

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

See separate instructions.

Your first name and initial Harikrishna	Last name Gorrepati	Your social security number 024-84-7932
If a joint return, spouse's first name and initial Jhansi Lakshmi	Last name Gorrepati	Spouse's social security number 287-11-2457
Home address (number and street). If you have a P.O. box, see instructions. 6524 Deseo		Apt. no. 355
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Irving TX 75039		▲ 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

c Dependents:		(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)
(1) First name	Last name			
Veda	Gorrepati	130-57-0780	Daughter	<input checked="" type="checkbox"/>
Karthik Vibhav	Gorrepati	653-80-4025	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 2
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **4**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	176,055.
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	954.
b	Qualified dividends	9b	954.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	800.
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	177,809.

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	4,700.
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	4,700.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	173,109.

Table with columns for line number, description, and amount. Includes sections for Tax and Credits (lines 38-56), Other Taxes (lines 57-63), Payments (lines 64-74), Refund (lines 75-77), and Amount You Owe (lines 78-79).

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

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

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

Paid Preparer Use Only

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Your signature, Date, Your occupation, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**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

Harikrishna & Jhansi Lakshmi Gorrepati

024-84-7932

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	4,416.
	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	4,416.
	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	539.
	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	539.
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	26,256.
	22 Tax preparation fees	22	140.
	23 Other expenses—investment, safe deposit box, etc. List type and amount ► <u>Safe deposit box rental fees</u>	23	125.

	24 Add lines 21 through 23	24	26,521.
	25 Enter amount from Form 1040, line 38 25 173,109.		
	26 Multiply line 25 by 2% (0.02)	26	3,462.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	23,059.	
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 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
	<input checked="" 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			

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.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Harikrishna & Jhansi Lakshmi Gorrepati

Your social security number

024-84-7932

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)
KIDDIE ACADEMY OF SECAUCUS	1006 New County Rd Secaucus NJ 07094	27-4609651	9,870.
PRIMROSE	700 FLUOR DRIVE Irving TX 75039	74-3067076	5,425.

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		
Veda	Gorrepati	130-57-0780	7,648.
Karthik Vibhav	Gorrepati	653-80-4025	7,648.

3 Add the amounts in column (c) of line 2. Do not 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	3	6,000.																																																									
4 Enter your earned income . See instructions	4	97,023.																																																									
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	79,032.																																																									
6 Enter the smallest of line 3, 4, or 5	6	6,000.																																																									
7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	173,109.																																																									
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																									
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions	9	1,200.																																																									
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	23,671.																																																									
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47	11	1,200.																																																									

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 Harikrishna Gorrepati	Occupation in which you incurred expenses Software Engineer	Social security number 024-84-7932
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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	1,362.
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	26.
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	21,625.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	
5 Meals and entertainment expenses: \$ <u>6,486.</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	3,243.
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	26,256.

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) ▶ 10/01/2015
- 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 2,522 b Commuting (see instructions) _____ c Other 10,478
- 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

Your social security number

Harikrishna & Jhansi Lakshmi Gorrepati

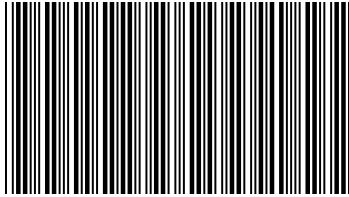
024-84-7932

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	4,700.
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	4,700.
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	
5 Is line 3 more than line 4? <input 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 checked="" 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	4,700.

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

NJ-1040
2016
Page 1



040MP01160

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2016 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

