For the year Jan 1-D		. Individual Ind			, 2016, er		טויו ב	. 1545-00	, 20		o not write or staple in the separate instruc	
Your first name and		o, or other tax year beginn	Last n	name	, 2010, 61	lailig			, 20		ur social security no	
MURALI			GAF	2 Z						20) 6 E2 6004	
If a joint return, spo	use's first	t name and initial	Last n								96-53-6004 ouse's social security	number
LAKSHMI			GAF	2 A						92	19-95-6896	
	nber and	street). If you have a P.0							Apt. no.		Make sure the SSN	(s) ahove
4117 STEVE	INSON	BLVD							218		and on line 6c are	
		and ZIP code. If you have	a foreign add	lress, also complete space	ces below (se	e instructi	ons).		210	P	residential Election C	ampaign
Fremont C	A 945	38									ck here if you, or your spou	
Foreign country nar				Foreign provin	nce/state/co	unty		Fore	ign postal cod		y, want \$3 to go to this fun x below will not change yo	
										refun		Spouse
Eiling Status	1	Single				4	Head	of house	hold (with gu	alifying	person). (See instruct	ions.) If
Filing Status	2	~	ntly (even i	if only one had inco	me)						not your dependent, e	
Check only one	3	_		inter spouse's SSN			child'	's name h	ere. 🕨			
box.		and full name he	re. ►	·		5	Qual	ifying wid	dow(er) with	depen	dent child	
Exemptions	6a	X Yourself. If so	meone ca	n claim you as a de	pendent, c	do not c	heck	box 6a			Boxes checked	
Exemptions	b	Spouse .									on 6a and 6b No. of children	2_
	С	Dependents:		(2) Dependent's		Dependent'			child under age for child tax cr		on 6c who: • lived with you	1
	(1) First	name Last r	name	social security numbe	r relati	onship to y	ou		instructions)	buit	 did not live with 	
16	JITIN	KARTIKEYAN GARA		949-95-692	6 Son	L	\neg		×		you due to divorce or separation	•
If more than four dependents, see											(see instructions)	
instructions and											Dependents on 6c not entered above	
check here ▶□											Add numbers on	
	d Total number of exemptions claimed								lines above 🕨	3		
Income	7	Wages, salaries, ti	os, etc. At	tach Form(s) W-2						7	138	887.
	8a Taxable interest. Attach Schedule B if required								8a			
Attach Form(s)	b	•		t include on line 8a		8b	V	<u> </u>				
W-2 here. Also	9a	•		Schedule B if require	ed					9a		
attach Forms	b	Qualified dividends				9b						
W-2G and 1099-R if tax	10	·	redits, or o	offsets of state and	local inco	me taxes	s .			10		
was withheld.	11	Alimony received							11			
	12	Business income or (loss). Attach Schedule C or C-EZ							12			
If you did not	13	, ,	,		red. If not	required	i, che	eck here	▶ ⊔	13		
get a W-2,	14	Other gains or (los	· 1	1		 b Таха	 bla.an			14		
see instructions.	15a	IRA distributions Pensions and annui	. 15a			b Taxa				15b		
	16a 17			partnerships, S cor	porations				 bodulo E	16b		
	18			h Schedule F						18		
	19	Unemployment co								19		
	20a	Social security bene				b Taxa	 ble an	nount		20b		
	21	Other income. List	_	amount						21		
	22			right column for lines	7 through					22	138	,887.
	23	Educator expenses	3			23						
Adjusted	24			servists, performing a	rtists, and							
Gross				Attach Form 2106 or 2		24						
Income	25	Health savings acc	ount ded	uction. Attach Form	8889 .	25						
	26	Moving expenses.	Attach Fo	rm 3903		26						
	27	Deductible part of se	elf-employm	nent tax. Attach Sched	dule SE .	27						
	28	Self-employed SEI	P, SIMPLE	, and qualified plan	s	28						
	29	Self-employed hea	ılth insuraı	nce deduction .		29						
	30	Penalty on early w	ithdrawal (of savings		30						
	31a	Alimony paid b R				31a						
	32	IRA deduction .				32						
	33			ion		33						
	34			n 8917		34						
	35	•		deduction. Attach Fo		35						
	36		•	This is your adjust						36	100	007
	37	Subtract line 36 fro	лн iine 22.	. This is your adjust	ເ ບ a gross	income			🟲	37	138,	887.

