

Your first name and initial <b>GURU RAGHAVENDRA</b>		Last name <b>MADAM SETTY</b>		OMB No. 1545-0074	
If a joint return, spouse's first name and initial <b>SWATHI</b>		Last name <b>ADIMULAM</b>		Your social security number <b>298   85   3983</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>1275 SE University Ave</b>				Apt. no. <b>102</b>	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Waukee IA 50263</b>				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	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Filing status** Check only one box.

<b>1</b> <input type="checkbox"/> Single	<b>4</b> <input type="checkbox"/> 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. ▶
<b>2</b> <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	<b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
<b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	

**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)	
AARADHYA	MADAMSETTY	941-94-3109	Daughter	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than six dependents, see instructions.

**d** Total number of exemptions claimed. 3

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	7	111,708.
<b>8a</b> Taxable interest. Attach Schedule B if required.	8a	
<b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a.	8b	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	9a	
<b>b</b> Qualified dividends (see instructions).	9b	
<b>10</b> Capital gain distributions (see instructions).	10	
<b>11a</b> IRA distributions.	11a	
<b>11b</b> Taxable amount (see instructions).	11b	
<b>12a</b> Pensions and annuities.	12a	
<b>12b</b> Taxable amount (see instructions).	12b	
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	13	
<b>14a</b> Social security benefits.	14a	
<b>14b</b> Taxable amount (see instructions).	14b	
<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶	15	111,708.

**Adjusted gross income**

<b>16</b> Educator expenses (see instructions).	16	
<b>17</b> IRA deduction (see instructions).	17	
<b>18</b> Student loan interest deduction (see instructions).	18	
<b>19</b> Tuition and fees. Attach Form 8917.	19	
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶	21	111,708.

<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	111,708.
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> ▶ <input type="checkbox"/> <b>23a</b>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
	<b>24</b>	Enter your <b>standard deduction</b> .	24	12,600.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	99,108.
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	12,150.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.		
		<b>This is your taxable income.</b> ▶ <b>27</b>		86,958.
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	13,286.
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
<b>30</b>	Add lines 28 and 29.	30	13,286.	
<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	592.	
<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32		
<b>33</b>	Education credits from Form 8863, line 19.	33		
<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34		
<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	900.	
<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	1,492.	
<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	11,794.	
<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.	
<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	11,794.	
<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	11,332.	
<b>41</b>	2016 estimated tax payments and amount applied from 2015 return.	41		
<b>42a</b>	<b>Earned income credit (EIC).</b> No <b>42a</b>			
<b>b</b>	Nontaxable combat pay election. <b>42b</b>			
<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43		
<b>44</b>	American opportunity credit from Form 8863, line 8.	44		
<b>45</b>	Net premium tax credit. Attach Form 8962.	45		
<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	▶ 46	11,332.	

**Standard Deduction for—**

- People who check any box on line 23a or 23b 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

If you have a qualifying child, attach Schedule EIC.

**Refund**

<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	
<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/> <b>48a</b>		
▶ <b>b</b>	Routing number <input type="text" value="XXXXXXXXXX"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ <b>d</b>	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>		
<b>49</b>	Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49	

**Amount you owe**

<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50	462.
<b>51</b>	Estimated tax penalty (see instructions).	51	

**Third party designee**

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>
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**Sign here**

Joint return? See instructions. Keep a copy for your records.

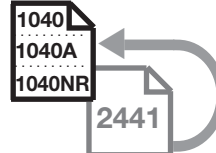
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	Software Engineer	(515) 779-3861
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Software Engineer	<input type="text"/>

**Paid preparer use only**

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

**Child and Dependent Care Expenses**



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

▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

GURU RAGHAVENDRA MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

**Part I 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)
	West Lakes Kinder Care	6670 University Ave West Des Moines IA 50266	TAXEXEMPT	880.
	Saint Francis of Assissi	7075 Ashworth Rd West Des Moines IA 50266	42-1376354	639.

See Additional Child Care Providers

Did you receive dependent care benefits?  **No** → Complete only Part II below.  
 **Yes** → Complete Part III on the back 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.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

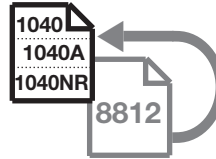
(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
AARADHYA	MADAMSETTY	941-94-3109	2,959.

