

Department of the Treasury
Internal Revenue Service

▶ Don't send to the IRS. This isn't a tax return.
▶ Keep this form for your records.
▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

Submission Identification Number (SID) ▶

Taxpayer's name Ranjeet Kumar	Social security number 796-12-3216
Spouse's name Archana Kumari	Spouse's social security number 949-95-5304

Part I Tax Return Information – Tax Year Ending December 31, 2016 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	84,682.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	5,171.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	6,591.
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	1,420.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Values Tax ERO firm name to enter or generate my PIN

2	3	2	1	6
---	---	---	---	---

 as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize Values Tax ERO firm name to enter or generate my PIN

5	5	3	0	4
---	---	---	---	---

 as my signature on my tax year 2016 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

1	2	5	1	7	1	1	7	1	9	8
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and initial: **Ranjeet** Last name: **Kumar** Your social security number: **796-12-3216**

If a joint return, spouse's first name and initial: **Archana** Last name: **Kumari** Spouse's social security number: **949-95-5304**

Home address (number and street). If you have a P.O. box, see instructions. **1009 W Huntington Dr** Apt. no. **24**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Arcadia CA 91007**

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

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:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Manashvi	Singh	952-98-1836	Daughter	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **3**

Boxes checked on 6a and 6b: **2**

No. of children on 6c who:
 • lived with you **1**
 • did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above **3**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	80,565.
8a	Taxable interest. Attach Schedule B if required	8a	390.
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	3,727.
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	84,682.

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	31a	
b	Recipient's SSN ▶		
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	84,682.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 84,682.

39a Check You were born before January 2, 1952, Blind. Spouse was born before January 2, 1952, Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 25,190.

41 Subtract line 40 from line 38 41 59,492.

42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions 42 12,150.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 47,342.

44 Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c 44 6,171.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 6,171.

48 Foreign tax credit. Attach Form 1116 if required 48

49 Credit for child and dependent care expenses. Attach Form 2441 49

50 Education credits from Form 8863, line 19 50

51 Retirement savings contributions credit. Attach Form 8880 51

52 Child tax credit. Attach Schedule 8812, if required. 52 1,000.

53 Residential energy credits. Attach Form 5695 53

54 Other credits from Form: a 3800 b 8801 c 54

55 Add lines 48 through 54. These are your total credits 55 1,000.

56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 5,171.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 61

62 Taxes from: a Form 8959 b Form 8960 c Instructions; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 5,171.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 6,591.

65 2016 estimated tax payments and amount applied from 2015 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 66b

67 Additional child tax credit. Attach Schedule 8812 67

68 American opportunity credit from Form 8863, line 8 68

69 Net premium tax credit. Attach Form 8962 69

70 Amount paid with request for extension to file 70

71 Excess social security and tier 1 RRTA tax withheld 71

72 Credit for federal tax on fuels. Attach Form 4136 72

73 Credits from Form: a 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 6,591.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 1,420.

76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a 1,420.

Direct deposit? See instructions.

b Routing number 3 2 2 2 7 4 1 8 7 c Type: Checking Savings

d Account number 1 0 9 0 4 2 7 3 1 9 7 0 0 5

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

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 Software Engineer Daytime phone number _____

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

Paid Preparer Use Only

Print/Type preparer's name Ramamohan Kondapuram Reddy Preparer's signature _____ Date _____ Check if self-employed PTIN P01477175

Firm's name Values Tax Firm's EIN 45-3482203

Firm's address 126 SOUTH 2ND ST BETHPAGE NY 11714 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

Ranjeet Kumar & Archana Kumari		796-12-3216	
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):	5	3,406.
	a <input checked="" type="checkbox"/> Income taxes, or		
	b <input type="checkbox"/> General sales taxes		
	6 Real estate taxes (see instructions)	6	
	7 Personal property taxes	7	
	8 Other taxes. List type and amount ►	8	

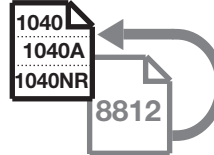
	9 Add lines 5 through 8	9	3,406.
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	

12 Points not reported to you on Form 1098. See instructions for special rules		12	
13 Mortgage insurance premiums (see instructions)		13	
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
15 Add lines 10 through 14	15		
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► <u>Employee business expenses</u>	21	23,478.
	22 Tax preparation fees	22	
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	

