

Form **1040**

Department of the Treasury — Internal Revenue Service (99)

U.S. Individual Income Tax Return 2016

OMB No. 1545-0074

IRS Use Only — Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2016, or other tax year beginning , 2016, ending , 20 , See separate instructions.

Your first name and initial Last name Your social security number
RAJESH JEGANATHAN 848-79-0097

If a joint return, spouse's first name and initial Last name Spouse's social security number
KARPAGAM CHELLIAH 949-91-7228

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
141 AUDUBON RD #210
▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
WEYMOUTH, MA 02188

Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above & 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

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a.
6b Spouse.
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
● lived with you.
● did not live with you due to divorce or separation (see instructions).
Dependents on 6c not entered above.
Add numbers on lines above.
d Total number of exemptions claimed.

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 89,430.
8a Taxable interest. Attach Schedule B if required. 8a 122.
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required. 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes. 10
11 Alimony received. 11
12 Business income or (loss). Attach Schedule C or C-EZ. 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13
14 Other gains or (losses). Attach Form 4797. 14
15a IRA distributions. 15a b Taxable amount. 15b
16a Pensions and annuities. 16a b Taxable amount. 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17
18 Farm income or (loss). Attach Schedule F. 18
19 Unemployment compensation. 19
20a Social security benefits. 20a b Taxable amount. 20b
21 Other income. List type and amount. 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 89,552.

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 0.
37 Subtract line 36 from line 22. This is your adjusted gross income. 37 89,552.

Tax and Credits

Standard Deduction for -

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,300
 - Married filing jointly or Qualifying widow(er), \$12,600
 - Head of household, \$9,300

38	Amount from line 37 (adjusted gross income)	38	89,552.
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	17,048.
41	Subtract line 40 from line 38	41	72,504.
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instrs	42	12,150.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	60,354.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/>		
	b <input type="checkbox"/> Form 4972	44	8,129.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	8,129.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other crs 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	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	8,129.

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 type="checkbox"/>	61	1,721.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instrs; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	9,850.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	15,288.
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	NO
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <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	15,288.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	5,438.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	5,438.
b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
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) _____

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation **SENIOR ASSOCIATE** Daytime phone number **(913) 235-6331**

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

Paid Preparer Use Only

Print/Type preparer's name SREENIVASULU PALLA	Preparer's signature SREENIVASULU PALLA	Date _____	Check <input checked="" type="checkbox"/> if self-employed	PTIN P04858965
Firm's name GLOBAL TAX SOLUTIONS	Firm's address 6318 N MACARTHUR BLVD APT # 1067		Firm's EIN _____	
Firm's address IRVING, TX 75039		Phone no. 770-666-7471		

**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

RAJESH JEGANATHAN AND KARPAGAM CHELLIAH

848-79-0097

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	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	0.	
Taxes You Paid	5 State and local (check only one box):				
	a	<input checked="" type="checkbox"/> Income taxes, or	5	4,179.	
	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	4,179.	
	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	0.	
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	0.	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.	
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.) ►			
		FORM 2106 (TAXPAYER) 14,380.	21	14,380.	
	22	Tax preparation fees	22	280.	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24	Add lines 21 through 23	24	14,660.	
	25	Enter amount from Form 1040, line 38. 25 89,552.			
	26	Multiply line 25 by 2% (0.02)	26	1,791.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	12,869.		
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	0.	
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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	17,048.	
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here. <input type="checkbox"/>			

Name as shown on return

RAJESH JEGANATHAN AND KARPAGAM CHELLIAH

Your social security number

848-79-0097

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II Coverage Exemptions Claimed on Your Return for Your Household

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here.

Part III Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	GUHAN RAJESH	949-91-7291	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

2016

Attachment
Sequence No. **129**

Your name RAJESH JEGANATHAN	Occupation in which you incurred expenses SENIOR ASSOCIATE	Social security number 848-79-0097
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Part I Employee Business Expenses and Reimbursements

Step 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	2,246.		
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	8,955.		
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	810.		
5 Meals and entertainment expenses (see instructions)	5			4,738.
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,011.		4,738.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code 'L' in box 12 of your Form W-2 (see instructions)	7			
---	---	--	--	--

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	12,011.		4,738.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.				
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 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.)	9	12,011.		2,369.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.)	10			14,380.

