

|   |  |                      |  |  |  |
|---|--|----------------------|--|--|--|
| Your first name and initial   |  | Last name            |  | OMB No. 1545-0074  |  |
| ARPIT H   |  | PARIKH               |  | <b>Your social security number</b><br>836   13   1685  |  |
| If a joint return, spouse's first name and initial  |  | Last name            |  | <b>Spouse's social security number</b><br>   |  |
| Home address (number and street). If you have a P.O. box, see instructions.   |  |                      |  | Apt. no.   | ▲ Make sure the SSN(s) above and on line 6c are correct. |
| 2400 Virginia Ave,NW  |  |                      |  | C501   |  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). |  |                      |  | <b>Presidential Election Campaign</b><br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |  |
| Washington DC 20037   |  | Foreign country name |  | Foreign province/state/county  | Foreign postal code                                      |

**Filing status**  
 Check only one box.

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 (see instructions)

**Exemptions**  
 If more than six dependents, see instructions.

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) |
|----------------|-----------|--|-------------------------------------|--|
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |
|                |           |  |                                     | <input type="checkbox"/>   |

**Boxes checked on 6a and 6b**  
**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 ►**

d Total number of exemptions claimed.

1

**Income**  
 Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.  
 If you did not get a W-2, see instructions.

|     |  |     |         |
|-----|--|-----|---------|
| 7   | Wages, salaries, tips, etc. Attach Form(s) W-2.                                | 7   | 33,203. |
| 8a  | Taxable interest. Attach Schedule B if required.                               | 8a  |         |
| b   | Tax-exempt interest. <b>Do not</b> include on line 8a.                         | 8b  |         |
| 9a  | Ordinary dividends. Attach Schedule B if required.                             | 9a  |         |
| b   | Qualified dividends (see instructions).  | 9b  |         |
| 10  | Capital gain distributions (see instructions).                                 | 10  |         |
| 11a | IRA distributions.   | 11a |         |
| 11b | Taxable amount (see instructions).   | 11b |         |
| 12a | Pensions and annuities.  | 12a |         |
| 12b | Taxable amount (see instructions).   | 12b |         |
| 13  | Unemployment compensation and Alaska Permanent Fund dividends.                 | 13  |         |
| 14a | Social security benefits.  | 14a |         |
| 14b | Taxable amount (see instructions).   | 14b |         |
| 15  | Add lines 7 through 14b (far right column). This is your <b>total income</b> . | 15  | 33,203. |

**Adjusted gross income**

|    |  |    |         |
|----|--|----|---------|
| 16 | Educator expenses (see instructions).                                      | 16 |         |
| 17 | IRA deduction (see instructions).  | 17 |         |
| 18 | Student loan interest deduction (see instructions).                        | 18 |         |
| 19 | Tuition and fees. Attach Form 8917.  | 19 |         |
| 20 | Add lines 16 through 19. These are your <b>total adjustments</b> .         | 20 |         |
| 21 | Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . | 21 | 33,203. |

**Tax, credits, and payments****Standard Deduction for—**

• People who check any box on line 23a or 23b 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

If you have a qualifying child, attach Schedule EIC.