	24 Add lines 21 through 23	24	23,478.
	25 Enter amount from Form 1040, line 38 25 84,682.	25	
	26 Multiply line 25 by 2% (0.02)	26	1,694.
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	21,784.	
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?	29	25,190.
	<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.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE 8812
(Form 1040A or 1040)

Child Tax Credit



OMB No. 1545-0074

2016

Attachment
Sequence No. 47

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Ranjeet Kumar & Archana Kumari

Your social security number

796-12-3216

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



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
 Yes **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here

Part II Additional Child Tax Credit Filers


1	If you file Form 2555 or 2555-EZ stop here; you cannot claim the additional child tax credit. If you are required to use the worksheet in Pub. 972 , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise: 1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52). 1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35). 1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).	1	1,000.
2	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49	2	1,000.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	0.
4a	Earned income (see separate instructions)	4a	
b	Nontaxable combat pay (see separate instructions)	4b	
5	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> No. Leave line 5 blank and enter -0- on line 6. <input type="checkbox"/> Yes. Subtract \$3,000 from the amount on line 4a. Enter the result	5	
6	Multiply the amount on line 5 by 15% (0.15) and enter the result Next. Do you have three or more qualifying children? <input type="checkbox"/> No. If line 6 is zero, stop here; you cannot claim this credit. Otherwise, skip Part III and enter the smaller of line 3 or line 6 on line 13. <input type="checkbox"/> Yes. If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	6	

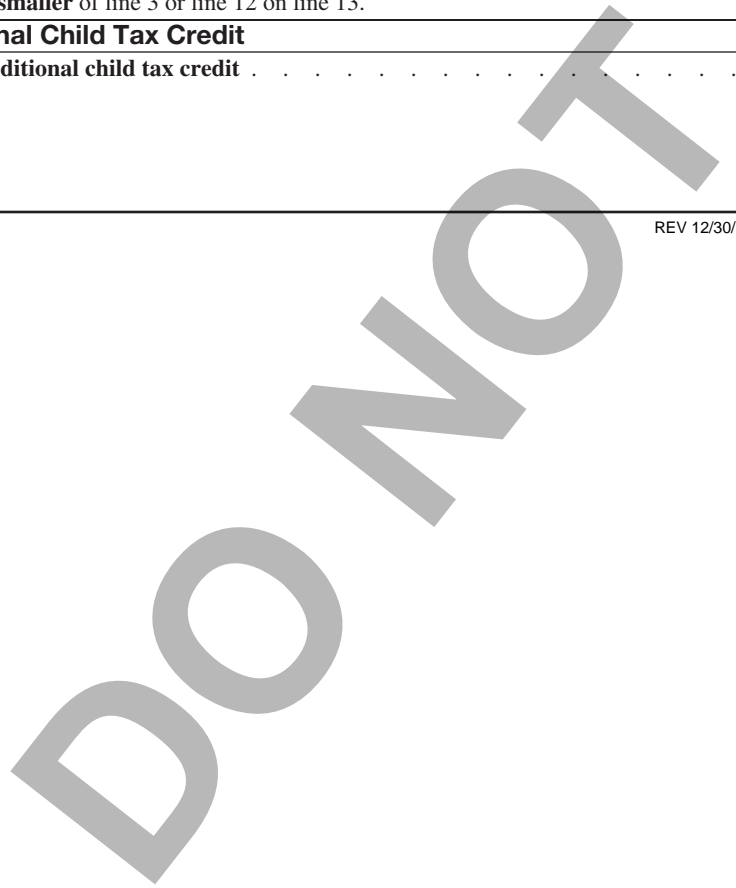
Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62. 1040A filers: Enter -0-.	8	
9	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60. Add lines 7 and 8	9	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71. 1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions). 1040NR filers: Enter the amount from Form 1040NR, line 67.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11 Next, enter the smaller of line 3 or line 12 on line 13.	12	

Part IV Additional Child Tax Credit

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



Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.**
▶ **Attach to Form 1040 or Form 1040NR.**

2016
Attachment
Sequence No. **52**

Name(s) shown on Form 1040 or Form 1040NR
Ranjeet Kumar

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

796-12-3216

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2016 (see instructions).		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2016 (or those made on your behalf), including those made from January 1, 2017, through April 18, 2017, that were for 2016. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	0.
3	If you were under age 55 at the end of 2016, and on the first day of every month during 2016, you were, or were considered, an eligible individual with the same coverage, enter \$3,350 (\$6,750 for family coverage). All others , see the instructions for the amount to enter.	3	6,750.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2016 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2016, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2016, see the instructions for the amount to enter.	6	6,750.
7	If you were age 55 or older at the end of 2016, married, and you or your spouse had family coverage under an HDHP at any time during 2016, enter your additional contribution amount (see instructions).	7	
8	Add lines 6 and 7	8	6,750.
9	Employer contributions made to your HSAs for 2016	9	1,065.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,065.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,685.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	0.

