

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

See separate instructions.

Your first name and initial ANAND BABU	Last name PALANISAMY	Your social security number 079-77-1496
If a joint return, spouse's first name and initial AJANTHA	Last name MARUTHACHALAM	Spouse's social security number 941-99-4167
Home address (number and street). If you have a P.O. box, see instructions. 1102, N HIGH POINT RD		Apt. no. 100
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Madison WI 53717		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	

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

(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)
ADVIKA	ANAND	BABU	662-54-5443	Daughter	<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

If more than four dependents, see instructions and check here

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	72,243.
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 <input type="checkbox"/>	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	72,243.

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	72,243.

38	Amount from line 37 (adjusted gross income)	38	72,243.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	21,704.
41	Subtract line 40 from line 38	41	50,539.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	38,389.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	4,829.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	4,829.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	1,000.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	1,000.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	3,829.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	3,829.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	7,013.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	7,013.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,184.										
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a	3,184.										
b	Routing number <table border="1"><tr><td>0</td><td>3</td><td>1</td><td>0</td><td>0</td><td>0</td><td>5</td><td>0</td><td>3</td></tr></table> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	0	3	1	0	0	0	5	0	3			
0	3	1	0	0	0	5	0	3					
d	Account number <table border="1"><tr><td>8</td><td>4</td><td>3</td><td>4</td><td>5</td><td>0</td><td>7</td><td>5</td><td>9</td><td>9</td></tr></table>	8	4	3	4	5	0	7	5	9	9		
8	4	3	4	5	0	7	5	9	9				
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77											

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

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

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SOFTWARE ENGINEER	
		HOME MAKER	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
SUKHMEET KAUR	SUKHMEET KAUR	03/02/2017		P01898672
Firm's name ▶	Firm's EIN ▶			
UNITED GLOBAL TAX INC.	47-5029097			
Firm's address ▶	Phone no. (510)413-7879			
35944 Mission Blvd Fremont CA 94536				

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

ANAND BABU PALANISAMY & AJANTHA MARUTHACHALAM

079-77-1496

Caution: Do not include expenses reimbursed or paid by others.			
Medical and Dental Expenses	1 Medical and dental expenses (see instructions)	1	
	2 Enter amount from Form 1040, line 38 2		
	3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4
Taxes You Paid	5 State and local (check only one box):		
	a <input checked="" type="checkbox"/> Income taxes, or	5	3,394.
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	

	9 Add lines 5 through 8		9 3,394.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
Note: Your mortgage interest deduction may be limited (see instructions).			
12 Points not reported to you on Form 1098. See instructions for special rules		12	
13 Mortgage insurance premiums (see instructions)		13	
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
15 Add lines 10 through 14			15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18		19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► <u>Employee business expenses</u>	21	19,755.
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	

	24 Add lines 21 through 23	24	19,755.
	25 Enter amount from Form 1040, line 38 25 72,243.		
	26 Multiply line 25 by 2% (0.02)	26	1,445.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27 18,310.	
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►		28
Total Itemized Deductions	29 Is Form 1040, line 38, over \$155,650?		
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29 21,704.
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		<input type="checkbox"/>

Paid Preparer's Due Diligence Checklist
Earned Income Credit (EIC), Child Tax Credit (CTC), and American Opportunity Tax Credit (AOTC)
▶ To be completed by preparer and filed with Form 1040, 1040A, 1040EZ, 1040NR, 1040SS, or 1040PR.
▶ Information about Form 8867 and its separate instructions is at www.irs.gov/form8867.