|            |  |           |         |
|------------|--|-----------|---------|
| <b>22</b>  | Enter the amount from line 21 (adjusted gross income).   | <b>22</b> | 33,203. |
| <b>23a</b> | Check <input type="checkbox"/> <b>You</b> were born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1952, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b> |           |         |
| <b>b</b>   | If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> <b>23b</b>   |           |         |
| <b>24</b>  | Enter your <b>standard deduction</b> .   | <b>24</b> | 6,300.  |
| <b>25</b>  | Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.   | <b>25</b> | 26,903. |
| <b>26</b>  | <b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.  | <b>26</b> | 4,050.  |
| <b>27</b>  | Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.   | <b>27</b> | 22,853. |
| <b>28</b>  | <b>Tax</b> , including any alternative minimum tax (see instructions).   | <b>28</b> | 2,968.  |
| <b>29</b>  | Excess advance premium tax credit repayment. Attach Form 8962.   | <b>29</b> |         |
| <b>30</b>  | Add lines 28 and 29.   | <b>30</b> | 2,968.  |
| <b>31</b>  | Credit for child and dependent care expenses. Attach Form 2441.  | <b>31</b> |         |
| <b>32</b>  | Credit for the elderly or the disabled. Attach Schedule R.   | <b>32</b> |         |
| <b>33</b>  | Education credits from Form 8863, line 19.   | <b>33</b> | 1,500.  |
| <b>34</b>  | Retirement savings contributions credit. Attach Form 8880.   | <b>34</b> |         |
| <b>35</b>  | Child tax credit. Attach Schedule 8812, if required.   | <b>35</b> |         |
| <b>36</b>  | Add lines 31 through 35. These are your <b>total credits</b> .   | <b>36</b> | 1,500.  |
| <b>37</b>  | Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.   | <b>37</b> | 1,468.  |
| <b>38</b>  | Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>  | <b>38</b> | 0.      |
| <b>39</b>  | Add line 37 and line 38. This is your <b>total tax</b> .   | <b>39</b> | 1,468.  |
| <b>40</b>  | Federal income tax withheld from Forms W-2 and 1099.   | <b>40</b> | 3,228.  |
| <b>41</b>  | 2016 estimated tax payments and amount applied from 2015 return.   | <b>41</b> |         |
| <b>42a</b> | <b>Earned income credit (EIC).</b> No <b>42a</b>   |           |         |
| <b>b</b>   | Nontaxable combat pay election. <b>42b</b>   |           |         |
| <b>43</b>  | Additional child tax credit. Attach Schedule 8812.   | <b>43</b> |         |
| <b>44</b>  | American opportunity credit from Form 8863, line 8.  | <b>44</b> | 1,000.  |
| <b>45</b>  | Net premium tax credit. Attach Form 8962.  | <b>45</b> |         |
| <b>46</b>  | Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .  | <b>46</b> | 4,228.  |

**Refund**

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

|            |  |            |        |
|------------|--|------------|--------|
| <b>47</b>  | If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .   | <b>47</b>  | 2,760. |
| <b>48a</b> | Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                  | <b>48a</b> | 2,760. |
| <b>b</b>   | Routing number <input type="text" value="054001204"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |            |        |
| <b>d</b>   | Account number <input type="text" value="002260631916"/>   |            |        |
| <b>49</b>  | Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .   | <b>49</b>  |        |

**Amount you owe**

|           |  |           |  |
|-----------|--|-----------|--|
| <b>50</b> | <b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions. | <b>50</b> |  |
| <b>51</b> | Estimated tax penalty (see instructions).  | <b>51</b> |  |

**Third party designee**

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

Designee's name  Phone no.  Personal identification number (PIN)

**Sign here**

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

|   |      |                     |   |
|---|------|---------------------|---|
| Your signature  | Date | Your occupation     | Daytime phone number  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

**Paid preparer use only**

|  |                      |      |   |      |
|--|----------------------|------|---|------|
| Print/type preparer's name                             | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name <input type="text" value="Self-Prepared"/> |                      |      | Firm's EIN <input type="text"/>                 |      |
| Firm's address <input type="text"/>                    |                      |      | Phone no. <input type="text"/>                  |      |

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or Form 1040A.

▶ Information about Form 8863 and its separate instructions is at [www.irs.gov/form8863](http://www.irs.gov/form8863).

OMB No. 1545-0074

**2016**  
Attachment  
Sequence No. **50**

Name(s) shown on return

ARPIT H PARIKH

Your social security number

836-13-1685

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

|          |   |          |         |
|----------|---|----------|---------|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .  | <b>1</b> | 2,500.  |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>2</b> | 90,000. |
| <b>3</b> | Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .   | <b>3</b> | 33,203. |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> | 56,797. |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>5</b> | 10,000. |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> | 1.000   |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/> | <b>7</b> | 2,500.  |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below. . . . .   | <b>8</b> | 1,000.  |

**Part II Nonrefundable Education Credits**

|           |   |           |        |
|-----------|---|-----------|--------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)  | <b>9</b>  | 1,500. |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .                              | <b>10</b> |        |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> |        |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> |        |
| <b>13</b> | Enter: \$131,000 if married filing jointly; \$65,000 if single, head of household, or qualifying widow(er) . . . . .  | <b>13</b> |        |
| <b>14</b> | Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .               | <b>14</b> |        |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .   | <b>15</b> |        |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .   | <b>16</b> |        |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> |        |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶  | <b>18</b> |        |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33 . . . . .                                    | <b>19</b> | 1,500. |