<b>3</b>	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	<b>3</b>	2,959.																																																										
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	101,581.																																																										
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	10,127.																																																										
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	2,959.																																																										
<b>7</b>	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	<b>7</b>	111,708.																																																										
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X .20																																																										
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<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	13,286.																																																										
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	<b>11</b>	592.																																																										

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

**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](http://www.irs.gov/schedule8812).**

Name(s) shown on return

GURU RAGHAVENDRA MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

**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**


<b>1</b>	If you file Form 2555 or 2555-EZ <b>stop</b> here; you cannot claim the additional child tax credit.				
	If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:				
	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).			<b>1</b>	900.
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).				
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).				
<b>2</b>	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49			<b>2</b>	900.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit			<b>3</b>	0.
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>			
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>			
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result		<b>5</b>		
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result			<b>6</b>	
	<b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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**

<b>7</b>	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 . . . . .	<b>7</b>	
<b>8</b>	<b>1040 filers:</b> 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.  <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> 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.	<b>8</b>	
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> 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).  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>	

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	
-----------	--	-----------	--


 Enter this amount on  
 Form 1040, line 67,  
 Form 1040A, line 43, or  
 Form 1040NR, line 64.

**Additional information from your 2016 Federal Tax Return****Form 2441: Child and Dependent Care Expenses****Additional Child Care Providers****Continuation Statement**

<b>Name</b>	<b>Address</b>	<b>City, State, ZIP</b>	<b>ID No.</b>	<b>Amount Paid</b>
YMCA Preschool	Immanuel Lutheran Church	Waukee IA 50263	42-0680438	980.
Kids Company	1306 NW 138th St,	Clive IA 50325	63-0941966	260.
West Des Moines United Methodist Church	720 Grand Avenue	West Des Moines IA 50265	42-1449274	200.
<b>Total</b>				1,440.

Your first name, middle initial, and last name GURU RAGHAVENDRA MADAM SETTY

Spouse's first name, middle initial, and last name SWATHI ADIMULAM

Your Social Security Number 298-85-3983

Spouse's Social Security Number 065-23-8483

Home address, city, state, ZIP 1275 SE UNIVERSITY AVE, 102

WAUKEE IA 50263

**Part I Tax Return Information**

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B) .....	1B <u>10,127.00</u>	1A <u>92,754.00</u>
2. Total Tax (IA 1040, line 42 A & B) .....	2B <u>126.00</u>	2A <u>5,379.00</u>
3. Iowa Income Tax Withheld (IA 1040, line 66 A & B).....	3B <u>556.00</u>	3A <u>6,050.00</u>
4. Amount to be Refunded (IA 1040, line 71).....		4. <u>1,221.00</u>
5. Total Amount Due (IA 1040, line 76) .....		5. <u>0.00</u>

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. This authorization is to remain in full force and effect until I notify the IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idreft@iowa.gov. Payment cancellation requests must be received no later than 5 business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: BANK OF AMERICA

Routing Number 

0	7	3	0	0	0	1	7	6
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

0	0	3	7	9	2	9	8	4	9	8	1
---	---	---	---	---	---	---	---	---	---	---	---

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2016 and certify to the best of my knowledge and belief, it is true, correct and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to Iowa of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to the IDR.

Your Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. Original form IA 8453-IND should not be sent to IDR, but must instead be retained by the ERO for a period of three years from the date the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature <u>SELF-PREPARED</u>	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self- employed <input type="checkbox"/>	ERO PTIN _____
Firm's name (or yours if self-employed) _____				FEIN _____
Address and zip code _____				Phone Number _____
Paid Preparer Signature <u>SELF-PREPARED</u>	Date _____	Check if self- employed <input type="checkbox"/>	Preparer PTIN _____	
Firm's name (or yours if self-employed) _____				FEIN _____
Address and zip code _____				Phone Number _____

# 2016 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_/\_\_\_/2016 and ending \_\_\_/\_\_\_/\_\_\_

**Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).**

Your last name MADAM SETTY Your first name/middle initial GURU RAGHAVENDRA  
 Spouse's last name ADIMULAM Spouse's first name/middle initial SWATHI  
 Current mailing address (number and street, apartment, lot, or suite number) or PO Box  
1275 SE UNIVERSITY AVE, 102  
 City, State, ZIP  
WAUKEE IA 50263



Spouse SSN • 065-23-8483 Your SSN • 298-85-3983

Email Address: \_\_\_\_\_

**Step 2 Filing Status: Mark one box only.**

- 1  Single: Were you claimed as a dependent on another person's Iowa return? Yes  No  **▲**
- 2  Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)
- 3  Married filing separately on this combined return. Spouse use column B.
- 4  Married filing separate returns. Spouse's name: \_\_\_\_\_ **▲** SSN: \_\_\_\_\_ Net Income: \$ \_\_\_\_\_
- 5  Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.
- 6  Qualifying Widow(er) with dependent child. Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Check this box if you or your spouse was 65 or older as of 12/31/16.  **•**