Form 1040 (2016) Page 2 Amount from line 37 (adjusted gross income) 138,887 38 You were born before January 2, 1952, Blind. Total boxes 39a Check Tax and if: Spouse was born before January 2, 1952, ☐ Blind. J checked ► 39a **Credits** If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . 12,600. 40 Standard 40 Deduction 126,287. 41 for-12,150. 42 • People who 42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions check any box on line 43 **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- . . . 43 114,137. 39a or 39b **or** Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 20,077. 44 who can be 45 Alternative minimum tax (see instructions). Attach Form 6251 45 claimed as a dependent, 46 Excess advance premium tax credit repayment. Attach Form 8962 . 46 instructions. 47 47 20,077. Add lines 44, 45, and 46 • All others: 48 Foreign tax credit. Attach Form 1116 if required Single or Married filing 49 Credit for child and dependent care expenses. Attach Form 2441 49 separately, 50 Education credits from Form 8863, line 19 50 \$6,300 Married filing 51 Retirement savings contributions credit. Attach Form 8880 51 jointly or Qualifying 52 Child tax credit. Attach Schedule 8812, if required . . . widow(er), 53 Residential energy credits. Attach Form 5695 \$12,600 c 🗌 Other credits from Form: **a** 3800 **b** 8801 54 Head of household, 55 Add lines 48 through 54. These are your **total credits** . . . 55 \$9,300 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-20,077. 56 56 57 Self-employment tax. Attach Schedule SE 57 58 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 58 Other 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **Taxes** 60a 60a b First-time homebuyer credit repayment. Attach Form 5405 if required Health care: individual responsibility (see instructions) Full-year coverage X 61 61 62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s)

	63	Add lines 56 through 62. T	his is your total t a	ax			🕨	63	20,	,077.
Payments	64	Federal income tax withhe	ld from Forms W-	2 and 1099 .	. 64		20,077.			
	65	2016 estimated tax payment	s and amount appli	ed from 2015 retur	n 65		,			
f you have a qualifying	66a	Earned income credit (El	C)		. 6 6a		,			
child, attach	b	Nontaxable combat pay elect	tion 66b							
Schedule EIC.	67	Additional child tax credit. A	Attach Schedule 88	12	. 67					
	68	American opportunity cre	dit from Form 88	63, line 8	. 68					
	69	Net premium tax credit. A	ttach Form 8962		. 69					
	70	Amount paid with request	for extension to fi	le	. 70					
	71	Excess social security and	tier 1 RRTA tax wit	hheld	. 71					
	72	Credit for federal tax on fu	els. Attach Form	4136	. 72					
	73	Credits from Form: a 2439 b	Reserved c 88	885 d 🗌	73					
	74	Add lines 64, 65, 66a, and	67 through 73. Th	nese are your tot a	al payments	s.	🕨	74	20	,077.
Refund	75	If line 74 is more than line	63, subtract line	63 from line 74.	This is the a	mount	you overpaid	75		
	76a	Amount of line 75 you war	t refunded to yo	u. If Form 8888 is	attached, c	check I	nere . ▶□	76a		
Direct deposit?	▶ b		X X X X		,, .—		ng 🔲 Savings			
See nstructions.	▶ d	Account number X X	X X X X	X X X X	X X X	X X	XX			
	77	Amount of line 75 you want								
Amount	78	Amount you owe. Subtract		e 63. For details o	n how to pa	ay, see	instructions >	78		0.
You Owe	79	Estimated tax penalty (see	,		. 79					
Third Party		you want to allow another	person to discuss		ne IRS (see	instruc	,		_	X No
Designee		signee's ne ▶		Phone no. ▶			Personal ider number (PIN)		^	
Sign	Under p	enalties of perjury, I declare that I have		d accompanying schedu						
Here		ly list all amounts and sources of incol ur signature	me I received during the	1 1	preparer (other ti our occupation		ayer) is based on all infor	1	which preparer has any me phone number	knowledge.
Joint return? See	100	ar signature					ADMINISTRAT	Daytii	ne priorie riumbei	
nstructions. Keep a copy for	Sno	ouse's signature. If a joint return	hoth must sign		pouse's occu		ADMINISTRAT	If the IF	RS sent you an Identity F	Protection
your records.	Орс	ouse's signature. If a joint return	i, botti must sign.		HOMEMAK:			PIN, er	nter it	Totection
•	Prir	nt/Type preparer's name	Preparer's signatu		HOMEMAN.		Date	here (s	ee inst.) PTIN	
Paid		it Typo proparor o namo	r reparer 3 signate				atc.		< ∐ if	
Preparer								-	' '	
Use Only		Firm's name ► H&T Trusted Tax LLC Firm's address ► 2405 Hammock Lake Dr Little Elm TX 75068							EIN ►	
		n's address ► 2405 H	allillock Lake	S DI LILLIE	5 ELIII 12	<u>. 75</u>		Phone	- 10	10 (2016)
www.irs.gov/fori	111040						R	EV 01/25	/17 PRO Form 10 4	(2010)

