

**FOR TAX YEAR 2016**

MADHURI S NIRMALE

ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE

Sterling, VA 20165

(703)584-5533

# ADVANTAGE ONE TAX CONSULTING INC

20610 QUARTERPATH TRACE CIRCLE  
Sterling, VA 20165  
nandakumarkv@aotax.com  
Phone: (703)584-5533 | Fax: (703)991-0587

March 25, 2017

Madhuri S Nirmale  
2115 Grand Brook Circle Apt 1310b  
Orlando, FL 32810

Subject: Preparation of Your 2016 Tax Returns

Madhuri S Nirmale:

Thank you for choosing ADVANTAGE ONE TAX CONSULTING INC to assist you with your 2016 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2016 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2016 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (703)584-5533 if you have questions.

Sincerely,

Arun Panjabi  
ADVANTAGE ONE TAX CONSULTING INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

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March 25, 2017

Madhuri S Nirmale  
2115 Grand Brook Circle Apt 1310b  
Orlando, FL 32810

Madhuri S Nirmale:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$1,093 Refund	Direct Deposit to **6462

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax

Sincerely,

Arun Panjabi  
ADVANTAGE ONE TAX CONSULTING INC

# ADVANTAGE ONE TAX CONSULTING INC

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March 25, 2017

Madhuri S Nirmale  
2115 Grand Brook Circle Apt 1310b  
Orlando, FL 32810

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,

Arun Panjabi  
ADVANTAGE ONE TAX CONSULTING INC

# ADVANTAGE ONE TAX CONSULTING INC

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Phone: (703)584-5533 | Fax: (703)991-0587

Customer Name	Customer Information	
Madhuri S Nirmale 2115 Grand Brook Circle Apt 1310b Orlando, FL 32810	Invoice #:	
	Date:	March 25, 2017
	Phone:	(407)668-6560
	E-mail:	MADHURI.NIRMALE@GMAIL.COM

Your 2016 tax return was prepared by Arun Panjabi.

Description		Fee
<b>Federal And Supplemental Forms</b>		
Form 1040	U.S. Individual Income Tax Return	
Schedule A	Itemized Deductions	
Form 2106-EZ	Unreimbursed Employee Business Expenses	
Form 8879	E-File Signature Authorization	
Form 9325	General Information for Electronic Filing	
Wks STAX	State/Local Sales Tax Deduction Worksheet	
Comparison	Tax Year Comparison Sheet	
Overflow	Itemized Listing Attachment	
Form W-2	Wage and Tax Statement	
W-2 Listing	Listing of All Forms W-2	
<b>Total Forms</b>	<b>10</b>	<b>Forms Subtotal</b>
		<b>124.00</b>
		<b>Total Balance Due</b>
		<b>124.00</b>

Payment due upon receipt. Thank you for your business!

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

Your first name and initial: MADHURI S Last name: NIRMALE Your social security number: 348-77-1637

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street): 2115 GRAND BROOK CIRCLE Apt. no.: 1310B

City, town or post office, state, and ZIP code: ORLANDO FL 32810

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

Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

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

Check only one box. 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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) Chk if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here

d Total number of exemptions claimed

Boxes checked on 6a and 6b: 1

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

Dependents on 6c not entered above

Add numbers on lines above: 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 67,367

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b

10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 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 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 67,367

Adjusted Gross Income 23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37 67,367