Residence on 12/31/16: County No. • 25 School District No. • 6822

**Dependent children for whom an exemption is claimed in Step 3**  
 How many have health care coverage? (including Medicaid or hawk-i) 1 •  
 How many do not have health care coverage? 0 •

**Step 3 Exemptions**

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	<b>▲</b> <u>1</u> X \$ 40 = \$ <u>40</u>	<b>▲</b> <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	<b>▲</b> _____ X \$ 20 = \$ _____	<b>▲</b> _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent	<b>▲</b> <u>0</u> X \$ 40 = \$ <u>0</u>	<b>▲</b> <u>1</u> X \$ 40 = \$ <u>40</u>
d. Enter first names of dependents here <u>AARADHYA</u>	<b>e. Total</b> \$ <u>40</u>	<b>e. Total</b> \$ <u>80</u>

**Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet**

B. Spouse/Status 3 **▲** \_\_\_\_\_ A. You or Joint **▲** \_\_\_\_\_

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 5 Gross Income</b>				
1. Wages, salaries, tips, etc.....	1. <u>10,127.00</u>	<u>101,581.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....	2. _____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....	3. _____	_____		
4. Alimony received.....	4. _____	_____		
5. Business income/(loss) from federal Schedule C or C-EZ.....	5. _____	_____		
6. Capital gain/(loss), federal Sch. D if required for federal purposes.....	6. _____	_____		
7. Other gains/(losses) from federal form 4797.....	7. _____	_____		
8. Taxable IRA distributions.....	8. _____	_____		
9. Taxable pensions and annuities.....	9. _____	_____		
10. Rents, royalties, partnerships, estates, etc.....	10. _____	_____		
11. Farm income/(loss) from federal Schedule F.....	11. _____	_____		
12. Unemployment compensation. See instructions.....	12. _____	_____		
13. Gambling winnings.....	13. _____	_____		
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____	_____		
15. Gross Income. Add lines 1-14.....	15. <u>10,127.00</u>	<u>101,581.00</u>		

**NOTE:** Use only blue or black ink, no pencils or red ink.

<b>Step 6 Adjustments to Income</b>				
16. Payments to an IRA, Keogh, or SEP.....	16. _____	_____		
17. Deductible part of self-employment tax.....	17. _____	_____		
18. Health insurance deduction.....	18. _____	<u>8,827.00</u>		
19. Penalty on early withdrawal of savings.....	19. _____	_____		
20. Alimony paid.....	20. _____	_____		
21. Pension/retirement income exclusion.....	21. _____ <b>▲</b>	_____		
22. Moving expense deduction from federal form 3903.....	22. _____	_____		
23. Iowa capital gain deduction; certain sales only. Include IA 100.....	23. _____ <b>▲</b>	_____		
24. Other adjustments.....	24. _____	_____		
25. Total adjustments. Add lines 16-24.....	25. _____	<u>8,827.00</u>		
26. Net Income. Subtract line 25 from line 15.....	26. <u>10,127.00</u>	<u>92,754.00</u>		

<b>Step 7 Federal Tax Addition and Deduction</b>				
27. Federal income tax refund/overpayment received in 2016.....	27. _____ <b>▲</b>	_____		
28. Self-employment/household employment/other federal taxes.....	28. _____ <b>▲</b>	_____		
29. Addition for federal taxes. Add lines 27 and 28.....	29. _____	<u>0.00</u>		<u>0.00</u>
30. Total. Add lines 26 and 29.....	30. <u>10,127.00</u>	<u>92,754.00</u>		
31. Federal tax withheld.....	31. <u>1,179.00</u>	<u>10,153.00</u>		
32. Federal estimated tax payments made in 2016.....	32. _____ <b>▲</b>	_____		
33. Additional federal tax paid in 2016 for 2015 and prior years.....	33. _____ <b>▲</b>	_____		
34. Deduction for federal taxes. Add lines 31, 32, and 33.....	34. <u>1,179.00</u>	<u>10,153.00</u>		
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....	35. <u>8,948.00</u>	<u>82,601.00</u>		