SCHEDULE 8812 (Form 1040A or 1040)

Child Tax Credit

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

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



OMB No. 1545-0074

Attachment

Sequence No. 47

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Part I

MURALI & LAKSHMI GARA

Your social security number 396-53-6004

CAU		this part only for each dependent who has an ITIN and for whom you are claiming to pendent is not a qualifying child for the credit, you cannot include that dependent in	
(Indi		estions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040 entification Number) and that you indicated is a qualifying child for the child tax credit by child	
A	_	dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this c separate instructions.	child meet the substantial
	⊠ Yes	□ No	
В	_	endent identified with an ITIN and listed as a qualifying child for the child tax credit, did the separate instructions.	is child meet the substantial
	☐ Yes	□ No	•
C		ident identified with an ITIN and listed as a qualifying child for the child tax credit, did this separate instructions.	child meet the substantial
	☐ Yes	□ No	
D	_	endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this separate instructions.	s child meet the substantial
	☐ Yes	□ No	
Note	: If you have more t	han four dependents identified with an ITIN and listed as a qualifying child for the child tax	credit, see separate instructions
	and check here .		□
D	A II A A LIBERTO CO	al Obild Tay Overlit Filess	
Pal 1		al Child Tax Credit Filers 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit.	
-	If you are requir	red to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax et 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 amoun	t from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	. 2
3		om line 1. If zero, stop here; you cannot claim this credit	. 3
4 a		see separate instructions) 4a	_
b		bat pay (see separate	
5	· · · · · · · · · · · · · · · · · · ·	line 4a more than \$3,000?	
_		line 5 blank and enter -0- on line 6.	
	Yes. Subtraction	ct \$3,000 from the amount on line 4a. Enter the result	
6		ount on line 5 by 15% (0.15) and enter the result	. 6
	Next. Do you ha	ave three or more qualifying children?	

smaller of line 3 or line 6 on line 13.

Otherwise, go to line 7.

□ No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the

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.

Part	III Certain	Filers who Have Three or More Qualitying Childre	en				
7	Form(s) W-2, be amounts with y	security, Medicare, and Additional Medicare taxes from oxes 4 and 6. If married filing jointly, include your spouse's yours. If your employer withheld or you paid Additional tier 1 RRTA taxes, see separate instructions	7				
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.					
	1040A filers:	Enter -0	8				
	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.					
9	Add lines 7 and	8	9				
10	1040 filers:	Enter the total of the amounts from Form 1040, lines 66a and 71.					
	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).	10				
	1040NR filers:	Enter the amount from Form 1040NR, line 67.					
11	Subtract line 10	from line 9. If zero or less, enter -0			11		
12	Enter the larger	of line 6 or line 11			12		
	Next, enter the s	maller of line 3 or line 12 on line 13.					
Part	IV Addition	nal Child Tax Credit					
13	This is your add	ditional child tax credit			13		
				1040 1040)A	Enter this amount on Form 1040, line 67, Form 1040A, line 43, or Form 1040NR, line 64.	