GORREPATI HARIKRISHNA & JHANSI LAKSHMI

6524 DESEO APT 355

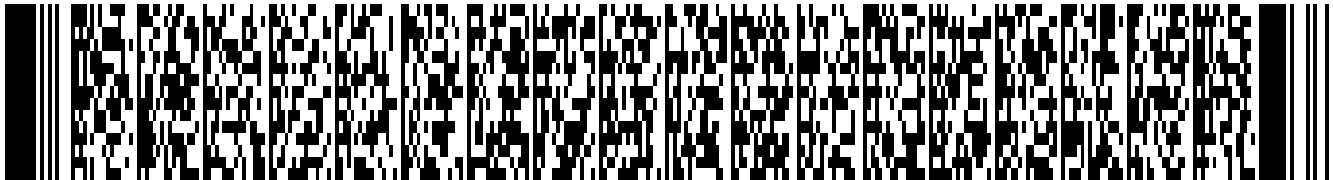
IRVING TX 75039 0909

1555

024847932 287112457

P01477175

X



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

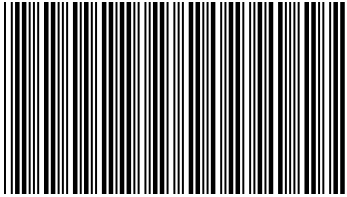
Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature Federal Identification Number
P01477175

Firm's Name Federal Employer Identification Number

VALUES TAX



040MP02160

GORREPATI HARIKRISHNA & JHANSI LAKSHMI

024847932

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM 010116 TO 071016

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 2
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 2

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

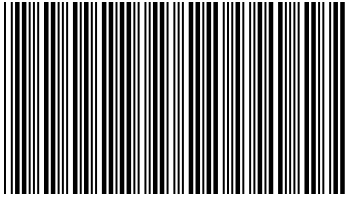
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows for A. Gorrepati, Veda and B. Gorrepati, Karthik Vibhav.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

Main tax schedule table with 36 rows. Includes items like WAGES, SALARIES, TAXABLE INTEREST INCOME, DIVIDENDS, NET PROFITS FROM BUSINESS, etc. Total taxable income shown as 109444.



040MP03160

GORREPATI HARIKRISHNA & JHANSI LAKSHMI

024847932

1555

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	3182 .
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.	
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.	
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	38.	3182 .
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	106262 .
40. TAX (FROM TAX TABLES, PAGE 53)	40.	3096 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	1303 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32 .
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	1793 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	. .
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	1793 .
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO	45.	0 .
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	. .
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	1793 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	1827 .
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	. .
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2015 TAX RETURN	50.	. .
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	. .
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	52.	. .
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	53.	. .
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	54.	. .
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	1827 .
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT	56.	. .
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	34 .
58. YOUR 2017 TAX	58.	. .
59. NEW JERSEY ENDANGERED WILDLIFE FUND	59.	. .
60. NEW JERSEY CHILDREN'S TRUST FUND	60.	. .
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	. .
62. NEW JERSEY BREAST CANCER RESEARCH FUND	62.	. .
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	. .
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40)	64.	. .
64C. DESIGNATION CODE	64C.	
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	. .
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	34 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	211391825
dd5. ACCOUNT NUMBER	dd5.	13194360
dnm. DO NOT MAIL INDICATOR	dnm.	
pa. POWER OF ATTORNEY INDICATOR	pa.	
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2016

Name(s) as shown on Form NJ-1040 Gorrepati, Harikrishna & Jhansi Lakshmi	Your Social Security Number 024-84-7932
--	---

Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1. Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 41. (Indicate jurisdiction name <u>New York</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	47,110.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	111,944.	
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1)	3.	42.0835%	
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.	COLUMN A		COLUMN B
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	109,444.	4.
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet G, line 1. See instructions page 34. Property tax deduction. Enter the amount from Worksheet G, line 2. See instructions page 35.	5.	3,182.	5.
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	106,262.	6.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	3,096.	7.
8. Allowable Credit (Line 3 times Line 7)	8.	1,303.	8.
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9.	1,303.	9.

- If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

1.	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2016, through December 31, 2016, or fiscal year beginning

IT-203

16

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial HARIKRISHNA		Your last name (for a joint return, enter spouse's name on line below) GORREPATI		Your date of birth (mmddyyyy) 08101975	Your social security number 024847932
Spouse's first name and middle initial JHANSI LAKSHMI		Spouse's last name GORREPATI		Spouse's date of birth (mmddyyyy) 02031981	Spouse's social security number 287112457
Mailing address (see instructions, page 14) (number and street or PO box) 6524 DESEO				Apartment number 355	New York State county of residence NR
City, village, or post office IRVING		State TX	ZIP code 75039	Country (if not United States)	School district name NR
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State	ZIP code	Country (if not United States)		Decedent information	Taxpayer's date of death
					Spouse's date of death