<b>Tax and Credits</b>	<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	67,367
	<b>39a</b>	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <input type="checkbox"/> <b>39a</b>		
	<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> <b>39b</b>		
	<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	12,068
	<b>41</b>	Subtract line 40 from line 38	<b>41</b>	55,299
	<b>42</b>	<b>Exemptions.</b> If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	4,050
	<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	51,249
	<b>44</b>	<b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	8,578
	<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b>	Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
<b>Standard Deduction for -</b> • 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	<b>47</b>	Add lines 44, 45, and 46	<b>47</b>	8,578
	<b>48</b>	Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b>	Child tax credit. Attach Schedule 8812, if required	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695	<b>53</b>	
	<b>54</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	
	<b>56</b>	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	8,578
<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b>	Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b>	First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b>	Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	8,578	
<b>Payments</b>	<b>64</b>	Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	9,671
	<b>65</b>	2016 estimated tax payments and amount applied from 2015 return	<b>65</b>	
	<b>66a</b>	<b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b>	Nontaxable combat pay election <b>66b</b>		
	<b>67</b>	Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b>	American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b>	Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b>	Amount paid with request for extension to file	<b>70</b>	
	<b>71</b>	Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b>	Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>Refund</b>	<b>73</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b>	Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	9,671
	<b>75</b>	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	1,093
	<b>76a</b>	Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	1,093
	<b>b</b>	Routing number 063100277 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number 898065086462		
	<b>77</b>	Amount of line 75 you want <b>applied to your 2017 estimated tax</b>	<b>77</b>	
	<b>78</b>	<b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b>	Estimated tax penalty (see instructions)	<b>79</b>	
	<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> <b>Yes. Complete below.</b> <input type="checkbox"/> <b>No</b>		
Designee's name <b>ARUN PANJABI</b> Phone no. <b>703-584-5533</b> Personal identification number (PIN) <b>36506</b>				
<b>Sign Here</b>	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 amount 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 <b>08681</b> Date <b>03-25-2017</b> Your occupation <b>ANALYST PROGRAMMER</b> Daytime phone number <b>407-668-6560</b>			
<b>Joint return? See instructions. Keep a copy for your records.</b>	Spouse's signature. If a joint return, <b>both</b> must sign.			
	Date _____ Spouse's occupation _____ Identity Protection PIN (see inst.) _____			
<b>Paid Preparer Use Only</b>	Preparer's signature _____		Date <b>03-25-2017</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01819003</b>
	Print/Type preparer's name <b>ARUN PANJABI</b>			
	Firm's name <b>ADVANTAGE ONE TAX CONSULTING INC</b>		Firm's EIN <b>27-2340197</b>	
	Firm's address <b>20610 QUARTERPATH TRACE CIRCLE Sterling, VA 20165</b>		Phone no. <b>703-584-5533</b>	



**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► **Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).**  
► **Attach to Form 1040.**

OMB No. 1545-0074

**2016**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

MADHURI S NIRMALE

Your social security number

348-77-1637

<b>Caution:</b> Do not include expenses reimbursed or paid by others.				
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>		
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b>			
	<b>3</b> 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	<b>3</b>		
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		<b>4</b>	
<b>Taxes You Paid</b>	<b>5</b> State and local ( <b>check only one box</b> ):			
	a <input type="checkbox"/> Income taxes, or	<b>5</b>	791	
	b <input checked="" type="checkbox"/> General sales taxes			
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>		
	<b>7</b> Personal property taxes . . . . .	<b>7</b>		
	<b>8</b> Other taxes. List type and amount ►	<b>8</b>		
	<b>9</b> Add lines 5 through 8 . . . . .		<b>9</b>	791
<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098 .	<b>10</b>		
	<b>11</b> 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 ►	<b>11</b>		
	<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>12</b>		
	<b>13</b> Mortgage insurance premiums (see instructions) . . . . .	<b>13</b>		
	<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)	<b>14</b>		
	<b>15</b> Add lines 10 through 14 . . . . .		<b>15</b>	
<b>Gifts to Charity</b>	<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>16</b>		
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>		
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>		
	<b>19</b> Add lines 16 through 18 . . . . .		<b>19</b>	
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .		<b>20</b>	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instr.) ► <b>FORM 2106-EZ</b> 12,624	<b>21</b>	12,624	
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>		
	<b>23</b> Other expenses - investment, safe deposit box, etc. List type and amount ►	<b>23</b>		
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>	12,624	
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b> 67,367			
	<b>26</b> Multiply line 25 by 2% (0.02) . . . . .	<b>26</b>	1,347	
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		<b>27</b>	11,277
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other - from list in instructions. List type and amount ►		<b>28</b>	
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> <b>No.</b> 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"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		<b>29</b>	12,068
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2016