**2016 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35.....			8,948.00	82,601.00
37. Deduction. Check one box <input type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input checked="" type="checkbox"/>			1,970.00	1,970.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36.....			6,978.00	80,631.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax.....	126.00	5,379.00		
40. Iowa lump-sum tax. 25% of federal tax from form 4972.....	.00	.00		
41. Iowa alternative minimum tax. Include IA 6251.....	.00	.00		
42. Total tax. ADD lines 39, 40, and 41.....	126.00	5,379.00		
43. Total exemption credit amount(s) from Step 3, side 1.....	40.00	80.00		
44. Tuition and textbook credit for dependents K-12.....	.00	.00		
45. Volunteer firefighter/EMS/reserve peace officer credit.....	.00	.00		
46. Total credits. ADD lines 43, 44, and 45.....	40.00	80.00		
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.....	86.00	5,299.00		
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.....	.00	.00		
49. BALANCE. SUBTRACT line 48 from 47. If less than zero, enter zero.....	86.00	5,299.00		
50. Out-of-state tax credit. Include IA 130.....	.00	.00		
51. BALANCE. SUBTRACT line 50 from 49. If less than zero, enter zero.....	86.00	5,299.00		
52. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.....	.00	.00		
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero.....	86.00	5,299.00		
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53.....	0.00	0.00		
55. Total state and local tax. ADD lines 53 and 54.....	86.00	5,299.00		
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here.....		5,385.00		
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 57a: <input type="checkbox"/> State Fair 57b: <input type="checkbox"/> Firefighters/Veterans 57c: <input type="checkbox"/> Child abuse Prevention 57d: <input type="checkbox"/> Enter here.....				.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here.....				5,385.00

<b>Step 10 Credits</b>				
59. Iowa Fuel tax credit. Include IA 4136.....	.00	.00		
60. Check One: Child and dependent care credit <input checked="" type="checkbox"/> OR Early childhood development credit <input type="checkbox"/>	.00	.00		
61. Iowa earned income tax credit. 15.0% (.15) of federal credit.....	.00	0.00		
62. Other refundable credits. Include IA 148 Tax Credits Schedule.....	.00	.00		
63. Total refundable Iowa credits. ADD lines 59 - 62.....	.00	0.00		
64. RESERVED FOR FUTURE USE.....	0.00	0.00		
65. Taxpayers trust fund tax credit. The credit for 2016 is \$0.....	0.00	0.00		
66. Iowa income tax withheld.....	556.00	6,050.00		
67. Estimated and voucher payments made for tax year 2016.....	.00	.00		
68. TOTAL. ADD lines 63, 65, 66, and 67.....	556.00	6,050.00		
69. TOTAL CREDITS. ADD columns A and B on line 68 and enter here.....		6,606.00		

<b>Step 11 Refund or Amount Due</b>				
70. If line 69 is more than line 58, Subtract line 58 from line 69. This is the amount you overpaid.....			1,221.00	
71. Amount of line 70 to be REFUNDED.....			1,221.00	
For a faster refund file electronically. Go to <a href="https://tax.iowa.gov">https://tax.iowa.gov</a> for details				
72. Amount of line 70 to be applied to your 2017 estimated tax.....	.00	.00		
73. If line 69 is less than line 58, Subtract line 69 from line 58. This is the AMOUNT OF TAX YOU OWE.....				
74. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>				
75. Penalty and interest <input type="checkbox"/> 75a. Penalty .00 <input type="checkbox"/> 75b. Interest .00 ADD. Enter total.....				
76. TOTAL AMOUNT DUE. ADD lines 73, 74, and 75. Enter here.....				PAY THIS AMOUNT

<b>Step 12</b>	Political Checkoff - This checkoff does not increase the amount of tax you owe or decrease your refund.	<input type="checkbox"/> \$1.50 to Republican Party <input type="checkbox"/> <input type="checkbox"/> Spouse \$1.50 to Democratic Party <input type="checkbox"/> \$1.50 to Campaign Fund	<input type="checkbox"/> \$1.50 to Republican Party <input type="checkbox"/> <input type="checkbox"/> Yourself \$1.50 to Democratic Party <input type="checkbox"/> \$1.50 to Campaign Fund
----------------	---	--	--

**Step 13** I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

<b>SIGN HERE</b>	<input type="checkbox"/>	<b>SELF-PREPARED</b>
Your Signature	Date	Preparer's Signature
<b>SIGN HERE</b>	<input type="checkbox"/>	Preparer's PTIN
Spouse's Signature	Date	Firm's FEIN
	(515) 779-3861	
	Daytime Telephone Number	Daytime Telephone Number