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

BAA

REV 12/30/16 Intuit.crg.cfp.sp

Form **8863** (2016)

Name(s) shown on return

ARPIT H PARIKH

Your social security number

836-13-1685



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

### Part III Student and Educational Institution Information

See instructions.

|   |  |
|---|--|
| <b>20</b> Student name (as shown on page 1 of your tax return)<br>ARPIT H<br>PARIKH   | <b>21</b> Student social security number (as shown on page 1 of your tax return)<br><br>836-13-1685  |
| <b>22</b> Educational institution information (see instructions)  |  |
| <b>a.</b> Name of first educational institution<br><br>George Washington University<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br>2121 I St NW<br>Washington DC 20052<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2015 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If you checked "No" in <b>both (2) and (3)</b> , skip <b>(4)</b> .<br><br><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T). | <b>b.</b> Name of second educational institution (if any)<br><br><br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br><br><br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2015 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If you checked "No" in <b>both (2) and (3)</b> , skip <b>(4)</b> .<br><br><b>(4)</b> If you checked "Yes" in <b>(2) or (3)</b> , enter the institution's federal identification number (from Form 1098-T). |
| <b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2016? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.   |  |
| <b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2016 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.<br><input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.   |  |
| <b>25</b> Did the student complete the first 4 years of postsecondary education before 2016? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.  |  |
| <b>26</b> Was the student convicted, before the end of 2016, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.  |  |



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

#### American Opportunity Credit

|  |           |        |
|--|-----------|--------|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> | 4,000. |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> | 2,000. |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> | 500.   |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> | 2,500. |

#### Lifetime Learning Credit

|   |           |  |
|---|-----------|--|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> |  |
|---|-----------|--|

2016 D-40E SUB  
District of Columbia Individual Income Tax  
Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial

ARPIT H

Last name

PARIKH

Social Security Number

836131685

Spouse's/Domestic partner's First name and initial

Last name

Spouse's Social Security Number

Present Home Address (number, street and suite/apartment number if applicable)

2400 VIRGINIA AVENW

Federal Filing Status

1

City, Town, and State

WASHINGTON DC

Zip Code + 4

20037

District of Columbia Filing Status

1

**PART I - TAX RETURN INFORMATION****PLEASE ENTER WHOLE DOLLAR AMOUNTS**

|   |          |
|---|----------|
| 1. District of Columbia Adjusted Gross Income, Form D-40, Line 14 or D-40EZ, Line 3 | 33203.00 |
| 2. District of Columbia Tax, Form D-40, Line 21 or D-40EZ, Line 6                   | 1374.00  |
| 3. DC Income Tax Withheld, Form D-40, Line 30 or D-40EZ, Line 11                    | 1732.00  |
| 4. District of Columbia Net Refund, Form D-40, Line 40 or D-40EZ, Line 19           | 1358.00  |
| 5. District of Columbia Total Amount Due, Form D-40, Line 45 or D-40EZ, Line 18     | .00      |

**PART II - REFUND METHOD**☒ Direct Deposit☐ Refund Card☐ Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number\* 054001204

\*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

7. Account Number 002260631916

8. Type of Account ☒ Checking ☐ Savings**PART III - DECLARATION OF TAXPAYER**

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2016 tax year, and to the best of my knowledge and belief, it is true, correct and complete. I/we further declare that the amounts in Part I above are the amounts from my/our electronic income tax return. I consent to allow my/our intermediate service provider, transmitter, or electronic return originator (ERO) to send my/our return to the District of Columbia (DC). I/we authorize DC and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit). Refunds cannot be direct deposited and payments cannot be transmitted from a financial institution.