REV 01/25/17 PRO

Schedule 8812 (Form 1040A or 1040) 2016

DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **California e-file Signature Authorization for Individuals** 8879 2016 Your SSN or ITIN 396-53-6004 MURALI GARA Spouse's/RDP's name Spouse's/RDP's SSN or ITIN LAKSHMI GARA 949-95-6896 **Part I** Tax Return Information (whole dollars only) 1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; 138,887. Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; 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. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpayer's PIN: check one box only ✓ I authorize ______ to enter my PIN **ERO firm name** Do not enter all zeros 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Date **>** Spouse's/RDP's PIN: check one box only ✓ I authorize Do not enter all zeros ERO firm name 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. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. 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. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers.

ERO's signature Date

2016	California	Resident	Income	Tax	Return
------	------------	-----------------	---------------	-----	--------

540

Form 540 c1 2016 Side 1

Α

R

RP

APE attach federal return

396-53-6004 GARA 949-95-6896 16 MURALI GARA

LAKSHMI GARA

4117 STEVENSON BLVD APT 218

FREMONT CA 94538

08-15-1984 05-01-1984

REV 03/20/17 PRO

	1	Singl	е	4	Head of household	(with qualifying perso	on). See i	nstructions.	
ng tus	2	× Marr	ed/RDP filing jointly. See inst.	5	Qualifying widow(er) with dependent chi	ld. Enter	year spouse/RD	OP died
Filing Status	3	Marr	ed/RDP filing separately. Enter	spouse's/RD	P's SSN or ITIN abo	ve and full name her	е		
		If your Califo	ornia filing status is different fr	om your fede	ral filing status, che	ck the box here			
	6	If someone	can claim you (or your spouse	'RDP) as a de	ependent, check the	box here. See inst		6	
	•	For line 7, lin	e 8, line 9, and line 10: Multiply	the amount y	ou enter in the box l	by the pre-printed dol	lar amour	nt for that line.	Whole dollars only
	7		you checked box 1, 3, or 4 abonter 2, in the box. If you check	,		cked ions	2 X \$1	11 = • \$	222
	8	Blind: If you	(or your spouse/RDP) are visu	ially impaired	I, enter 1;		\neg		
	•		sually impaired, enter 2			● 8	⊥ X \$1 _	11 = 💿 \$	
	9		u (or your spouse/RDP) are 65 5 or older, enter 2			9	☐ x .\$1	111 = •\$	
ns L	10		Do not include yourself or yo				Λ Ψ.	111 - 0 +	
Exemptions		First Name	Dependent 1 JITIN KARTI		Dependent 2]	Dependent 3	
Ä		Last Name					i i		
		SSN	GARA 9 4 9 9 5 6	9 2 6	•	_			_
		Dependent's relationship to you	SON		•				
		Total depend	344 = • \$	344					
	11	Exemption a	mount: Add line 7 through line	10. Transfer	this amount to line	32		11 \$	566

3101164

175

You	r nam	me: G, A, R, A, Your SSN or ITIN: 396-53-6004								
	12	State wages from your Form(s) W-2, box 16								
	12		138887 00							
	13 14									
(I)			138887 00							
COM	15 16		_00							
le In			138887 00							
axable Income	17 18		<u> </u>							
		Iarger of Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately								
		• 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	8258 00							
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0	130629 00							
	31	Tax. Check the box if from: Tax Table X Tax Rate Schedule								
		● FTB 3800 ● FTB 3803 ● 31	6996 _ 00							
Гах	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions	566 00							
<u> </u>	33		6430 00							
	34		. 00							
	35		6430 00							
	33	Add lifte 33 alid lifte 34								
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions								
S	43	Enter credit name								
redits	44	Enter credit name code and amount • 44								
cial	45	To claim more than two credits, see instructions. Attach Schedule P (540)	_ 00							
Special	46	Nonrefundable renter's credit. See instructions	00							
	47	Add line 40 through line 46. These are your total credits	_ 00							
	48	Subtract line 47 from line 35. If less than zero, enter -0	6430 00							
		Alternative existing a facility of the IAO (Astala D. (540))								
axes	61	Alternative minimum tax. Attach Schedule P (540)								
Other Taxes	62		_ 00							
Ö	63	Other taxes and credit recapture. See instructions	6430							
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	6430 00							

Your SSN or ITIN: 396-53-6004 Your name: GARA **Payments** Excess SDI (or VPDI) withheld. See instructions..... Earned Income Tax Credit (EITC)..... **•** 76 Payments balance. If line 76 is more than line 91, subtract line 91 from line 76..... Overpaid Tax/Tax Due Overpaid tax available this year. Subtract line 95 from line 94.....