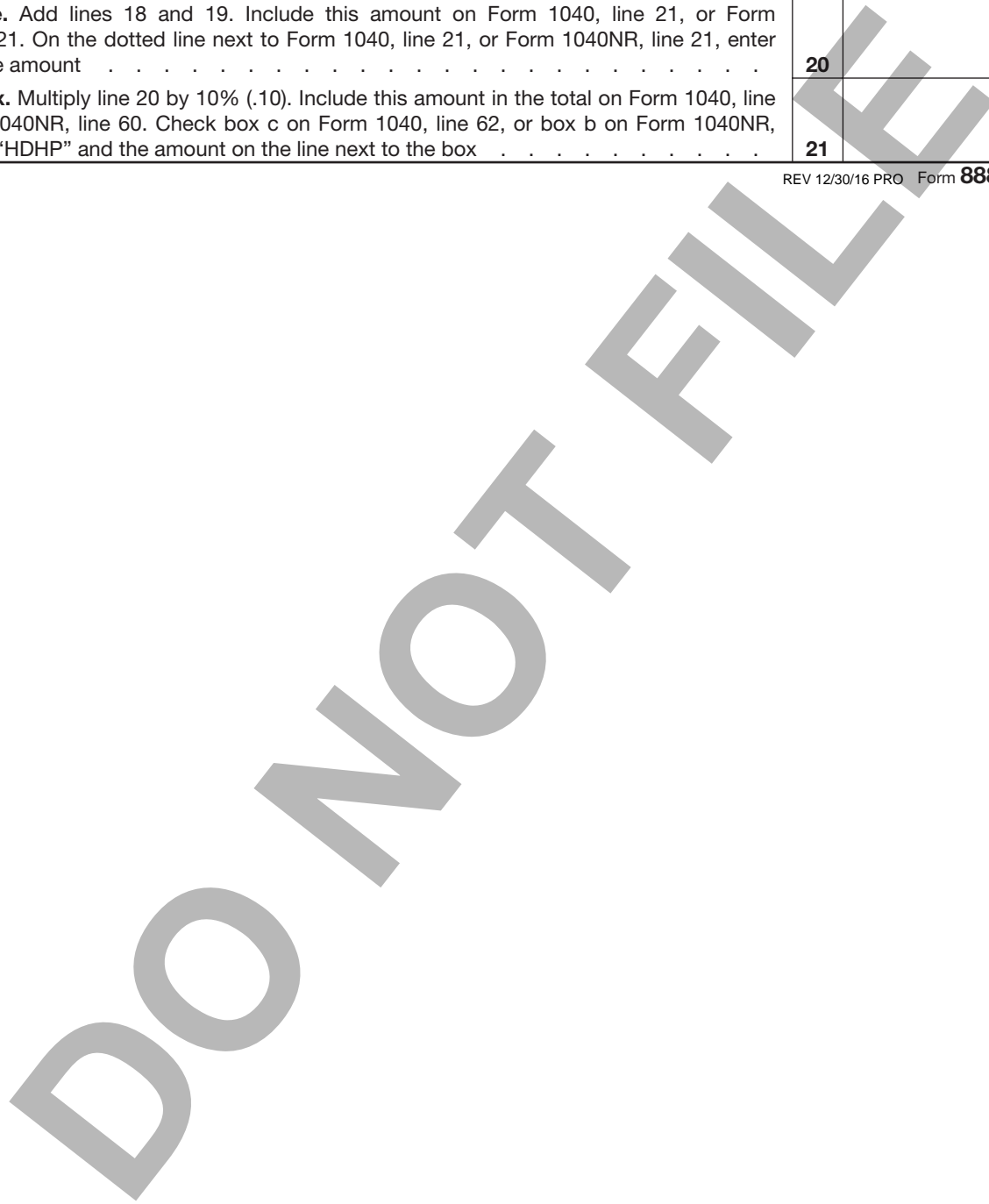
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2016 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule	18	
19 Qualified HSA funding distribution	19	
20 Total income. Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21 Additional tax. Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	