Your Signature

Date

Spouse's Signature

Date

**PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with DC. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above individual income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Signature

Date

SSN, EIN, or PTIN

**SELF PREPARED**

Paid Preparer's Signature

Date

SSN, EIN, or PTIN

**PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.**

2016 D-40 SUB Individual  
Income Tax Return

160400411555

## Personal information

Telephone number 9132757300 Mark if Amended return  
Your Social Security Number (SSN) 836131685 Mark if Filing for a deceased taxpayer  
and Date of Birth (MMDDYYYY) 10231991  
Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY)

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1555

Your first name M.I. Last name  
ARPIT H PARIKH  
Spouse's/registered domestic partner's first name M.I. Last name

Home address(number, street and suite/apartment number if applicable)

2400 VIRGINIA AVENW APT C501

City State ZIP Code +4  
WASHINGTON DC 20037

## Filing Status

X

Single Married filing jointly Married filing separately Dependent claimed by someone else

- 1 Mark only one: Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.  
Registered domestic partners filing jointly or filing separately on same return  
Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.  
Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

- 2 Mark if you are: Part-year resident in DC from (MMDD) to (MMDD) See instructions.

\*Complete your federal return first -- Enter your dependents' information on DC Schedule S\*

## Income Information

|  |                   |          |
|--|-------------------|----------|
| a Wages, salaries, unemployment compensation and/or tips, see instructions | a \$              | 33203.00 |
| b Business income or loss, see instructions.                               | Mark if loss b \$ | .00      |
| c Capital gain (or loss).  | Mark if loss c \$ | .00      |
| d Rental real estate, royalties, partnerships, etc.                        | Mark if loss d \$ | .00      |

## Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Mark if loss 3 \$ 33203.00

## Additions to DC Income

|  |                   |          |
|--|-------------------|----------|
| 4 Franchise tax deducted on federal forms, see instructions. | 4 \$              | .00      |
| 5 Other additions from DC Schedule I, Calculation A, Line 8. | 5 \$              | .00      |
| 6 Add Lines 3, 4 and 5.                                      | Mark if loss 6 \$ | 33203.00 |

## Subtractions from DC Income

|   |                    |          |
|---|--------------------|----------|
| 7 Part year residents, enter income received during period of nonresidence, see instructions. | 7 \$               | .00      |
| 8 Taxable refunds, credits or offsets of state and local income tax.                          | 8 \$               | .00      |
| 9 Taxable amount of social security and tier 1 railroad retirement                            | 9 \$               | .00      |
| 10 Income reported and taxed this year on a DC franchise or fiduciary return.                 | 10 \$              | .00      |
| 11 DC and federal government survivor benefits, see instructions.                             | 11 \$              | .00      |
| 12 Other subtractions from DC Schedule I, Calculation B, Line 16.                             | 12 \$              | .00      |
| 13 Total subtractions from DC income, Lines 7 - 12.   | 13 \$              | 0.00     |
| 14 DC adjusted gross income, Line 6 minus Line 13.  | Mark if loss 14 \$ | 33203.00 |



Enter your last name  
Enter your SSN

PARIKH  
836131685



160400421555

|    |   |    |    |          |
|----|---|----|----|----------|
| 15 | Deduction type Take the same type of deduction you took on your federal return.<br>Mark which type: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized See instructions for amount to enter on Line 16. |    |    |          |
| 16 | DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.  | 16 | \$ | 5200.00  |
| 17 | Number of exemptions. If more than 1, or if you or your spouse/registered domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.  | 17 | 1  |          |
| 18 | Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents, see inst on page 25.<br>* If AGI is greater than \$150,000, see instructions on page 27.   | 18 | \$ | 1775.00  |
| 19 | Add Lines 16 and 18.  | 19 | \$ | 6975.00  |
| 20 | DC Taxable income Subtract Line 19 from Line 14. Enter result. Mark if loss   | 20 | \$ | 26228.00 |