Taxpayer name(s) shown on return ANAND BABU PALANISAMY & AJANTHA MARUTHACHALAM	Taxpayer identification number 079-77-1496
Enter preparer's name and PTIN SUKHMEET KAUR	P01898672

Due Diligence Requirements

Please complete the appropriate column for all credits claimed on this return (check all that apply).	EIC	CTC/ACTC	AOTC
1 Did you complete the return based on information for tax year 2016 provided by the taxpayer or reasonably obtained by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Did you complete the applicable EIC and/or CTC/ACTC worksheets found in the Form 1040, 1040A, 1040EZ, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Did you satisfy the knowledge requirement? Answer "Yes" only if you can answer "Yes" to both 3a and 3b. To meet the knowledge requirement, did you:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Interview the taxpayer, ask adequate questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Review adequate information to determine that the taxpayer is eligible to claim the credit(s) and in what amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Did any information provided by the taxpayer, a third party, or reasonably known to you in connection with preparing the return appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you make reasonable inquiries to determine the correct or complete information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Did you satisfy the record retention requirement? To meet the record retention requirement, did you keep a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In addition to your notes from the interview with the taxpayer, list those documents, if any, that you relied on. _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the credit(s) claimed on the return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a Did you complete the required recertification form(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 If the taxpayer is reporting self-employment income, did you ask adequate questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to question 10.)

	EIC	CTC/ACTC	AOTC
9a Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tie-breaker rules), and have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b Did you explain to the taxpayer that he/she may not claim the EIC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Due Diligence Questions for Returns Claiming CTC and/or additional CTC (If the return does not claim CTC or Additional CTC, go to question 11.)

10a Does the child reside with the taxpayer who is claiming the CTC/ACTC? (If "Yes," go to question 10c. If "No," answer question 10b.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b Did you ask if there is an active Form 8332, Release/Revocation of Claim to Exemption for Child by Custodial Parent, or a similar statement in place and, if applicable, did you attach it to the return?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c Have you determined that the taxpayer has not released the claim to another person?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to *Credit Eligibility Certification*.)

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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► **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**

- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
- B. Submit Form 8867 in the manner required;
- C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867,
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 - 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 - 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 - 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.

► **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

Credit Eligibility Certification

12 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct and complete?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Unreimbursed Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2016
Attachment
Sequence No. **129A**

▶ Information about Form 2106-EZ and its instructions is available at www.irs.gov/form2106ez.

Your name ANAND BABU PALANISAMY	Occupation in which you incurred expenses SOFTWARE ENGINEER	Social security number 079-77-1496
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2016.

Caution: You can use the standard mileage rate for 2016 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1 Complete Part II. Multiply line 8a by 54¢ (0.54). Enter the result here	1	1,361.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	11,695.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	1,500.
5 Meals and entertainment expenses: \$ <u>10,397.</u> × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	5,199.
6 Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	19,755.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ 10/02/2014
- 8 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
- a Business 2,520 b Commuting (see instructions) _____ c Other 980
- 9 Was your vehicle available for personal use during off-duty hours? **Yes** **No**
- 10 Do you (or your spouse) have another vehicle available for personal use? **Yes** **No**
- 11a Do you have evidence to support your deduction? **Yes** **No**
- b If "Yes," is the evidence written? **Yes** **No**

Moving Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2016
Attachment
Sequence No. **170**

Name(s) shown on return

ANAND BABU PALANISAMY & AJANTHA MARUTHACHALAM

Your social security number

079-77-1496

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

1 Transportation and storage of household goods and personal effects (see instructions)	1	
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	
3 Add lines 1 and 2	3	
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	447.
5 Is line 3 more than line 4? <input checked="" type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	

PA-40 - 2016
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (05-16)

079771496 941994167

PALANISAMY

ANAND BABU Occupation SOFTWARE E

AJANTHA Occupation HOME MAKER

MARUTHACHALAM

APT 100

1102 N HIGH POINT RD

MADISON WI 53717
99999

N Extension. N Amended Return.
P Residency Status.
PA Resident/Nonresident/Part-Year Resident
from 010116 to 050616
J Single, Married/Filing Jointly,
Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers.
School District Name NOT IN PA

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
1b Unreimbursed Employee Business Expenses.
1c Net Compensation. Subtract Line 1b from Line 1a.
2 Interest Income. Complete PA Schedule A if required.
3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.
4 Net Income or Loss from the Operation of a Business, Profession or Farm.
5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
7 Estate or Trust Income. Complete and submit PA Schedule J.
8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.
9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.
11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (46799), 1b (0), 1c (46799), 2 (0), 3 (0), 4 (0), 5 (0), 6 (0), 7 (0), 8 (0), 9 (46799), 10 (0), 11 (46799).