A Filing status (mark an X in one box):

- ① Single
- ② Married filing joint return (enter both spouses' social security numbers above)
- ③ Married filing separate return (enter both spouses' social security numbers above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2016 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 15) Yes No

D2 Yonkers part-year residents only:

(1) Did you receive a property tax freeze or property tax relief credit? (see page 15) Yes No

(2) If Yes, enter the total amount00

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2016

(2) Number of months your spouse lived in NY City in 2016

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy)

On the last day of the tax year (mark an X in one box):

1) Lived in NYS

2) Lived outside NYS; received income from NYS sources during nonresident period

3) Lived outside NYS; received no income from NYS sources during nonresident period

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2016? Yes No
(if Yes, complete Form IT-203-B)



I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
VEDA	GORREPATI	DAUGHTER	130570780	10092012
KARTHIK VIBHAV	GORREPATI	SON	653804025	12092014

If more than 6 dependents, mark an X in the box.



203001163555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Enter your social security number
024847932

Federal income and adjustments (see page 17)

Federal amount
Whole dollars only

New York State amount
Whole dollars only

1	Wages, salaries, tips, etc.	1	176055 .00	1	47110 .00
2	Taxable interest income	2	.00	2	.00
3	Ordinary dividends	3	954 .00	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	800 .00	4	.00
5	Alimony received	5	.00	5	.00
6	Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7	Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8	Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)	11	.00	11	.00
12	Rental real estate included in line 11 (federal amount) 12 .00				
13	Farm income or loss (submit a copy of federal Sch. F, Form 1040)	13	.00	13	.00
14	Unemployment compensation	14	.00	14	.00
15	Taxable amount of social security benefits (also enter on line 26)	15	.00	15	.00
16	Other income (see page 23) Identify:	16	.00	16	.00
17	Add lines 1 through 11 and 13 through 16	17	177809 .00	17	47110 .00
18	Total federal adjustments to income (see page 23) Identify: MOVING EXPENSES	18	4700 .00	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	173109 .00	19	47110 .00

New York additions (see page 25)

20	Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21	Public employee 414(h) retirement contributions	21	.00	21	.00
22	Other (Form IT-225, line 9)	22	.00	22	.00
23	Add lines 19 through 22	23	173109 .00	23	47110 .00

New York subtractions (see page 26)

24	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	800 .00	24	.00
25	Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26	Taxable amount of social security benefits (from line 15) ..	26	.00	26	.00
27	Interest income on U.S. government bonds	27	.00	27	.00
28	Pension and annuity income exclusion	28	.00	28	.00
29	Other (Form IT-225, line 18)	29	.00	29	.00
30	Add lines 24 through 29	30	800 .00	30	.00
31	New York adjusted gross income (subtract line 30 from line 23)	31	172309 .00	31	47110 .00

32 Enter the amount from line 31, **Federal amount** column **32** 172309 .00

Standard deduction or itemized deduction (see page 28)

33	Enter your standard deduction (table on page 28) or your itemized deduction (from Form IT-203-D). Mark an X in the appropriate box: ... <input type="checkbox"/> Standard – or – <input checked="" type="checkbox"/> Itemized	33	23598 .00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	148711 .00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	2 000.00
36	New York taxable income (subtract line 35 from line 34)	36	146711 .00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

203002163555



Name(s) as shown on page 1 HARIKRISHNA AND JHANSI LAKSHMI GORREPATI	Enter your social security number 024847932
--	--

Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	146711 .00
38 New York State tax on line 37 amount (see page 29)	38	9463 .00
39 New York State household credit (page 29, table 1, 2, or 3)	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	9463 .00
41 New York State child and dependent care credit (see page 30)	41	240 .00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	9223 .00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	9223 .00
45 Income percentage (see page 30)		
New York State amount from line 31 <input type="text" value="47110 .00"/> ÷ Federal amount from line 31 <input type="text" value="172309 .00"/> = Round result to 4 decimal places <input type="text" value="0.2734"/>	45	0.2734
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	2522 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	2522 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	2522 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base	52b	.00
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0 .00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans	57k	.00
57l Mental Illness Anti-Stigma Fund	57l	.00
57m Women's Cancers Education and Prevention Fund	57m	.00
57n Autism Fund	57n	.00
57 Total voluntary contributions (add lines 57a through 57n)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	2522 .00



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Enter your social security number
024847932

59 Enter amount from line 58 59 2522 .00

Payments and refundable credits (see page 34)

Table with 3 columns: Line number, Description, Amount. Includes rows for NYC school tax credit, other refundable credits, and total payments and refundable credits.