**DC tax, credits and payments**

|     |  |     |    |         |
|-----|--|-----|----|---------|
| 21  | Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I<br>Mark if filing separately on same return. Complete Calculation J on Schedule S. | 21  | \$ | 1374.00 |
| 22  | Credit for child and dependent care expenses \$ .00 x .32 Enter result ><br>From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.         | 22  | \$ | .00     |
| 23  | Non-refundable credits from DC Schedule U, Part 1a, Line 8 Attach DC Schedule U.   | 23  | \$ | .00     |
| 24  | DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions,  | 24  | \$ | .00     |
| 24a | Enter the number of exemptions claimed on your federal return if claiming LIC.   | 24a |    |         |
| 25  | Total non-refundable credits. Add Lines 22, 23 and 24.   | 25  | \$ | .00     |
| 26  | Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.  | 26  | \$ | 1374.00 |
| 27  | DC Earned Income Tax Credit Leave blank if you took Line 24 DC Low Income Credit (LIC)   |     |    |         |
| 27a | Enter the number of qualified EITC children.   | 27b | \$ | .00     |
| 27c | For filers <b>with</b> qualifying children. Enter federal EITC \$ .00 X .40 Enter result >   | 27d | \$ | .00     |
| 27e | For filers <b>without</b> qualifying children. See instructions for special calculations. Enter result >   | 27e | \$ | .00     |
| 28  | Property Tax Credit. From your DC Schedule H; attach a copy.   | 28  | \$ | 1000.00 |
| 29  | Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.   | 29  | \$ | .00     |
| 30  | DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.  | 30  | \$ | 1732.00 |
| 31  | 2016 estimated income tax payments and amount applied from 2015 return.  | 31  | \$ | .00     |
| 32  | Tax paid with extension of time to file or with original return if this is an amended return.  | 32  | \$ | .00     |
| 33  | Total payments and refundable credits. Add Lines 27d or 27e and 28 - 32.   | 33  | \$ | 2732.00 |

**Refund** Complete if Line 33 is more than Line 26.

|    |  |    |    |         |
|----|--|----|----|---------|
| 34 | Amount you overpaid  | 34 | \$ | 1358.00 |
|    | Subtract Line 26 from Line 33  |    |    |         |
| 35 | Amount to be applied to your 2017 estimated tax                        | 35 | \$ | .00     |
| 36 | Penalty See instructions   | 36 | \$ | .00     |
|    | Mark if Form D-2210 is attached  |    |    |         |
| 37 | Underpayment Interest  | 37 | \$ | .00     |
| 38 | Refund Subtract sum of Lines 35, 36 and 37 from Line 34.               | 38 | \$ | 1358.00 |
| 39 | Contribution amount from Sched. U, Part II, Line 5                     | 39 | \$ | .00     |
|    | Can not exceed refund amt on Line 38<br>Put additional amt on Line 42. |    |    |         |
| 40 | Net refund   | 40 | \$ | 1358.00 |
|    | Subtract Line 39 from Line 38  |    |    |         |

**Amount owed** Complete if Line 33 is equal to or less than Line 26.

|     |  |    |    |     |
|-----|--|----|----|-----|
| 41  | Tax due  | 41 | \$ | .00 |
|     | Subtract Line 33 from Line 26                        |    |    |     |
| 42  | Contribution amount from Schedule U, Part II, Line 6 | 42 | \$ | .00 |
| 43a | Penalty  |    | \$ | .00 |
| 43b | Interest   |    | \$ | .00 |
|     | Enter total P & I.                                   | 43 | \$ | .00 |
|     | Mark if Form D-2210 is attached                      |    |    |     |
| 44  | Underpayment Interest                                | 44 | \$ | .00 |
| 45  | Total amount due                                     | 45 | \$ | .00 |
|     | Add Lines 41 - 44                                    |    |    |     |

Will this refund request or amount owed go to or come from an account outside the U.S.? Yes No ☒ See instructions

**Refund Options:** For information on the tax refund card and program limitations, see instructions or visit our website: [MyTax.DC.gov](http://MyTax.DC.gov)

Make one refund choice ☒ Direct deposit ☐ Tax refund card ☐ Paper check

**Direct Deposit** To have your refund deposited to your ☒ checking OR ☐ savings account, mark X and enter bank routing and account numbers.  
Routing Number 054001204 Account Number 002260631916

**Third Party Designee** To authorize another person discuss this return with OTR, mark here and enter the name and phone number of that person  
Designee's name \_\_\_\_\_ Phone number \_\_\_\_\_

**Signature** Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly

Date

SELF-PREPARED

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

2016 SCHEDULE H SUB Homeowner  
and Renter Property Tax Credit

169980211555

Important: Read the eligibility requirements before completing.

Personal information Your daytime telephone number

9132757300

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Your social security number (SSN)

836131685

Spouse's/registered domestic partner's SSN

Your first name

ARPIT

M.I.