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

Taxpayer name(s) shown on return Ranjeet Kumar & Archana Kumari	Taxpayer identification number 796-12-3216
Enter preparer's name and PTIN Ramamohan Kondapuram Reddy P01477175	

Due Diligence Requirements

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

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

11 Did the taxpayer provide substantiation such as a Form 1098-T and receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--

- **You have complied with all due diligence requirements with respect to the credits claimed on the return of the taxpayer identified above if you:**
- A. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for all credits claimed;
 - B. Submit Form 8867 in the manner required;
 - C. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and in what amount(s); **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867,
 2. The applicable worksheet(s) or your own worksheet(s) for any credits claimed,
 3. Copies of any taxpayer documents you may have relied upon to determine eligibility for and the amount of the credit(s),
 4. A record of how, when, and from whom the information used to prepare this form and worksheet(s) was obtained, and
 5. A record of any additional questions you may have asked to determine eligibility for and amount of the credits, and the taxpayer's answers.
- **If you have not complied with all due diligence requirements for all credits claimed, you may have to pay a \$510 penalty for each credit for which you have failed to comply.**

Credit Eligibility Certification

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

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 Ranjeet Kumar	Occupation in which you incurred expenses Software Engineer	Social security number 796-12-3216
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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	2,203.
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	20,000.
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	
5 Meals and entertainment expenses: \$ <u>2,550.</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	1,275.
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	23,478.

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) ▶ 12/12/2015
- 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 4,080 b Commuting (see instructions) _____ c Other 5,920
- 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**

2016 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

A
R
RP

796-12-3216 KUMA 949-95-5304
RANJEET KUMAR
ARCHANA KUMARI

16

1009 W HUNTINGTON DR APT 24
ARCADIA CA 91007

01-05-1977 01-03-1989

Filing Status

1 Single 4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er) with dependent child. Enter year spouse/RDP died

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

If your California filing status is different from your federal filing status, check the box here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. 6

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. 7 X \$111 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 X \$111 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 X \$111 = \$

Exemptions

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> MANASHVI	<input type="radio"/>	<input type="radio"/>
Last Name	<input checked="" type="radio"/> SINGH	<input type="radio"/>	<input type="radio"/>
SSN	<input checked="" type="radio"/> 9 5 2 9 8 1 8 3 6	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions 10 X \$344 = \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. 11 \$

Your name: K U M A R

Your SSN or ITIN: 796-12-3216

Taxable Income	12	State wages from your Form(s) W-2, box 16.....	● 12	81630	.00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4.....	● 13	84682	.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B.....	● 14	3727	.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.....	● 15	80955	.00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C.....	● 16	1065	.00
	17	California adjusted gross income. Combine line 15 and line 16.....	● 17	82020	.00
	18	Enter the larger of { Your California itemized deductions from Schedule CA (540), line 44; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately..... \$4,129 • Married/RDP filing jointly, Head of household, or Qualifying widow(er)..... \$8,258 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.....	● 18	21784	.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-.....	● 19	60236	.00

Tax	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803.....	● 31	1492	.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$182,459, see instructions.....	● 32	566	.00
	33	Subtract line 32 from line 31. If less than zero, enter -0-.....	● 33	926	.00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A.....	● 34		.00
	35	Add line 33 and line 34.....	● 35	926	.00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.....	● 40		.00
	43	Enter credit name [] code ● [] and amount.....	● 43		.00
	44	Enter credit name [] code ● [] and amount.....	● 44		.00
	45	To claim more than two credits, see instructions. Attach Schedule P (540).....	● 45		.00
	46	Nonrefundable renter's credit. See instructions.....	● 46		.00
	47	Add line 40 through line 46. These are your total credits.....	● 47		.00
48	Subtract line 47 from line 35. If less than zero, enter -0-.....	● 48	926	.00	

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540).....	● 61		.00
	62	Mental Health Services Tax. See instructions.....	● 62		.00
	63	Other taxes and credit recapture. See instructions.....	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.....	● 64	926	.00

