value=""/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text" value=""/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text" value=""/> .00
Keep Arts in Schools Fund	● 425	<input type="text" value=""/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text" value=""/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text" value=""/> .00
Revive the Salton Sea Fund	● 432	<input type="text" value=""/> .00
California Domestic Violence Victims Fund	● 433	<input type="text" value=""/> .00
Special Olympics Fund	● 434	<input type="text" value=""/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text" value=""/> .00
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text" value=""/> .00

Contributions

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867

SACRAMENTO CA 94267-0001 ● **111** .00

Pay online – Go to **ftb.ca.gov** for more information.

Amount You Owe

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

Interest and Penalties

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840

SACRAMENTO CA 94240-0001 ● **115** .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type
● Routing number Checking Savings ● Account number **116** Direct deposit amount
 .00

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

● Type
● Routing number Checking Savings ● Account number **117** Direct deposit amount
 .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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

Sign Here

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

It is unlawful to forge a spouse's/RDP's signature.

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

Joint tax return? (See instructions)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● Yes ● No

Print Third Party Designee's Name Telephone Number