H

Last name

PARIKH

Spouse's/registered domestic partner's first name

M.I.

Last name

Mailing address (number,street and suite/apartment number if applicable)

2400 VIRGINIA AVENW APT C501

City

WASHINGTON

State

DC

Zipcode + 4

20037

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming credit if different from above

Type of property for which you are claiming credit. Mark only one: House ☒ Apartment Rooming house Condominium**Complete Section A or Section B, whichever one applies.****Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization****Section A Credit claim based on rent paid**Round cents to the nearest dollar.  
If amount is zero or less, leave the line blank.

|   |   |      |          |
|---|---|------|----------|
| 1 | Federal adjusted gross income of the tax filing unit (see instructions). From <b>Line 32</b> on page 2. | 1 \$ | 33203.00 |
| 2 | Money from other sources used to pay rent not included in AGI:  |      |          |
|   | a.Source _____ \$ .00   |      |          |
|   | b.Source _____ \$ .00   |      |          |
| 3 | Rent paid on this property in 2016. \$ 12000.00 x .20 =   | 3 \$ | 2400.00  |
| 4 | Property tax credit. Use the "Computing Your Property Tax Credit" Worksheet.                            | 4 \$ | 1000.00  |
| 5 | Rent supplements received in 2016 by you or by your landlord on your behalf.                            | 5 \$ | .00      |
| 6 | Property tax credit. Subtract Line 5 from Line 4, D-40 filers enter here and on Line 28 of D-40.        | 6 \$ | 1000.00  |
| 7 | Landlord's name<br>COLUMBIA PLAZA   |      |          |

2400 VIRGINIA AVENUE NW

WASHINGTON

City

WASHINGTON

Landlord's telephone number 8882290742

State

DC

Zipcode + 4

20037

**Section B Credit claim based on real property tax paid**Round cents to the nearest dollar.  
If amount is zero or less, leave the line blank.

|    |  |               |            |
|----|--|---------------|------------|
| 8  | Federal adjusted gross income of the tax filing unit (see instructions). From <b>Line 32</b> on page 2.                        | 8 \$          | .00        |
| 9  | DC real property tax paid by you on this property in 2016.   | 9 \$          | .00        |
| 10 | Property tax credit. Use the "Computing Your Property Tax Credit" Worksheet. Enter here and on Line 28 of D-40.                | 10 \$         | .00        |
| 11 | Enter information from your real property tax bill or assessment. If a section is blank on your tax bill, leave it blank here. |               |            |
|    | Square number  | Suffix number | Lot number |



## 2016 SCHEDULE H PAGE 2

Your last name **PARIKH**  
 Your SSN. **836131685**



169980221555

Federal Adjusted Gross Income of the tax filing unit - **Report the total AGI of your tax filing unit. If you filed a D-40 and have no dependents with adjusted gross income, skip Lines 1 - 31 on pages 2 - 4, and copy Line 3 of your D-40 on Line 32. See instructions.**

COLUMN A (YOU)

COLUMN B(SPOUSE/DP)

COLUMN C (DEPENDENT #1)

Name (Last, First) **PARIKH, ARPI**  
 Social Security Number (SSN) **836131685**  
 Date of Birth (MMDDYYYY) **10231991**