**Unreimbursed Employee Business Expenses**▶ **Attach to Form 1040 or Form 1040NR.**▶ **Information about Form 2106-EZ and its instructions is available at [www.irs.gov/form2106ez](http://www.irs.gov/form2106ez).****2016**Attachment  
Sequence No. **129A**

Your name

MADHURI S NIRMALE

Occupation in which you incurred expenses

ANALYST PROGRAMMER

Social security number

348-77-1637

**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**

<b>1</b>	Complete Part II. Multiply line 8a by 54 cents (0.54). Enter the result here . . . . .	<b>1</b>	
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>didn't</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Don't</b> include meals and entertainment . . . . .	<b>3</b>	7,150
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Don't</b> include meals and entertainment . . . . .	<b>4</b>	
<b>5</b>	Meals and entertainment expenses: \$ <u>10,948</u> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.) . . . .	<b>5</b>	5,474
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.) . . . . .	<b>6</b>	12,624

**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) ▶ \_\_\_\_\_
- 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 \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_
- 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**

**For Paperwork Reduction Act Notice, see your tax return instructions.**Form **2106-EZ** (2016)

Form **8879****IRS e-file Signature Authorization**

OMB No. 1545-0074

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](http://www.irs.gov/form8879).**2016**Submission Identification Number (SID) **540893201708354ziahe**

Taxpayer's name

**MADHURI S NIRMALE**

Social security number

**348-77-1637**

Spouse's name

Spouse's social security number

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

<b>1</b>	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37) . . . . .	<b>1</b>	<b>67,367</b>
<b>2</b>	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) . . . . .	<b>2</b>	<b>8,578</b>
<b>3</b>	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) . . . . .	<b>3</b>	<b>9,671</b>
<b>4</b>	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) . . . . .	<b>4</b>	<b>1,093</b>
<b>5</b>	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) . . .	<b>5</b>	

**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**

RTN=063100277 Acct=898065086462



I authorize

to enter or generate my PIN

ERO firm name

as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but  
don't enter all zerosI 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.

08681

Your signature ▶

Date ▶

**Spouse's PIN: check one box only**

I authorize

to enter or generate my PIN

ERO firm name

as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but  
don't enter all zerosI 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.**540893-36506**

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 ▶ **03-25-2017****ERO Must Retain This Form - See Instructions****Don't Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879** (2016)

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name

MADHURI S NIRMALE

Taxpayer address (optional)

2115 GRAND BROOK CIRCLE APT 1310B  
ORLANDO, FL 32810

1. ☒ Your federal income tax return for 2016 was filed electronically with the IRS Submission Processing Center. The electronic filing services were provided by ADVANTAGE ONE TAX CONSULTING INC.
2. ☒ Your return was accepted on 03-24-2017 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is 540893201708354ziahe.
3. ☐ Your return was accepted on \_\_\_\_\_. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.
4. ☐ Your electronic funds withdrawal payment request was accepted for processing.
5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.
6. ☐ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on \_\_\_\_\_. The Submission ID assigned to your extension is \_\_\_\_\_.

**DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS.  
IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at [www.irs.gov](http://www.irs.gov), or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to [www.irs.gov](http://www.irs.gov) and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

### **If You Owe Tax**

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to [www.irs.gov/e-pay](http://www.irs.gov/e-pay).