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

Part II Vehicle Expenses

Section A – General Information (You must complete this section if you are claiming vehicle expenses.)		(a) Vehicle 1	(b) Vehicle 2
11	Enter the date the vehicle was placed in service.....	11 10/01/15	
12	Total miles the vehicle was driven during 2016.....	12 7,000 miles	miles
13	Business miles included on line 12.....	13 4,160 miles	miles
14	Percent of business use. Divide line 13 by line 12.....	14 59.43 %	%
15	Average daily roundtrip commuting distance.....	15 miles	miles
16	Commuting miles included on line 12.....	16 miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12.....	17 2,840 miles	miles
18	Was your vehicle available for personal use during off-duty hours?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
20	Do you have evidence to support your deduction?.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
21	If 'Yes,' is the evidence written?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Section B – Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)		
22	Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1.....	22 2,246.

Section C – Actual Expenses		(a) Vehicle 1	(b) Vehicle 2
23	Gasoline, oil, repairs, vehicle insurance, etc.....	23	
24 a	Vehicle rentals.....	24 a	
24 b	Inclusion amount (see instructions)....	24 b	
24 c	Subtract line 24b from line 24a.....	24 c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 – see instructions).....	25	
26	Add lines 23, 24c, and 25.....	26	
27	Multiply line 26 by the percentage on line 14.....	27	
28	Depreciation (see instructions).....	28	
29	Add lines 27 and 28. Enter total here and on line 1.....	29	

Section D – Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		(a) Vehicle 1	(b) Vehicle 2
30	Enter cost or other basis (see instructions).....	30	
31	Enter section 179 deduction and special allowance (see instructions)....	31	
32	Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance)....	32	
33	Enter depreciation method and percentage (see instructions).....	33	
34	Multiply line 32 by the percentage on line 33 (see instructions).....	34	
35	Add lines 31 and 34.....	35	
36	Enter the applicable limit explained in the line 36 instructions.....	36	
37	Multiply line 36 by the percentage on line 14.....	37	
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above....	38	

RAJESH JEGANATHAN AND KARPAGAM CHELLIAH

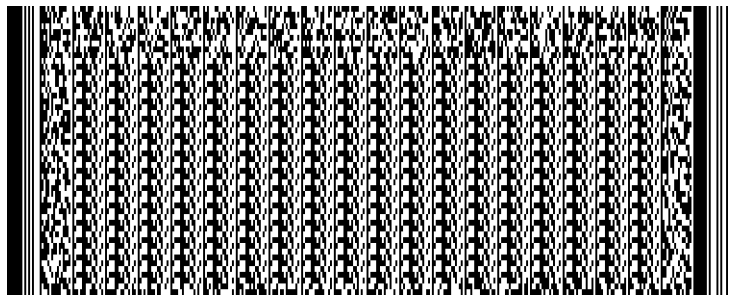
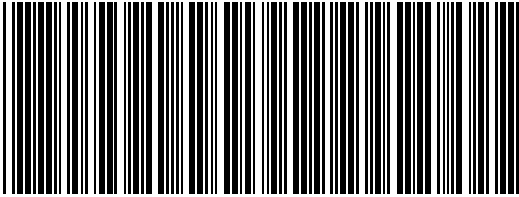
848-79-0097