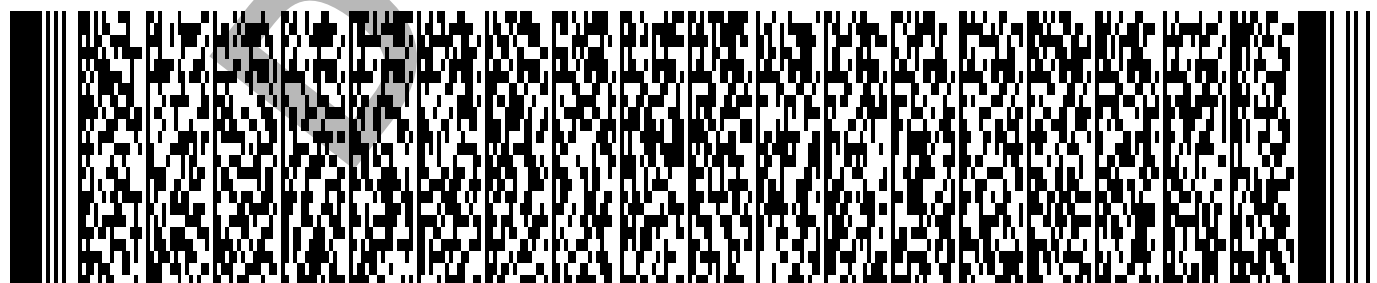
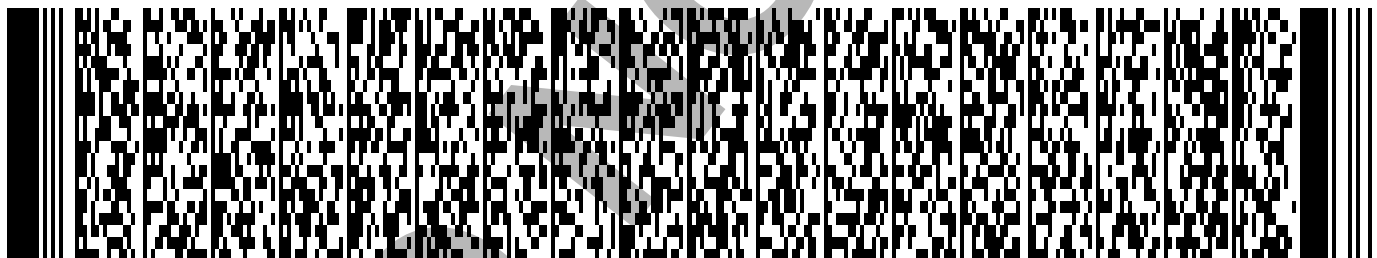
Your name:

Your SSN or ITIN:

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="2680"/>	<input type="text" value="00"/>
	72	2016 CA estimated tax and other payments. See instructions	● 72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	● 73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	● 74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	● 75	<input type="text"/>	<input type="text" value="00"/>
	76	Add lines 71 through 75. These are your total payments. See instructions	● 76	<input type="text" value="2680"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. See instructions	● 91	<input type="text"/>	<input type="text" value="00"/>
---------	----	-------------------------------------	------	----------------------	---------------------------------

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	● 92	<input type="text" value="2680"/>	<input type="text" value="00"/>
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	● 93	<input type="text"/>	<input type="text" value="00"/>
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	● 94	<input type="text" value="1754"/>	<input type="text" value="00"/>
	95	Amount of line 94 you want applied to your 2017 estimated tax	● 95	<input type="text" value="0"/>	<input type="text" value="00"/>
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	<input type="text" value="1754"/>	<input type="text" value="00"/>
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	● 97	<input type="text"/>	<input type="text" value="00"/>



Your name:

K U M A R

Your SSN or ITIN:

796-12-3216

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease/Related Disorders Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Program	● 403	<input type="text"/> .00
California Breast Cancer Research Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Fund	● 413	<input type="text"/> .00
Child Victims of Human Trafficking Fund	● 419	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
110 Add code 400 through code 435. This is your total contribution	● 110	<input type="text"/> .00

Your name:

Your SSN or ITIN:

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Amount You Owe

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942867

SACRAMENTO CA 94267-0001 ● **111** .00

Pay online – Go to **ftb.ca.gov** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties **112** .00

113 Underpayment of estimated tax. Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment. **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**
PO BOX 942840