This return is due May 1, 2017. Please sign, enclose W-2s, and verify SSNs. You can pay online at <https://tax.iowa.gov>  
 Make check payable to Treasurer, State of Iowa. REV 01/25/17 INTUIT.CG.CFP.SP  
 MAILING ADDRESS: Iowa Income Tax Document Processing, PO BOX 9187, Des Moines IA 50306-9187. INT  
 41-001 (05/13/16)

Your first name and initial <b>GURU RAGHAVENDRA</b>		Last name <b>MADAM SETTY</b>		OMB No. 1545-0074	
If a joint return, spouse's first name and initial <b>SWATHI</b>		Last name <b>ADIMULAM</b>		Your social security number <b>298   85   3983</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>1275 SE University Ave</b>				Apt. no. <b>102</b>	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Waukee IA 50263</b>				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	
Foreign country name		Foreign province/state/county		Foreign postal code	

**Filing status** Check only one box.

1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> 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 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
---	---

**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)
AARADHYA	MADAMSETTY	941-94-3109	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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**

d Total number of exemptions claimed.

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	111,708.
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 (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	
11b Taxable amount (see instructions).	11b	
12a Pensions and annuities.	12a	
12b Taxable amount (see instructions).	12b	
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	
14b Taxable amount (see instructions).	14b	
15 Add lines 7 through 14b (far right column). This is your <b>total income</b> .	15	111,708.

**Adjusted gross income**

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your <b>total adjustments</b> .	20	
21 Subtract line 20 from line 15. This is your <b>adjusted gross income</b> .	21	111,708.

<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	111,708.
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> ▶ <input type="checkbox"/> <b>23a</b>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
	<b>24</b>	Enter your <b>standard deduction</b> .	24	12,600.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	99,108.
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	12,150.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	▶ 27	86,958.
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	13,286.
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	<b>30</b>	Add lines 28 and 29.	30	13,286.
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b 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	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	592.
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
	<b>33</b>	Education credits from Form 8863, line 19.	33	
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	900.
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	1,492.
	<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	11,794.
	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.
	<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	11,794.
	<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	11,332.
<b>If you have a qualifying child, attach Schedule EIC.</b>	<b>41</b>	2016 estimated tax payments and amount applied from 2015 return.	41	
	<b>42a</b>	<b>Earned income credit (EIC).</b> No	42a	
	<b>b</b>	Nontaxable combat pay election. <b>42b</b>		
	<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	
	<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
	<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
	<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	▶ 46	11,332.
	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	
	<b>b</b>	Routing number <input type="text" value="XXXXXX XXXX"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>			
<b>49</b>	Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49		

<b>Refund</b>	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	
	<b>49</b>	Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49	

<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	▶ 50	462.
	<b>51</b>	Estimated tax penalty (see instructions).	51	

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text"/>
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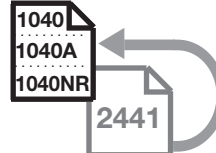
**Sign here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	Software Engineer	(515) 779-3861
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<input type="text"/>	<input type="text"/>	Software Engineer	

**Paid preparer use only**

Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ Self-Prepared				
Firm's address ▶			Firm's EIN ▶	
			Phone no.	

**Child and Dependent Care Expenses**



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

▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

GURU RAGHAVENDRA MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

**Part I 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)
	West Lakes Kinder Care	6670 University Ave West Des Moines IA 50266	TAXEXEMPT	880.
	Saint Francis of Assissi	7075 Ashworth Rd West Des Moines IA 50266	42-1376354	639.

See Additional Child Care Providers

Did you receive dependent care benefits? **No** → Complete only Part II below.  
**Yes** → Complete Part III on the back 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.

**Part II Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

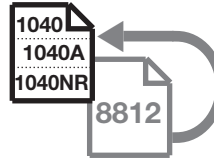
(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a)
First	Last		
AARADHYA	MADAMSETTY	941-94-3109	2,959.