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to [www.irs.gov](http://www.irs.gov). You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### **If You Need to Inquire About Your Electronic Funds Withdrawal Payment**

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

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### **Instructions for Electronic Return Originators**

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**Line 2** - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

**Line 3** - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

**Line 4** - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

**Line 5** - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

**Note:** EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

MADHURI S NIRMALE

**1040****Overflow Statement****2016**  
Page 1

Name(s) as shown on return

MADHURI S NIRMALE

Your Social Security Number

348-77-1637

**FORM 2106, LINE 3A - TRAVEL AWAY FROM HOME**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
RENT (11 MONTHS * \$650)	\$ 7,150
<b>TOTAL:</b>	<b>\$ 7,150</b>

**FORM 2106, LINE 5B - MEALS/ENTERTAINMENT**

<b>DESCRIPTION</b>	<b>AMOUNT</b>
MEALS (238 WORKING DAYS * \$46) AS PER IRS PUB 1542	\$ 10,948
<b>TOTAL:</b>	<b>\$ 10,948</b>

EEA

(Keep for your records)

Tax ID Number

Name(s) as shown on return

348-77-1637

W2\_LIST.LD



**State and Local General Sales Tax Deduction  
Worksheet - Line 5b**

(Keep for your records)

**2016**

Name(s) as shown on return

Tax ID Number

MADHURI S NIRMALE

348-77-1637

**Before you begin:** See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2016, or
- Had any **nontaxable** income in 2016.

1. Enter your **state** general sales taxes from the 2016 Optional State Sales Tax Table . . . . . 1. 730

**Next.** If, for all of 2016, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2016?

☒ **No.** Enter -0-

☐ **Yes.** Enter your base **local** general sales taxes from the 2016  
Optional Local Sales Tax Tables

2. \_\_\_\_\_

3. Did your locality impose a **local** general sales tax in 2016? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

☐ **No.** Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

☒ **Yes.** Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2016, see the instructions for line 3 of the worksheet . . . . . 3. 0.500000

4. Did you enter -0- on line 2?

☐ **No.** Skip lines 4 and 5 and go to line 6.

☒ **Yes.** Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 . . . . . 4. 6.000000

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) . . . . . 5. 0.083333

6. Did you enter -0- on line 2?

☐ **No.** Multiply line 2 by line 3

☒ **Yes.** Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2016, see the instructions for line 6 of the worksheet

6. 61

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet . . . . . 7. \_\_\_\_\_

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5.

Be sure to check **box b** on that line . . . . . 8. 791

**Optional Sales Tax Table Computation**

State: FL

Income:	67,367			
Exemptions:*	1			
Amount from table:	730			
Days:	366			
Deduction:	730			

\* "Over 5" is the maximum number of exemptions in the optional sales tax tables in Schedule A Instructions. Returns with six or more exemptions will display a "6" on this line.

**Carryover Worksheet**  
**List of items that will carryover to the 2017 tax return**

(Keep for your records)

**2016**

Name(s) as shown on return

Tax ID Number

MADHURI S NIRMALE

348-77-1637

**Itemized Deductions**

Carryover Amount

Contributions subject to 100% of AGI limitations . . . . .	
Contributions subject to 50% of AGI limitations . . . . .	
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property) . . . . .	
Contributions subject to 30% of AGI limitations . . . . .	
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property) . . . . .	
Taxable state and local refunds to Form 1040, line 10 . . . . .	
State/local taxes paid in 2017 to flow to the Schedule A . . . . .	
Preparer Fee to flow to the Schedule A . . . . .	124
State donations and contributions carryover . . . . .	
State overpayment applied to next year . . . . .	

**Expenses**

Office in home operating expenses . . . . .	
Office in home excess casualty losses and depreciation . . . . .	
Disallowed investment interest expense . . . . .	AMT _____ Reg. Tax _____
Section 179 expense . . . . .	
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use . . . . .	

**Losses**

Short-term capital loss . . . . .	AMT _____ Reg. Tax _____
Long-term capital loss . . . . .	AMT _____ Reg. Tax _____
Net operating loss . . . . .	AMT _____ Reg. Tax _____
Nonrecaptured net section 1231 losses from WK_1231C . . . . .	AMT _____ Reg. Tax _____

**Credits**

Mortgage interest credit . . . . .	
Credit for prior year minimum tax . . . . .	
Foreign Tax credit . . . . .	AMT _____ Reg. Tax _____
District of Columbia first time home owner's credit . . . . .	
Res. energy efficient property credit . . . . .	