SACRAMENTO CA 94240-0001 ● **115** .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type
● Routing number Checking Savings ● Account number **116** Direct deposit amount
 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type
● Routing number Checking Savings ● Account number **117** Direct deposit amount
 .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

● Your email address. Enter only one email address.
● Preferred phone number

It is unlawful to forge a spouse's/RDP's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Joint tax return? (See instructions)

Firm's name (or yours, if self-employed) ● PTIN
Firm's address ● FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ... ● Yes ● No
Print Third Party Designee's Name Telephone Number

2016

Wage and Tax Statement

W-2

Important: Attach this form to the back of your Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

KUMAR & A KUMARI

7 9 6 1 2 3 2 1 6

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number*	<input checked="" type="radio"/> 796-12-3216	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 38-2606945	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> CSC COVANSYS CORPORATION	<input type="radio"/>
Address	<input checked="" type="radio"/> 45154 UNDERWOOD LANE	<input type="radio"/>
City	<input checked="" type="radio"/> STERLING	<input type="radio"/>
State	<input checked="" type="radio"/> VA	<input type="radio"/>
Zip code	<input checked="" type="radio"/> 20166	<input type="radio"/>
e. Employee's first name*	<input checked="" type="radio"/> RANJEET	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input checked="" type="radio"/> KUMAR	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input checked="" type="radio"/> 1009 W HUNTINGTON DR , APT. 24	<input type="radio"/>
City*	<input checked="" type="radio"/> ARCADIA	<input type="radio"/>
State*	<input checked="" type="radio"/> CA	<input type="radio"/>
Zip code*	<input checked="" type="radio"/> 91007	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 80,565.	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 6,507.	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 80,755.	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 5,007.	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 1,171.	<input type="radio"/>

W-2 Information

1st W-2

2nd W-2

7. Social security tips [] []

8. Allocated tips (not included in box 1) [] []

10. Dependent care benefits [] []

11. Nonqualified plans [] []

12. Codes and amounts Codes Amounts Codes Amounts

12a. C [] 36. [] []

12b. D [] 190. [] []

12c. W [] 1,065. [] []

12d. DD [] 11,262. [] []

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19) Type Amount Type Amount

CA SDI [] 726. [] []

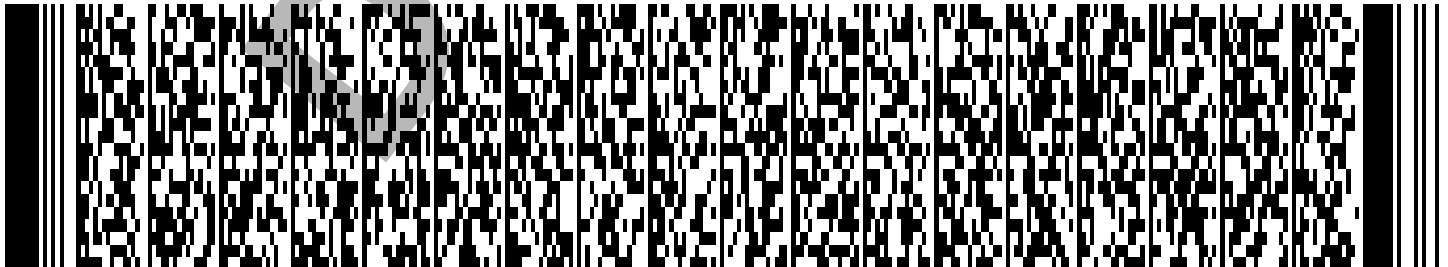
15. State and employer's state ID number State Employer's state ID number State Employer's state ID number

CA 360-5800 6 [] []

16. State wages, tips, etc. [] 81,630. []

17. State income tax [] 2,680. []

REV 01/04/17 PRO



2016 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Names(s) as shown on tax return