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12). Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 36 through 38)

Table with 3 columns: Line number, Description, Amount. Includes rows for amount overpaid, refund choice, amount applied, amount owed, and tax penalties.

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 37).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 37)

73a Account type: [X] Personal checking - or - [] Personal savings - or - [] Business checking - or - [] Business savings

73b Routing number 211391825 73c Account number 13194360

74 Electronic funds withdrawal (see page 38) Date 03242017 Amount 109 .00

Third-party designee? (see instr.) Yes [] No [X] Print designee's name, Designee's phone number, Personal identification number (PIN), E-mail:

Paid preparer must complete (see instructions) Preparer's NYTPRIN, NYTPRIN excl. code, Preparer's signature, Preparer's printed name, Firm's name, Preparer's PTIN or SSN, Address, Employer identification number, Date, E-mail:

Taxpayer(s) must sign here Your signature, Your occupation, Spouse's signature and occupation, Date, Daytime phone number, E-mail:

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203 HARIKRISHNA AND JHANSI LAKSHMI GORREPATI	Your social security number 024847932
--	--

Whole dollars only

1 Medical and dental expenses (federal Schedule A, line 4)	1	.00
2 Taxes you paid (federal Schedule A, line 9)	2	4416.00
3 Interest you paid (federal Schedule A, line 15)	3	.00
4 Gifts to charity (federal Schedule A, line 19)	4	539.00
5 Casualty and theft losses (federal Schedule A, line 20)	5	.00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6	23059.00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7	.00
8 Enter amount from federal Schedule A, line 29	8	28014.00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	4416.00
10 Subtract line 9 from line 8	10	23598.00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions)	11	.00
12 Addition adjustments (see instructions)	12	.00
13 Add lines 10, 11, and 12	13	23598.00
14 Itemized deduction adjustment (see instructions)	14	.00
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33)	15	23598.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return HARIKRISHNA AND JHANSI LAKSHMI GORREPATI	Your social security number 024847932
--	--

1 Have you already filed your New York State income tax return? Yes No
 If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
1st Care provider	KIDDIE ACADEMY OF SECAUCUS	27-4609651	9870.00
	B – Number and street City State ZIP code		
	1006 NEW COUNTY RD SECAUCUS NJ 07094		
2nd Care provider	PRIMROSE	74-3067076	5425.00
	B – Number and street City State ZIP code		
	700 FLUOR DRIVE IRVING TX 75039		

3 Qualifying persons you are claiming. List in order from youngest to oldest.
 (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A	B	C	D	E	F		
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social security number	Date of birth (mmddyyyy)
KARTHIK VIBHAV		GORREPATI		7648.00	<input type="checkbox"/>	653804025	12092014
VEDA		GORREPATI		7648.00	<input type="checkbox"/>	130570780	10092012
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 15296.00

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes No

5 Enter the **smallest** of:

- line 3a above; or
 - federal Form 2441, line 3; or
 - 3,000 if one qualifying person, or 6,000 if two or more qualifying persons
- **5** 6000.00
- 6 Enter your earned income (see instructions) **6** 97023.00

7 If your filing status is **2** Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) **7** 79032.00

8 Enter the smallest of line 5, 6, or 7 **8** 6000.00

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** 173109.00

10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions **10** .20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on the back) **11** 1200.00

NO HANDWRITTEN ENTRIES ON THIS FORM

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12 Amount from line 11	12	1200.00
13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		172309.00
Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.200
14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	240.00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40	15	.00
If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.		
16 Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17 Enter the amount from Form IT-203-ATT, line 29 (<i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>)	17	.00
If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19 Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	19	.00
20 Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203.....	20	.00
21 Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000)	21	
22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:		
24 Refundable New York City child and dependent care credit (<i>from Worksheet 1, line 7 or line 13</i>)	24	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64.....	25	.00
26 Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29 Enter the amount from Worksheet 1, line 10	29	.00
30 Enter the amount from Worksheet 1, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