|    |  |           |                 |            |            |
|----|--|-----------|-----------------|------------|------------|
| 1  | Wages, salaries, tips, etc.  | \$1       | 33203.00        | .00        | .00        |
| 2  | Taxable interest   | 2         | .00             | .00        | .00        |
| 3  | Ordinary Dividends   | 3         | .00             | .00        | .00        |
| 4  | Taxable refunds, credits, or offsets of state and local income taxes                           | 4         | .00             | .00        | .00        |
| 5  | Alimony received   | 5         | .00             | .00        | .00        |
| 6  | Business Income Mark if loss   | 6         | .00             | .00        | .00        |
| 7  | Capital gain Mark if loss  | 7         | .00             | .00        | .00        |
| 8  | Other gains Mark if loss   | 8         | .00             | .00        | .00        |
| 9  | IRA distributions: Taxable amount  | 9         | .00             | .00        | .00        |
| 10 | Pensions and annuities: Taxable amount   | 10        | .00             | .00        | .00        |
| 11 | Rental real estate, royalties, partnerships, S Corporations, trusts, etc. Mark if loss         | 11        | .00             | .00        | .00        |
| 12 | Farm Income Mark if loss   | 12        | .00             | .00        | .00        |
| 13 | Unemployment compensation  | 13        | .00             | .00        | .00        |
| 14 | Social security benefits: Taxable amount   | 14        | .00             | .00        | .00        |
| 15 | Other income: Mark if loss   | 15        | .00             | .00        | .00        |
| 16 | <b>Add Lines 1 through 15 in each column.</b> Mark if loss                                     | <b>16</b> | <b>33203.00</b> | <b>.00</b> | <b>.00</b> |
| 17 | Educator expenses  | 17        | .00             | .00        | .00        |
| 18 | Certain business expenses of reservists, performing artist, and fee-basis government officials | 18        | .00             | .00        | .00        |
| 19 | Health savings account deduction   | 19        | .00             | .00        | .00        |
| 20 | Moving expenses  | 20        | .00             | .00        | .00        |
| 21 | Deductible part of self-employment tax   | 21        | .00             | .00        | .00        |
| 22 | Self-employed SEP, SIMPLE, and qualified plans   | 22        | .00             | .00        | .00        |
| 23 | Self-employed health insurance deduction   | 23        | .00             | .00        | .00        |
| 24 | Penalty on early withdrawal of savings   | 24        | .00             | .00        | .00        |
| 25 | Alimony paid   | 25        | .00             | .00        | .00        |
| 26 | IRA deduction  | 26        | .00             | .00        | .00        |
| 27 | Student loan interest deduction  | 27        | .00             | .00        | .00        |
| 28 | Tuition and fees per Federal form 8917   | 28        | .00             | .00        | .00        |
| 29 | Domestic production activities deduction   | 29        | .00             | .00        | .00        |
| 30 | <b>Add Lines 17 through 29 in each column</b>  | <b>30</b> | <b>0.00</b>     | <b>.00</b> | <b>.00</b> |
| 31 | Subtract Line 30 from Line 16 Mark if loss   | 31        | 33203.00        | .00        | .00        |

32 Total federal adjusted gross income. Add amounts entered on Line 31, Columns A-I and enter total here on Line 32 **and** on Section A, Line 1 or Section B, Line 8. Mark if loss **33203.00**

For STANDALONE FILERS only, please complete the following "Refund Options" information. Will the refund go to an account outside of the U.S.? Yes No

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website [MyTax.DC.gov](http://MyTax.DC.gov).

Mark one refund choice: Direct deposit Tax refund card Paper check

Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account number

Routing Number

Account Number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

**SELF-PREPARED**

Your signature

Date

Preparer's signature

Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

2016 D-40WH SUB Withholding  
Tax Schedule

16040W111555

Enter DC withholding information below.

Attach W-2's and/or 1099's to Form D-40 or D-40EZ.

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

Important: Print in CAPITAL letters using black ink.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID 1555