**VEHICLE/EMPLOYEE BUSINESS EXPENSE (2106)
TRAVEL EXPENSES WHILE AWAY FROM HOME OVERNIGHT**

STAY EXPENSES (9 MONTHS*\$995 PER MONTH).....	\$	8,955.
TOTAL	\$	<u>8,955.</u>

**VEHICLE/EMPLOYEE BUSINESS EXPENSE (2106)
MEAL AND ENTERTAINMENT EXPENSES IN FULL**

MEALS (103 DAYS*\$46 PER DAY) AS PER FEDERAL M & IE RATES.....	\$	4,738.
TOTAL	\$	<u>4,738.</u>



2016 Form 1
MA16001011032

Massachusetts Resident Income Tax Return
FOR FULL YEAR RESIDENTS ONLY

For the year January 1 — December 31, 2016 or other taxable

Year beginning Ending

RAJESH
KARPAGAM
141 AUDUBON RD

JEGANATHAN
CHELLIAH
WEYMOUTH

848790097
949917228

MA 02188

Fill in if: Original return Amended return Amended return due to federal change

State Election Campaign Fund:

Fill if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle ▶

Taxpayer deceased ▶

Fill in if under age 18 ▶

a Total federal income ▶ 89552

b Federal adjusted gross income ▶ 89552

1 Filing status (select one only): ▶ Single
 Married filing jointly
 Married filing separate return
 Head of household ▶ You are a custodial parent who has released claim to exemption for child(ren)

2 Exemptions:

a Personal exemptions		2a	8800
b Number of dependents. (Do not include yourself or your spouse.) Enter no.	▶ 1	x \$1,000 = 2b	1000
c Age 65 or over before 2017	You + Spouse =	▶ x \$700 = 2c	
d Blindness	You + Spouse =	▶ x \$2,200 = 2d	
e 1 Medical/dental ▶	2 Adoption ▶	▶ 1 + 2 = 2e	
f Total exemptions. Add lines 2a through 2e. Enter here and on line 18		▶ 2f	9800
3 Wages, salaries, tips		▶ 3	89430
4 Taxable pensions and annuities		▶ 4	
5 Mass. bank interest: a ▶	- b exemption	= 5	
6 Business/profession or farm income or loss		▶ 6	
7 Rental, royalty and REMIC, partnership, S corp., trust income/loss		▶ 7	
8a Unemployment		▶ 8a	
8b Mass. lottery winnings		▶ 8b	
9 Other income from Schedule X, line 5		▶ 9	

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

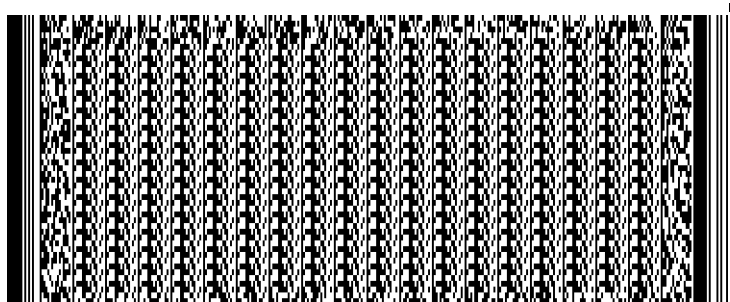
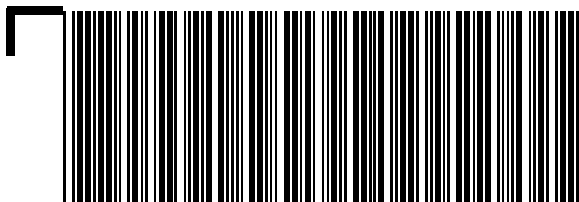
May the Department of Revenue discuss this return with the preparer shown here? ▶ Yes

I do not want preparer to file my return electronically ▶ (this may delay your refund)

Print paid preparer's name: SREENIVASULU PALLA Date: Paid preparer's SSN: P04858965
 Paid preparer's signature: SREENIVASULU PALLA Date: Paid preparer's phone: 7706667471
 Check if self-employed: Paid preparer's EIN:

GLOBAL TAX SOLUTIONS
6318 N MACARTHUR BLVD APT # 1067 IRVING, TX 75039
031917 015902 A

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



2016 Form 1, pg. 2

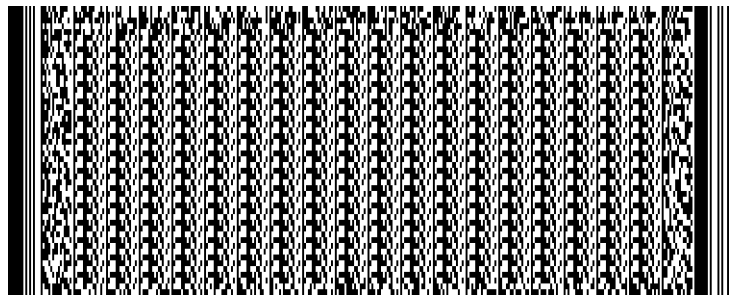
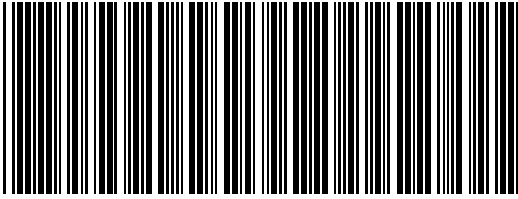
MA16001021032

Massachusetts Resident Income Tax Return

848790097

10 TOTAL 5.1% INCOME	10	89430
11 a Amount paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11 a	2000
11 b Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	▶ 11 b	
12 Child under age 13, or disabled dependent/spouse care expenses	▶ 12	
13 Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/16, or disabled dependent(s) Not more than two. a ▶ 1	▶ 13	3600
	x \$3,600 ▶ 13	
14 Rental deduction. a ▶	▶ 14	
	÷ 2 = ▶ 14	
15 Other deductions from Schedule Y, line 18	▶ 15	12869
16 Total deductions. Add lines 11 through 15	▶ 16	18469
17 5.1% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than '0'	▶ 17	70961
18 Exemption amount	▶ 18	9800
19 5.1% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than '0'	▶ 19	61161
20 INTEREST AND DIVIDEND INCOME	▶ 20	122
21 TOTAL TAXABLE 5.1% INCOME. Add lines 19 and 20	▶ 21	61283
22 TAX ON 5.1% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585 ▶	▶ 22	3125
23 12% INCOME. Not less than '0' a ▶	x .12 = ▶ 23	
24 TAX ON LONG-TERM CAPITAL GAINS. Not less than '0'. Fill in if filing Schedule D-IS ▶ Fill in if any excess exemptions were used in calculating lines 20, 23 or 24 ▶	▶ 24	
25 Credit recapture amount (from Credit Recapture Schedule)	▶ 25	
26 Additional tax on installment sale	▶ 26	
27 If you qualify for No Tax Status, fill in and enter '0' on line 28 ▶		
28 TOTAL INCOME TAX. Add lines 22 through 26	▶ 28	3125
29 Limited Income Credit	▶ 29	
30 Income tax paid to another state or jurisdiction	▶ 30	
31 Other credits from Credit Manager Schedule	▶ 31	
32 INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than '0'	▶ 32	3125

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2016 Form 1, pg. 3

MA16001031032

Massachusetts Resident Income Tax Return

848790097

33 Voluntary Contributions

- a Endangered Wildlife Conservation ▶ 33 a
- b Organ Transplant Fund ▶ 33 b
- c Massachusetts AIDS Fund ▶ 33 c
- d Massachusetts U.S. Olympic Fund ▶ 33 d
- e Massachusetts Military Family Relief Fund ▶ 33 e
- f Homeless Animal Prevention and Care ▶ 33 f
- Total. Add lines 33a through 33f 33