EC OFFICIAL USE ONLY FC
[] [] [] [] [] [] [] []

PA-40 - 2016

Social Security Number

079771496

Name(s) ANAND BABU PALANISAMY

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2015 PA Income Tax return.

15 2016 Estimated Installment Payments. REV-459B included.

16 2016 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2017 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		1437
13		1437
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		0
23		0
24		1437
25		0
26		0
27		0
28		0
29		0
30		0
31		0
32		
33		
34		
35		
36		

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
Preparer's Name and Telephone Number UNITED GLOBAL TAX INC. 5104137879	Date 030217

E-File Opt Out

N

Firm FEIN

475029097

Preparer's PTIN

P01898672



PA SCHEDULE W-2S Wage Statement Summary PA-40 Schedule W-2S (08-16) (I) 2016

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Table with 2 columns: Name shown first on the PA-40 (if filing jointly) and Social Security Number (shown first). Values: ANAND BABU PALANISAMY and 079-77-1496

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. IMPORTANT: You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You must submit a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You must submit a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. CAUTION: The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Table for Part A - Federal Forms W-2. Columns: T/S, Employer's identification number from Box b, Federal wages from Box 1, Medicare wages from Box 5, PA compensation from Box 16, PA income tax withheld from Box 17. Includes a total row for Part A.

Table for Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements. Columns: A. T/S, B. Type, C. Payer name, D. 1099R code, E. Total federal amount, F. Adjusted plan basis, G. PA compensation, H. PA tax withheld. Includes a total row for Part B.

TOTAL - Add the totals from Parts A and B. Line 1a: 46,799; Line 13: 1,437

Enter the TOTALS on your PA tax return on: Line 1a Line 13

- Payment type: A. Executor fee, B. Jury duty pay, C. Director's fee, D. Expert witness fee, E. Honorarium, F. Covenant not to compete, G. Damages or settlement for lost wages, other than personal injury, H. Other nonemployee compensation. Describe: I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan, J. Distribution from IRA (Traditional or Roth), K. Distribution from Life Insurance, Annuity or Endowment Contracts, L. Distribution from Charitable Gift Annuities, M. Distribution from Employee Stock Ownership Plan. Describe:



Declaration Control Number/Submission ID

Primary Taxpayer's Name ANAND BABU PALANISAMY	Social Security Number 079-77-1496
Secondary Taxpayer's Name AJANTHA MARUTHACHALAM	Social Security Number 941-99-4167

PART I Tax Return Information – Tax Year Ending Dec. 31, 2016 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	46,799
2. PA Tax Liability (Form PA-40, Line 12)	2.	1,437
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	1,437
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	0

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2016 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- I authorize SUKHMEET KAUR to enter my PIN 71496 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ **Date** _____

Secondary Taxpayer's PIN: (check one box only)

- I authorize SUKHMEET KAUR to enter my PIN 94167 as my signature on my tax year 2016 electronically filed income tax return.
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ **Date** _____

Practitioner PIN Program Participants Only – Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 94589936137

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ **Date** _____

ERO must retain this form and the supporting documents for three years.

DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

Nonresident & part-year resident Wisconsin income tax

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

Check here if this is an amended return

Complete form using BLACK INK

NOTE

DO NOT STAPLE

Form fields for names and social security numbers: PALANISAMY, ANAND BABU, MARUTHACHALAM, AJANTHA.

Form fields for address: 1102, N HIGH POINT RD, MADISON, WI, 53717.

Filing status section with checkboxes for Single, Married filing joint return, Married filing separate return, Head of household.

Tax district and County of fields with instructions for completion.

Resident status section with checkboxes for Full-year resident, Nonresident, Part-year resident.