SSN or ITIN

K U M A R & A K U M A R I

7 9 6 1 2 3 2 1 6

Part I Income Adjustment Schedule

Section A – Income

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 7	<input type="radio"/> 80,565.	<input type="radio"/>	<input type="radio"/> 1,065.
8 Taxable interest (b) 8(a)	<input type="radio"/> 390.	<input type="radio"/>	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, offsets of state and local income taxes 10	<input type="radio"/> 3,727.	<input type="radio"/> 3,727.	<input type="radio"/>
11 Alimony received 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions. 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Social security benefits (a) <input checked="" type="radio"/> 20(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Other income.			
a California lottery winnings		a <input type="radio"/>	a <input type="radio"/>
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b <input type="radio"/>
c Federal NOL (Form 1040, line 21)		c <input type="radio"/>	c <input type="radio"/>
d NOL deduction from FTB 3805V		d <input type="radio"/>	d <input type="radio"/>
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809		e <input type="radio"/>	e <input type="radio"/>
f Other (describe):		f <input type="radio"/>	f <input type="radio"/>
<input type="radio"/>			
22 Total. Combine line 7 through line 21 in column A. Add line 7 through line 21f in column B and column C. Go to Section B. 22	<input type="radio"/> 84,682.	<input type="radio"/> 3,727.	<input type="radio"/> 1,065.

Section B – Adjustments to Income

23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Moving expenses 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31a Alimony paid. (b) Recipient's: SSN <input type="radio"/> - - - - -			
Last name <input type="radio"/> 31a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Tuition and fees 34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35 Domestic production activities deduction 35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36 Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 37	<input type="radio"/> 84,682.	<input type="radio"/> 3,727.	<input type="radio"/> 1,065.

Part II Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28 **38** 25,190.

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax, or General Sales Tax) and line 8 (foreign income taxes **only**). See instructions **39** 3,406.

40 Subtract line 39 from line 38 **40** 21,784.

41 Other adjustments including California lottery losses. See instructions. Specify **41** 0.

42 Combine line 40 and line 41 **42** 21,784.

43 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately	\$182,459
Head of household	\$273,692
Married/RDP filing jointly or qualifying widow(er)	\$364,923

No. Transfer the amount on line 42 to line 43.

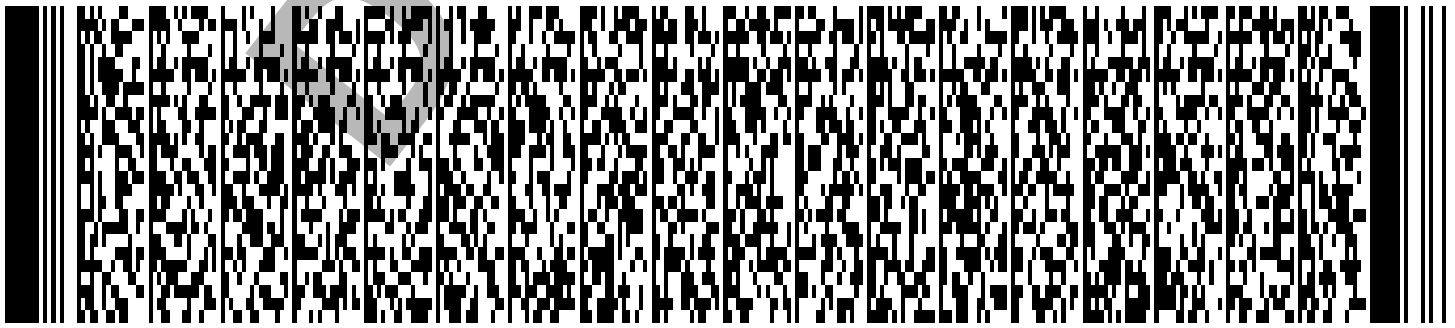
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 43 **43** 21,784.

44 Enter the larger of the amount on line 43 or your standard deduction listed below

Single or married/RDP filing separately. See instructions.	\$4,129
Married/RDP filing jointly, head of household, or qualifying widow(er)	\$8,258

Transfer the amount on line 44 to Form 540, line 18 **44** 21,784.

NOT FILED



▶ Attach to return (after all other FTB forms)

Name as Shown on Return <u>Kumar & A Kumari</u>	Social Security No. <u>796-12-3216</u>
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Line 7 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO).		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		1,065.
8 Paid Family Leave Insurance (PFL) benefits		
9 Employer-provided adoption benefits income exclusions.		
10 In-Home Supportive Services (IHSS) supplementary payment		
11 Employer reimbursement for additional federal income taxes on employer-provided health care benefits		
12 Native American income (Form 3504)		
13 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 7.		1,065.

Line 15 – IRA Distributions

	(B) Subtractions	(C) Additions
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 15.		

Line 16 – Pensions and Annuities

	(B) Subtractions	(C) Additions
1 Form 1099-R, Railroad Retirement Benefits.		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 16		