34 Use tax due on Internet, mail order and other out-of-state purchases ▶ 34

35 Health care penalty **a** You ▶ + **b** Spouse ▶ - **c** Fed. health care penalty ▶ 35

36 INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 35 36 3125

37 Massachusetts income tax withheld ▶ 37 4179

38 2015 overpayment applied to your 2016 estimated tax ▶ 38

39 2016 Massachusetts estimated tax payments ▶ 39

40 Payments made with extension ▶ 40

41 Earned Income Credit. **a** Number of qualifying children ▶ Amount from U.S. return ▶ x .23 = ▶ 41

42 Senior Circuit Breaker Credit ▶ 42

43 Other Refundable Credits ▶ 43

44 TOTAL. Add lines 37 through 43 44 4179

45 Overpayment. Subtract line 36 from line 44 ▶ 45 1054

46 Amount of overpayment you want **applied to your 2017 estimated tax** ▶ 46

47 Refund. Subtract line 46 from line 45. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 ▶ 47 1054

Direct deposit of refund. Type of account ▶ checking
savings

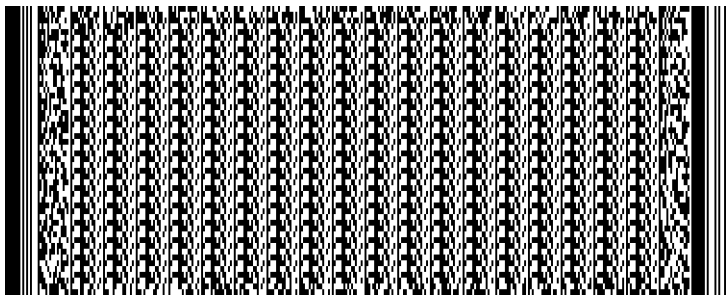
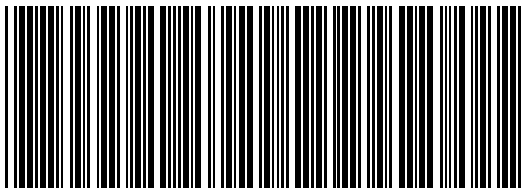
RTN # ▶ 101000187 account # ▶ 145572989575

48 Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7002, Boston, MA 02204 ▶ 48

Interest ▶ Penalty ▶ M-2210 amt. ▶ ▶

EX enclose
Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2016 Schedule X & Y
 MA16SXY011032

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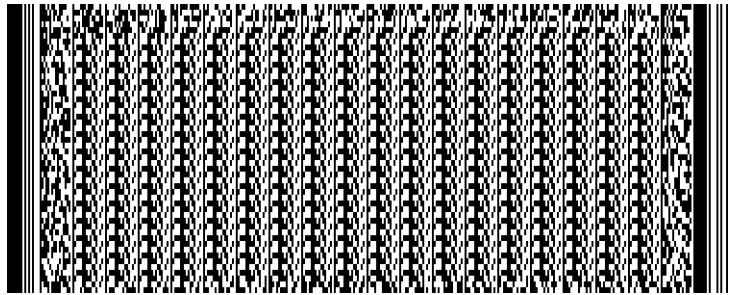
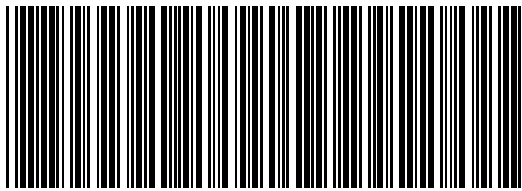
848790097

Schedule X. Other Income

- 1 Alimony received ▶ 1
- 2 Taxable IRA/Keogh and Roth IRA conversion distributions ▶ 2
- 3 Other gambling winnings. **Not less than '0.'** Certain gambling losses are deductible under Massachusetts law ▶ 3
- 4 Fees and other 5.1% income. **Not less than '0'** ▶ 4
- 5 Total other 5.1% income. Add lines 1 through 4. **Not less than '0'** ▶ 5

Schedule Y. Other Deductions

- 1 Allowable employee business expenses ▶ 1 12869
- 2 Penalty on early savings withdrawal ▶ 2
- 3 Alimony paid ▶ 3
- 4 Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5
 Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F
 Income exempt under U.S. tax treaty ▶ 4
- 5 Moving expenses ▶ 5
- 6 Medical savings account deduction ▶ 6
- 7 Self-employed health insurance deduction ▶ 7
- 8 Health care accounts deduction ▶ 8
- 9 Certain qualified deductions from U.S. Form 1040
 Certain business expenses from U.S. Form 1040 ▶ 9
- 10 Student loan interest ▶ 10
- 11 College Tuition Deduction ▶ 11
- 12 Undergraduate student loan interest deduction ▶ 12
- 13 Deductible amount of qualified contributory pension income from another state
 or political subdivision included in Form 1, line 4 or Form 1-NR/PY, line 6 ▶ 13
- 14 Claim of right deduction ▶ 14
- 15 Commuter deduction ▶ 15
- 16 Human organ donation deduction (full-year residents only) ▶ 16
- 17 Certain gambling losses ▶ 17
- 18 Total other deductions. Add lines 1 through 17 ▶ 18 12869