Note: Complete residence questionnaire, page 51.

PAPER CLIP with holding statements here

PAPER CLIP check or money order here

Table with 4 columns: Income, NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows 1-16 detailing various income types and amounts.

1-0501

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 23)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 23)	.00	.00
19	Health savings account deduction (see page 23)	.00	.00
20	Moving expenses (see page 23)	.00	.00
21	Deductible part of self-employment tax (see page 23)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 23)	.00	.00
23	Self-employed health insurance deduction (see page 24)	.00	.00
24	Penalty on early withdrawal of savings (see page 24)	.00	0.00
25	Alimony paid (see page 24)	.00	.00
26	IRA deduction (see page 24)	.00	.00
27	Student loan interest deduction (see page 24)	.00	.00
28	Tuition and fees (see page 24)	Not deductible for Wisconsin	
29	Domestic production activities deduction (see page 24)	Not deductible for Wisconsin	
30	Other adjustments included in Form 1040, line 36 (see page 24) (list type and amount)	.00	.00
31	Total adjustments to income. Add lines 17 through 30	.00	0.00
Adjusted Gross Income			
32	Wisconsin income. Subtract line 31, column B from line 16, column B		24985.00
33	Federal income. Subtract line 31, column A from line 16, column A	72243.00	
34	Divide line 32 by line 33. Carry the decimal to four places. If amount on line 32 is more than amount on line 33, fill in 1.0000. (See page 25)		.3458

Tax Computation			
35	Fill in the larger of Wisconsin income from line 32, column B or federal income from line 33, column A. But , if Wisconsin income from line 32 is zero or less, fill in 0 (zero)	35	72243.00
36a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 36c on page 25	36a	<input type="checkbox"/>
36b	Aliens (see page 25 to determine if you must check line 36b)	36b	<input type="checkbox"/>
36c	Find the standard deduction for amount on line 33 using table on page 41	36c	8945.00
37	Subtract line 36c from line 35. If line 36c is more than line 35, fill in 0 (zero)	37	63298.00
38	Exemptions (Caution: see page 25)		
a	Fill in exemptions from your federal return <u>3</u> x \$700	38a	2100.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	38b	.00
c	Add lines 38a and 38b	38c	2100.00
39	Subtract line 38c from line 37. If line 38c is more than line 37, fill in 0 (zero)	39	61198.00
40	Tax (see table on page 44)	40	3434.00
41	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	41	.00
42	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2016—heat included <u>.00</u>	} Find credit from table page 27	42a <u>.00</u>
	Rent paid in 2016—heat not included <u>.00</u>		
b	Property taxes paid on home in 2016 <u>.00</u>	} Find credit from table page 28	42b <u>.00</u>
43	Add credits on lines 41, 42a, and 42b	43	.00
44	Subtract line 43 from line 40. If line 43 is more than line 40, fill in 0 (zero)	44	3434.00
45	Fill in ratio from line 34	45	.3458
46	Multiply line 44 by ratio on line 45	46	1187.00



Name(s) shown on Form 1NPR ANAND BABU PALANISAMY & AJANTHA MARUTHACHALAM	Your social security number 079771496
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47	Fill in amount from line 46	47	1187.00
48	Armed forces member credit. (Full-year Wisconsin residents only)	48	.00
49	Working families tax credit. (Full-year Wisconsin residents only)	49	.00
50	Certain nonrefundable credits from line 11 of Schedule CR	50	.00
51	Add lines 48 through 50	51	.00
52	Subtract line 51 from line 47. If line 51 is more than line 47, fill in 0 (zero)	52	1187.00
53	Alternative minimum tax. Enclose Schedule MT	53	0.00
54	Add lines 52 and 53	54	1187.00
55	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	55	0.00
56	Other credits from Schedule CR, line 35. Enclose Schedule CR	56	.00
57	Net income tax paid to another state. Enclose Schedule OS	57	.00
58	Add lines 55, 56, and 57	58	0.00
59	Subtract line 58 from line 54. If line 58 is more than line 54, fill in 0 (zero). This is your net tax	59	1187.00
60	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 31) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	60	.00
61	Donations (decreases refund or increases amount owed)		
	a Endangered resources .00	e Military family relief .00	
	b Cancer research .00	f Second Harvest/Feeding Amer. .00	
	c Veterans trust fund .00	g Red Cross WI Disaster Relief .00	
	d Multiple sclerosis .00	h Special Olympics Wisconsin .00	
	Total (add lines a through h) . . . →		61i .00
62	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 32)	62	.00
63	Credit repayments and other penalties (see page 32)	63	.00
64	Add lines 59 through 63	64	1187.00