**Other**

Overpayment applied to next year's estimates . . . . .	
Estimated Tax Payment 1 _____	Estimated Tax Payment 2 _____
Estimated Tax Payment 3 _____	Estimated Tax Payment 4 _____
Federal tax liability for 2210 calculation . . . . .	8,578
State tax liability for state 2210 calculation . . . . .	
IRA basis . . . . .	Taxpayer _____ Spouse _____

**Passive Activity**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**At Risk Limitations**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TAX RETURN COMPARISON**  
**2014 / 2015 /2016**

**2016**

Name(s) as shown on return  
**MADHURI S NIRMALE**

Identifying number  
**348-77-1637**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>Difference 2015-2016</b>
Filing Status . . . . .			1	
Number of Exemptions . . . . .			1	1
<b>Income</b>				
Wages, salaries, tips, etc. . . . .			67,367	67,367
Taxable interest and dividends . . . .				
Taxable state and local refunds . . . .				
Alimony . . . . .				
Business income (loss) . . . . .				
Gains (losses) . . . . .				
Pensions and IRA distributions . . . .				
Rent and royalty income (loss) . . . .				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss) . . . . .				
Unemployment compensation . . . . .				
Total SS benefits received . . . . .				
Taxable SS benefits . . . . .				
Other income (loss) . . . . .				
<b>Total Income</b> . . . . .			67,367	67,367
<b>Adjusted Gross Income</b>				
Half of self-employment tax . . . . .				
IRA deduction . . . . .				
Other adjustments . . . . .				
<b>Total Adjusted Gross Income</b> . . . .			67,367	67,367
<b>Deductions</b>				
Medical deductions . . . . .				
State and local taxes . . . . .			791	791
Interest . . . . .				
Contributions . . . . .				
Employee business expenses . . . . .			11,277	11,277
Standard or other deductions . . . . .				
<b>Total Itemized or Standard Ded</b> . . .			12,068	12,068
<b>Exemption Amount</b> . . . . .			4,050	4,050
<b>Tax and Credits</b>				
<b>Taxable Income</b> . . . . .			51,249	51,249
Tax . . . . .			8,578	8,578
Credits . . . . .				
Self-employment tax . . . . .				
Other taxes . . . . .				
<b>Total Tax</b> . . . . .			8,578	8,578
<b>Payments</b>				
Withholdings . . . . .			9,671	9,671
Estimated tax payments . . . . .				
Earned income credit . . . . .				
Other payments and credits . . . . .				
<b>Overpayment</b> . . . . .			1,093	1,093
Overpayment Applied . . . . .				
<b>Refund</b> . . . . .			1,093	1,093
<b>Balance Due</b> . . . . .				
<b>Resident State</b>				
Taxable income . . . . .				
Tax . . . . .				
<b>Refund</b> . . . . .				
<b>Balance Due</b> . . . . .				
Marginal tax rate . . . . .			25.00	25.00
Effective tax rate . . . . .			16.74	16.74

**Account Transaction Summary****2016**

Name(s) as shown on return

MADHURI S NIRMALE

Your ID Number

XXX-XX-1637

Account #1

**Financial Institution Name** BANK OF AMERICA**Routing Transit Number** 063100277**Account Number** 898065086462**Account Type** Checking**Federal Deposit** 1,093**Net Deposit** 1,093

## PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

**This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.**

I have reviewed the above information and certify that this information is correct and authorize ADVANTAGE ONE TAX CONSULTING INC to use this account to deposit my refund.

\_\_\_\_\_  
Your Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Spouse's Signature (If Married Filing Jointly)\_\_\_\_\_  
Date