Primary last name shown on Form D-40 or D-40EZ

Social Security Number

PARIKH

836131685

| 1 | A-Employer or Payor Information   | B-Employee or Taxpayer Information   | C-DC Tax Withheld  |
|---|---|--|--|
|   | Employer ID or Payor ID from W-2 or 1099<br><b>530196584</b><br>Employer or Payor Name<br><b>GEORGE WASHINGTON</b><br>Address<br><b>45155 RESEARCH PL SUIT</b><br>City<br><b>ASHBURN</b><br>State Zip Code + 4<br><b>VA 20147</b> | Name<br><b>ARPIT H PARIKH</b><br>Social Security Number<br><b>836131685</b><br>Income Subject to DC Withholding<br><b>\$ 5756.00</b><br>from Box #1 of W-2 or the appropriate box from 1099  | DC Withholding from Box #17 of W-2 or the appropriate box from 1099<br><b>\$ 220.00</b><br>Check the appropriate box<br>W-2 1099<br><input checked="" type="checkbox"/> X<br>Enter State Abbreviation<br><b>DC</b> from Box #15 of W-2 or the appropriate box from 1099<br><b>Enter DC Withholding Only</b>  |
|   | Employer ID or Payor ID from W-2 or 1099<br><b>452756454</b><br>Employer or Payor Name<br><b>PROMANTUS INC</b><br>Address<br><b>8521 SIX FORKS RD 108</b><br>City<br><b>RALEIGH</b><br>State Zip Code + 4<br><b>NC 27615</b>      | Name<br><b>ARPIT H PARIKH</b><br>Social Security Number<br><b>836131685</b><br>Income Subject to DC Withholding<br><b>\$ 27447.00</b><br>from Box #1 of W-2 or the appropriate box from 1099 | DC Withholding from Box #17 of W-2 or the appropriate box from 1099<br><b>\$ 1512.00</b><br>Check the appropriate box<br>W-2 1099<br><input checked="" type="checkbox"/> X<br>Enter State Abbreviation<br><b>DC</b> from Box #15 of W-2 or the appropriate box from 1099<br><b>Enter DC Withholding Only</b> |
|   | Employer ID or Payor ID from W-2 or 1099<br><br>Employer or Payor Name<br><br>Address<br><br>City<br><br>State Zip Code + 4<br><br>   | Name<br><br>Social Security Number<br><br>Income Subject to DC Withholding<br><b>\$ .00</b><br>from Box #1 of W-2 or the appropriate box from 1099   | DC Withholding from Box #17 of W-2 or the appropriate box from 1099<br><b>\$ .00</b><br>Check the appropriate box<br>W-2 1099<br><input type="checkbox"/><br>Enter State Abbreviation<br>from Box #15 of W-2 or the appropriate box from 1099<br><b>Enter DC Withholding Only</b>                            |

Total DC tax withheld from column C above..... \$ 1732.00

If you have DC withholding on multiple pages, add the totals together  
and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.



16040W121555

D-40WH Page 2

Last name and SSN    PARIKH

836131685

| 4 | A-Employer or Payor Information          | B-Employee or Taxpayer Information                  | C-DC Tax Withheld  |
|---|--|---|--|
|   | Employer ID or Payor ID from W-2 or 1099 | Name  | DC Withholding from Box #17 of W-2 or the appropriate box from 1099              |
|   | Employer or Payor Name                   | Social Security Number                              | \$ .00   |
|   | Address                                  | Income Subject to DC Withholding                    | Check the appropriate box<br>W-2    1099   |
|   | City                                     | \$ .00  | Enter State Abbreviation<br>from Box #15 of W-2 or the appropriate box from 1099 |
|   | State    Zip Code + 4                    | from Box #1 of W-2 or the appropriate box from 1099 | <b>Enter DC Withholding Only</b>   |
| 5 | A-Employer or Payor Information          | B-Employee or Taxpayer Information                  | C-DC Tax Withheld  |
|   | Employer ID or Payor ID from W-2 or 1099 | Name  | DC Withholding from Box #17 of W-2 or the appropriate box from 1099              |
|   | Employer or Payor Name                   | Social Security Number                              | \$ .00   |
|   | Address                                  | Income Subject to DC Withholding                    | Check the appropriate box<br>W-2    1099   |
|   | City                                     | \$ .00  | Enter State Abbreviation<br>from Box #15 of W-2 or the appropriate box from 1099 |
|   | State    Zip Code + 4                    | from Box #1 of W-2 or the appropriate box from 1099 | <b>Enter DC Withholding Only</b>   |
| 6 | A-Employer or Payor Information          | B-Employee or Taxpayer Information                  | C-DC Tax Withheld  |
|   | Employer ID or Payor ID from W-2 or 1099 | Name  | DC Withholding from Box #17 of W-2 or the appropriate box from 1099              |
|   | Employer or Payor Name                   | Social Security Number                              | \$ .00   |
|   | Address                                  | Income Subject to DC Withholding                    | Check the appropriate box<br>W-2    1099   |
|   | City                                     | \$ .00  | Enter State Abbreviation<br>from Box #15 of W-2 or the appropriate box from 1099 |
|   | State    Zip Code + 4                    | from Box #1 of W-2 or the appropriate box from 1099 | <b>Enter DC Withholding Only</b>   |

Total DC tax withheld from column C above..... \$ .00

If you have DC withholding on multiple pages, add the totals together  
and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.