024847932

Box b Employer identification number (EIN)

980429806

Box c Employer's information

Employer's name TATA CONSULTANCY SERVICES LIMITED			
Employer's address (number and street) 379 THORNALL STREET			
City EDISON	State NJ	ZIP code 08837	Country (if not United States)

Box 1 Wages, tips, other compensation
97023.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
13762.00
Code D

Box 12b Amount
17946.00
Code DD

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
93.00
Description UI / WF / SWF

Box 14b Amount
65.00
Description NJ DI

Box 14c Amount
18.00
Description FLI

Box 14d Amount
914.00
Description TFB

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State
N | Y

Box 16a NYS wages, tips, etc.
10963.00

Box 17a NYS income tax withheld
607.00

Other state information:

Box 15b other state
N | J

Box 16b Other state wages, tips, etc.
63993.00

Box 17b Other state income tax withheld
1827.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

Do not detach. W-2 Record 2

Box a Employee's social security number for this W-2 Record

287112457

Box b Employer identification number (EIN)

202010880

Box c Employer's information

Employer's name PERLA DENTAL OF ARLINGTON P A			
Employer's address (number and street) 921 W BELTLINE RD STE 117			
City DESOTO	State TX	ZIP code 75115	Country (if not United States)

Box 1 Wages, tips, other compensation
39152.00

Box 8 Allocated tips
.00

Box 10 Dependent care benefits
.00

Box 11 Nonqualified plans
.00

Box 12a Amount
.00
Code

Box 12b Amount
.00
Code

Box 12c Amount
.00
Code

Box 12d Amount
.00
Code

Box 14a Amount
.00
Description

Box 14b Amount
.00
Description

Box 14c Amount
.00
Description

Box 14d Amount
.00
Description

Box 13 Statutory employee Retirement plan Third-party sick pay Corrected (W-2c)

NY State information:

Box 15a NY State
N | Y

Box 16a NYS wages, tips, etc.
.00

Box 17a NYS income tax withheld
.00

Other state information:

Box 15b other state
| |

Box 16b Other state wages, tips, etc.
.00

Box 17b Other state income tax withheld
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.
Locality a .00
Locality b .00

Box 19 Local income tax withheld
Locality a .00
Locality b .00

Box 20 Locality name
Locality a
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001163555





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

287112457

Box b Employer identification number (EIN)

453327059

Box c Employer's information

Employer's name			
PERLA DENTAL OF BEDFORD			
Employer's address (number and street)			
1801 LANTANA CT			
City	State	ZIP code	Country (if not United States)
SOUTHLAKE	TX	76092	

Box 1 Wages, tips, other compensation

3733.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

287112457

Box b Employer identification number (EIN)

132655001

Box c Employer's information

Employer's name			
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION			
Employer's address (number and street)			
160 WATER STREET			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10038	

Box 1 Wages, tips, other compensation

63.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

63.00

Code

C

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N|Y

Box 16a NYS wages, tips, etc.

63.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

N|J

Box 16b Other state wages, tips, etc.

63.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001163555





Summary of W-2 Statements

IT-2

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

287112457

Box b Employer identification number (EIN)

132655001

Box c Employer's information

Employer's name			
NEW YORK CITY HEALTH AND HOSPITALS CORPORATION			
Employer's address (number and street)			
160 WATER STREET			
City	State	ZIP code	Country (if not United States)
NEW YORK	NY	10038	

Box 1 Wages, tips, other compensation

36084.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

1759.00

Description

GROUP LEGAL/MEA

Box 14b Amount

215.00

Description

TRANSIST BENEFI

Box 14c Amount

2.00

Description

TRANSIST BENEFI

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

36084.00

Box 17a NYS income tax withheld

1806.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

36084.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

||

Box 12b Amount

.00

Code

||

Box 12c Amount

.00

Code

||

Box 12d Amount

.00

Code

||

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee Retirement plan Third-party sick pay

Corrected (W-2c)

NY State information:

Box 15a NY State

N | Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM

102001163555