Payments and Credits

65	Wisconsin income tax withheld. Enclose readable withholding statements	65	1450.00
66	2016 Wisconsin estimated tax paid and amount applied from 2015 return	66	.00
67	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children ▶ _____ Federal credit ▶ _____ .00 x _____ % =	67	.00
68	Farmland preservation credit. a. Schedule FC, line 18	68a	.00
	b. Schedule FC-A, line 13	68b	.00
69	Repayment credit	69	.00
70	Homestead credit. (Full-year Wisconsin residents only)	70	.00
71	Eligible veterans and surviving spouses property tax credit	71	.00
72	Refundable credits from Schedule CR, line 39	72	.00
73	AMENDED RETURN ONLY – amount previously paid (see page 36)	73	.00
74	Add lines 65 through 73	74	1450.00
75	AMENDED RETURN ONLY – amounts previously refunded (see page 36)	75	.00
76	Subtract line 75 from line 74	76	1450.00

I-050ai



Refund or Amount You Owe

Table with 2 columns: Line number and Amount. Rows include 77 (AMOUNT OVERPAID 263.00), 78 (AMOUNT OF LINE 77 YOU WANT REFUNDED TO YOU 263.00), 79 (AMOUNT OF LINE 77 TO BE APPLIED TO YOUR 2017 ESTIMATED TAX 0.00), 80 (AMOUNT YOU OWE .00), and 81 (Underpayment interest .00).

Third Party Designee section. Includes fields for Designee's name, Phone no., and Personal identification number (PIN) with a grid for digits.

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes lines for Your signature, Spouse's signature (if filing jointly, BOTH must sign), and Date.

Mail your return to: Wisconsin Department of Revenue. (if tax is due) PO Box 268, Madison WI 53790-0001. (if refund or no tax due) PO Box 59, Madison WI 53785-0001.

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 41 instructions)

Table for Schedule 1 with 2 columns: Line number and Amount. Rows include 1 (Medical and dental expenses .00), 2 (Interest paid .00), 3 (Gifts to charity .00), 4 (Casualty losses .00), 5 (Add lines 1 through 4 .00), 6a (Wisconsin standard deduction .00), 6b (Ratio .0000), 6c (Multiply line 6a by ratio .00), 7 (Subtract line 6c from line 5 .00), 8 (Rate of credit is .05 (5%) x .05), and 9 (Multiply line 7 by line 8 .00).

Schedule 2 - Married Couple Credit. May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 3 columns: Line number, (A) YOURSELF, and (B) YOUR SPOUSE. Rows include 1 (Wages, salaries, tips, etc. 24985.00), 2 (Net profit or (loss) from self-employment 0.00), 3 (Combine lines 1 and 2. This is your total Wisconsin earned income 24985.00), 4 (Add amounts on Form 1NPR, lines 18, 22, 26, and 30, column B. Fill in the total of these adjustments that apply to your or your spouse's earned income 0.00), 5 (Subtract line 4 from line 3. This is your qualified earned income 24985.00), 6 (Compare the amount in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000. 0.00), 7 (Rate of credit is .03 (3%) x .03), and 8 (Multiply line 6 by line 7. Round the result and fill in here and on line 55 of Form 1NPR. Do not fill in more than \$480. 0.00).