2016 Schedule DI
 MA16SDI011032

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Schedule DI. Dependent Information

GUHAN
 SON

RAJESH

949917291

Is dependent a qualifying child for earned income credit? ▶ X 08312013

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

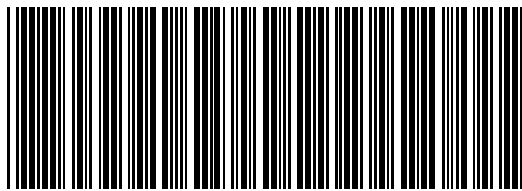
Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

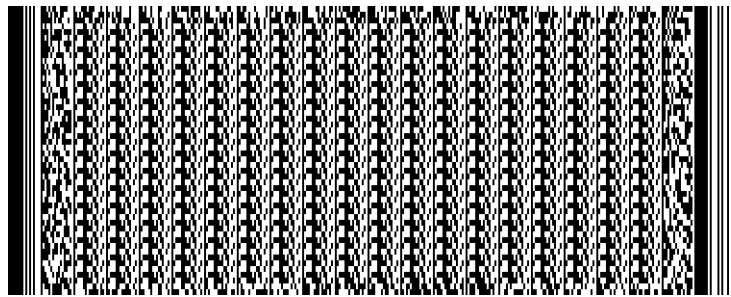
Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶



2016 Schedule B
 MA16010011032



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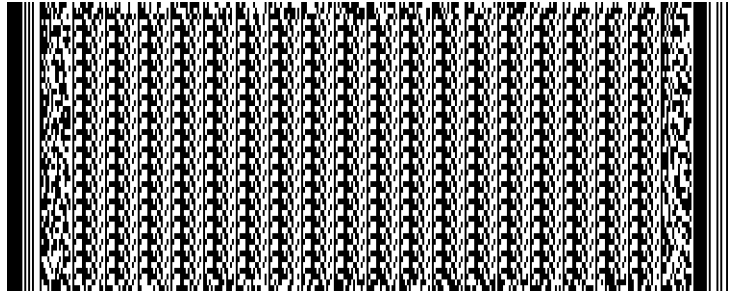
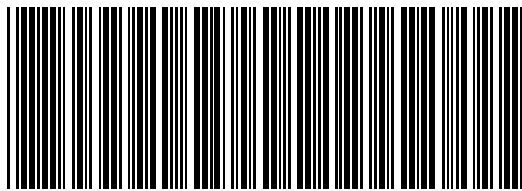
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Part 1. Interest and Dividend Income

1	Total interest income	1	122
2	Total ordinary dividends	2	
3	Other interest and dividends not included above	3	
4	Total interest and dividends	4	122
5	Total interest from Massachusetts banks	5	
6	Other interest and dividends to be excluded	6	
7	Subtotal	7	122
8	Allowable deductions from your trade or business	8	
9	Subtotal	9	122

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10	Short-term capital gains	10	
11	Long-term capital gains on collectibles and pre-1996 installment sales	11	
12	Gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13	Add lines 10 through 12	13	
14	Allowable deductions from your trade or business	14	
15	Subtotal	15	
16	Short-term capital losses	16	
17	Loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18	Prior short-term unused losses for years beginning after 1981	18	
19	Combine lines 15 through 18	19	
20	Short-term losses applied against interest and dividends	20	