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Your SSN or ITIN: 396-53-6004

	<u>Code</u> <u>Amount</u>	
	California Seniors Special Fund. See instructions	0
	Alzheimer's Disease/Related Disorders Fund	0
	Rare and Endangered Species Preservation Program	0
	California Breast Cancer Research Fund	0
	California Firefighters' Memorial Fund	0
	Emergency Food for Families Fund	0
	California Peace Officer Memorial Foundation Fund.	0
	California Sea Otter Fund	0
Su	California Cancer Research Fund	0
Contributions	RESERVED (DO NOT USE).	
Contr	School Supplies for Homeless Children Fund	0
	State Parks Protection Fund/Parks Pass Purchase. • 423	0
	Protect Our Coast and Oceans Fund	0
	Keep Arts in Schools Fund	0
	State Children's Trust Fund for the Prevention of Child Abuse	0
	Prevention of Animal Homelessness and Cruelty Fund	0
	Revive the Salton Sea Fund • 432	0
	California Domestic Violence Victims Fund	0
	Special Olympics Fund • 434	0
	Type 1 Diabetes Research Fund	0
	110 Add code 400 through code 435. This is your total contribution	0

You	r nam	e: G,A	. R A			Your SSN or ITIN:	396-53-6004			
Amount You Owe	111	Mail to:	FRANCHISE TAX PO BOX 942867	BOARD A 94267-0001		n line 96, add line 93, line			etions. Do not send (cash.
nd	112	Interest	late return nenaltie	es, and late navme	ent nenalt	ties			112	. 00
Interest and Penalties					· —	FTB 5805 attached				. 00
nter			ment of estimated t			1				
_						ot staple, any payment				_ 00
	115		FRANCHISE TAX PO BOX 942840	BOARD		line 110, line 112 and line			ctions.	919 00
_	Fill i	n the infor							k or a denosit slin. S	- (00
Refund and Direct Deposit	Hav	e you veri	ified the routing ar	nd account numb	ers? Use	whole dollars only. orized for direct deposit i				ee mstructions.
irect				Type						
D pu	• [Routing nu	umber	× Checking	Acco	unt number		_ •	116 Direct deposi	t amount
nd a	3	2 1 1	7 7 9 6 8	Savings	0 8 0	0 0 1 2 4 4 8 1	2 9 0 3			919 00
Refu	The	remaining	g amount of my ref	● Type		d for direct deposit into t	he account shown be	low:		
	• F	Routing nu	umber	Checking	• Acco	unt number	,	\neg $\stackrel{ullet}{\vdash}$	117 Direct deposi	t amount
				Savings						_ 00
IMP	ORT	ANT: Se	e the instruction	s to find out if yo	ou shoul	ld attach a copy of you	ır complete federal	tax retu	ırn.	
sear	ch for	privacy n	otice. To request th	is notice by mail, o	all 800.85	n, and the consequences f 52.5711. Under penalties c owledge and belief, it is tru	of perjury, I declare that	I have e	nformation, go to ftb . examined this tax retu	.ca.gov and ırn, including
Your	signat	ure				Date	Spouse's/RDP's sign	ature (if a	joint tax return, both m	nust sign)
Si	gn		Your email add	dress. Enter only on	e email ad	dress.		Pre	ferred phone number	
	ere)	Paid preparer's si	anature (declaration	n of prepa	arer is based on all informa	ation of which preparer	hae any	knowledge)	
	unlaw	<i>r</i> ful	raid preparers si	gnature (deciaration	i oi piepa	arer is based on all illiornia	tuon or which preparer	iias aiiy	Kilowieuge)	
spou		RDP's	Firm's name (or y	ours, if self-employe	ed)			• F	PTIN	
sign	ature		H&T TRUST	TED TAX LLC	!					
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			•	allow another per y Designee's Nan		scuss this tax return with	us? See instructions.		Yes • X	No

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Form 540 c1 2016 **Side 5**