<b>3</b>	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	<b>3</b>	2,959.																																																										
<b>4</b>	Enter your <b>earned income</b> . See instructions	<b>4</b>	101,581.																																																										
<b>5</b>	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4	<b>5</b>	10,127.																																																										
<b>6</b>	Enter the <b>smallest</b> of line 3, 4, or 5	<b>6</b>	2,959.																																																										
<b>7</b>	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	<b>7</b>	111,708.																																																										
<b>8</b>	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X .20																																																										
	<table border="0"> <tr> <td><b>If line 7 is:</b></td> <td><b>If line 7 is:</b></td> </tr> <tr> <td> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0—15,000</td><td></td><td>.35</td></tr> <tr><td>15,000—17,000</td><td></td><td>.34</td></tr> <tr><td>17,000—19,000</td><td></td><td>.33</td></tr> <tr><td>19,000—21,000</td><td></td><td>.32</td></tr> <tr><td>21,000—23,000</td><td></td><td>.31</td></tr> <tr><td>23,000—25,000</td><td></td><td>.30</td></tr> <tr><td>25,000—27,000</td><td></td><td>.29</td></tr> <tr><td>27,000—29,000</td><td></td><td>.28</td></tr> </tbody> </table> </td> <td> <table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr><td>31,000—33,000</td><td></td><td>.26</td></tr> <tr><td>33,000—35,000</td><td></td><td>.25</td></tr> <tr><td>35,000—37,000</td><td></td><td>.24</td></tr> <tr><td>37,000—39,000</td><td></td><td>.23</td></tr> <tr><td>39,000—41,000</td><td></td><td>.22</td></tr> <tr><td>41,000—43,000</td><td></td><td>.21</td></tr> <tr><td>43,000—No limit</td><td></td><td>.20</td></tr> </tbody> </table> </td> </tr> </table>	<b>If line 7 is:</b>	<b>If line 7 is:</b>	<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$0—15,000</td><td></td><td>.35</td></tr> <tr><td>15,000—17,000</td><td></td><td>.34</td></tr> <tr><td>17,000—19,000</td><td></td><td>.33</td></tr> <tr><td>19,000—21,000</td><td></td><td>.32</td></tr> <tr><td>21,000—23,000</td><td></td><td>.31</td></tr> <tr><td>23,000—25,000</td><td></td><td>.30</td></tr> <tr><td>25,000—27,000</td><td></td><td>.29</td></tr> <tr><td>27,000—29,000</td><td></td><td>.28</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	<table border="1"> <thead> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr><td>\$29,000—31,000</td><td></td><td>.27</td></tr> <tr><td>31,000—33,000</td><td></td><td>.26</td></tr> <tr><td>33,000—35,000</td><td></td><td>.25</td></tr> <tr><td>35,000—37,000</td><td></td><td>.24</td></tr> <tr><td>37,000—39,000</td><td></td><td>.23</td></tr> <tr><td>39,000—41,000</td><td></td><td>.22</td></tr> <tr><td>41,000—43,000</td><td></td><td>.21</td></tr> <tr><td>43,000—No limit</td><td></td><td>.20</td></tr> </tbody> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20	<b>9</b>	592.
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<b>10</b>	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	<b>10</b>	13,286.																																																										
<b>11</b>	<b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	<b>11</b>	592.																																																										

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

**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](http://www.irs.gov/schedule8812).**

Name(s) shown on return

GURU RAGHAVENDRA MADAM SETTY & SWATHI ADIMULAM

Your social security number

298-85-3983

**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**


<b>1</b>	If you file Form 2555 or 2555-EZ <b>stop</b> here; you cannot claim the additional child tax credit.  If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:  <b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). <b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). <b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).			
		<b>1</b>		900.
<b>2</b>	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	<b>2</b>		900.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit	<b>3</b>		0.
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>		
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>		
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>		
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result <b>Next.</b> Do you have three or more qualifying children? <input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> 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.	<b>6</b>		

**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	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 . . . . .	<b>7</b>	
<b>8</b>	<b>1040 filers:</b> 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.  <b>1040A filers:</b> Enter -0-. <b>1040NR filers:</b> 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.	<b>8</b>	
<b>9</b>	Add lines 7 and 8 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> 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).  <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>10</b>	
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>	
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . <b>Next</b> , enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>	

**Part IV Additional Child Tax Credit**

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

**Additional information from your 2016 Iowa Attachment****Form 2441: Child and Dependent Care Expenses****Additional Child Care Providers****Continuation Statement**

<b>Name</b>	<b>Address</b>	<b>City, State, ZIP</b>	<b>ID No.</b>	<b>Amount Paid</b>
YMCA Preschool	Immanuel Lutheran Church	Waukee IA 50263	42-0680438	980.
Kids Company	1306 NW 138th St,	Clive IA 50325	63-0941966	260.
West Des Moines United Methodist Church	720 Grand Avenue	West Des Moines IA 50265	42-1449274	200.
<b>Total</b>				<b>1,440.</b>