2016 Schedule B, pg. 2
 848790097 MA16010021032

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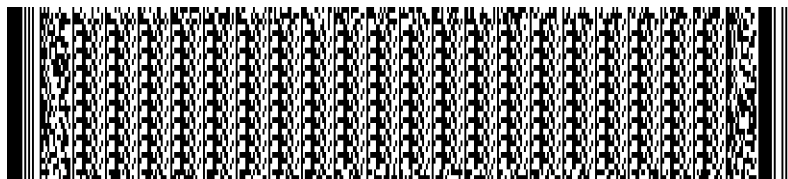
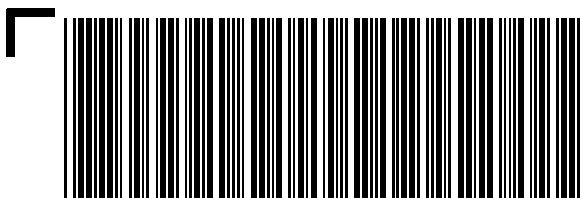
21	Available short-term losses	21
22	Short-term losses applied against long-term gains	22
23	Short-term losses available for carryover in 2017	23
24	Short-term gains and long-term gains on collectibles	24
25	Long-term losses applied against short-term gain	25
26	Subtotal	26
27	Long-term gains deduction	27
28	Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29	Enter the amount from line 9	29
30	Short-term losses applied against interest and dividends	30
31	Subtotal interest and dividends	31
32	Long-term losses applied against interest and dividends	32
33	Adjusted interest and dividends	33
34	Enter the amount from line 28	34

Part 4. Taxable Interest, Dividends and Certain Capital Gains

35	Adjusted gross interest, dividends and certain capital gains	▶ 35
36	Excess exemptions	36
37	Subtract line 36 from line 35	37
38	Interest and dividends taxable at 5.1%	▶ 38
39	Taxable 12% capital gains	▶ 39
40	Available short-term losses for carryover in 2017	40



2016 Schedule HC, pg. 2

848790097 MA16029021032

Uninsured for All or Part of 2016

6 Was your income in 2016 at or below 150% of the federal poverty level? 6 Yes X No

If you answer Yes, you are not subject to a penalty in 2016. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2016, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

7 Complete this section only if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2016. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least 15 days or more. If, during 2016, you turned 18, you were a part-year resident or a taxpayer was deceased, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.

You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

Months Covered By Health Insurance

Table with 2 rows (You, Spouse) and 12 columns (Jan-Dec)

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2015. Skip the remainder of this schedule and complete your tax return.

Religious Exemption and Certificate of Exemption

8a Religious exemption: Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? 8a You Yes No Spouse X Yes No

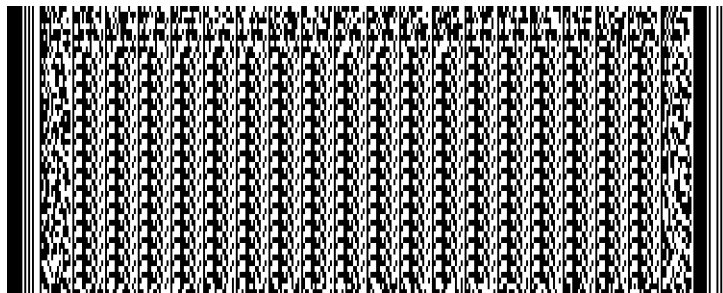
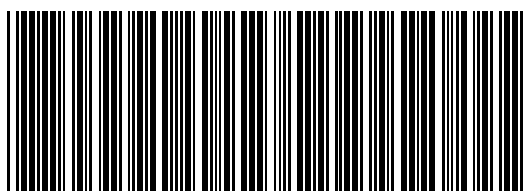
If you answer Yes, go to line 8b. If you answer No, go to line 9.

8b If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2016 tax year? 8b You Yes No Spouse Yes X No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

9 Certificate of exemption: Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector Connector for the 2016 tax year? 9 You Yes No Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.



2016 Schedule INC
 MA16INC011032

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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
13-3924155	4179	89430	6842		W2
41-68-7665		100			1099INT
		22			1099INT

TOTALS	4179	89552	6842		
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