

Khob Tax Services Inc

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Fremont, CA 94536
info@khobtax.com
Phone: (510)742-1419 | Fax: (510)240-1490

April 12, 2017

Payal Fofadiya
754 The Alameda Apt 4209
San Jose, CA 95126

Payal Fofadiya:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$5,739 Refund	Direct Deposit to **3535
California Income Tax	\$2,693 Refund	Direct Deposit to **3535
Pennsylvania Income Tax	Zero Due	

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

Federal Income Tax
California Income Tax
Pennsylvania Income Tax

Sincerely,

Balram Odugu
Khob Tax Services Inc

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.**2016**Submission Identification Number (SID) 

Taxpayer's name

PAYAL FOFADIYA

Social security number

073-87-9772

Spouse's name

Spouse's social security number

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

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4; Form 1040NR, line 37)	1	70,805
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	10,890
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7; Form 1040NR, line 62a)	3	16,629
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	5,739
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75) . . .	5	

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

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

Taxpayer's PIN: check one box only

RTN=322271627 Acct=Ends in 3535



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 zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

55490

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 zeros

I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only****ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN.

945824-94536

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 ▶ BALRAM ODUGU

Date ▶ 04-12-2017

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)

U.S. Nonresident Alien Income Tax Return

► Information about Form 1040NR and its separate instructions is at www.irs.gov/form1040nr.

For the year January 1-December 31, 2016, or other tax year

beginning , 2016, and ending , 20

OMB No. 1545-0074

2016

Please print
or type

Your first name and initial PAYAL	Last name FOFADIYA	Identifying number (see instructions) 073-87-9772
Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. 754 THE ALAMEDA APT 4209		Check if: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Estate or Trust
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAN JOSE CA 95126		
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing
Status**

- | | |
|---|--|
| 1 <input type="checkbox"/> Single resident of Canada or Mexico or single U.S. national | 4 <input type="checkbox"/> Married resident of South Korea |
| 2 <input checked="" type="checkbox"/> Other single nonresident alien | 5 <input type="checkbox"/> Other married nonresident alien |
| 3 <input type="checkbox"/> Married resident of Canada or Mexico or married U.S. national | 6 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) |

Check only
one box.

If you checked box 3 or 4 above, enter the information below.

(i) Spouse's first name and initial	(ii) Spouse's last name	(iii) Spouse's identifying number
-------------------------------------	-------------------------	-----------------------------------

Exemptions

7a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 7a	Boxes checked on 7a and 7b No. of children on 7c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 7c not entered above	1		
b <input type="checkbox"/> Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income				
c Dependents: (see instructions)	(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) Check if quali- fying child for child tax credit (see instr.)	
(1) First name Last name				
d Total number of exemptions claimed	Add numbers on lines above			1

**Income
Effectively
Connected
With U.S.
Trade/
Business**

Attach Form(s)
W-2, 1042-S,
SSA-1042S,
RRB-1042S,
and 8288-A
here. Also
attach Form(s)
1099-R if tax
was withheld.

8 Wages, salaries, tips, etc. Attach Form(s) W-2	8	71,417
9a Taxable interest	9a	300
b Tax-exempt interest. Do not include on line 9a	9b	
10a Ordinary dividends	10a	
b Qualified dividends (see instructions)	10b	
11 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	11	
12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions)	12	
13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)	13	
14 Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here <input type="checkbox"/>	14	
15 Other gains or (losses). Attach Form 4797	15	
16a IRA distributions 16a	16b Taxable amount (see instructions)	16b
17a Pensions and annuities 17a	17b Taxable amount (see instructions)	17b
18 Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040)	18	
19 Farm income or (loss). Attach Schedule F (Form 1040)	19	
20 Unemployment compensation	20	
21 Other income. List type and amount (see instructions)	21	
22 Total income exempt by a treaty from page 5, Schedule OI, Item L (1)(e) 22		
23 Combine the amounts in the far right column for lines 8 through 21. This is your total effectively connected income ►	23	71,717

**Adjusted
Gross
Income**

24 Educator expenses (see instructions)	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 (Form 1040)	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31 Scholarship and fellowship grants excluded	31	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	912
34 Domestic production activities deduction. Attach Form 8903	34	
35 Add lines 24 through 34	35	912
36 Subtract line 35 from line 23. This is your adjusted gross income ►	36	70,805

Tax and Credits	37	Amount from line 36 (adjusted gross income)	37	70,805
	38	Itemized deductions from page 3, Schedule A, line 15 U.S.-India. Tax. Treaty.	38	6,300
	39	Subtract line 38 from line 37	39	64,505
	40	Exemptions (see instructions)	40	4,050
	41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-	41	60,455
	42	Tax (see instructions). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	10,890
	43	Alternative minimum tax (see instructions). Attach Form 6251	43	
	44	Excess advance premium tax credit repayment. Attach Form 8962	44	
	45	Add lines 42, 43, and 44	45	10,890
	46	Foreign tax credit. Attach Form 1116 if required	46	
	47	Credit for child and dependent care expenses. Attach Form 2441	47	
	48	Retirement savings contributions credit. Attach Form 8880	48	
	49	Child tax credit. Attach Schedule 8812, if required	49	
	50	Residential energy credits. Attach Form 5695	50	
	Other Taxes	51	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	51
52		Add lines 46 through 51. These are your total credits	52	
53		Subtract line 52 from line 45. If line 52 is more than line 45, enter -0-	53	10,890
54		Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15	54	
55		Self-employment tax. Attach Schedule SE (Form 1040)	55	
56		Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	56	
57		Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	57	
58		Transportation tax (see instructions)	58	
59a		Household employment taxes from Schedule H (Form 1040)	59a	
59b		First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
Payments	60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Instructions; enter code(s)	60	
	61	Add lines 53 through 60. This is your total tax	61	10,890
	62	Federal income tax withheld from:		
	a	Form(s) W-2 and 1099	62a	16,629
	b	Form(s) 8805	62b	
	c	Form(s) 8288-A	62c	
	d	Form(s) 1042-S	62d	
	63	2016 estimated tax payments and amount applied from 2015 return	63	
	64	Additional child tax credit. Attach Schedule 8812	64	
	65	Net premium tax credit. Attach Form 8962	65	
Refund Direct deposit? See instructions.	66	Amount paid with request for extension to file (see instructions)	66	
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
	68	Credit for federal tax paid on fuels. Attach Form 4136	68	
	69	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	69	
	70	Credit for amount paid with Form 1040-C	70	
	71	Add lines 62a through 70. These are your total payments	71	16,629
	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	5,739
	73a	Amount of line 72 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	73a	5,739
	b	Routing number 3 2 2 2 7 1 6 2 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 8 5 1 1 1 3 5 3 5		
Amount You Owe	74	Amount of line 72 you want applied to your 2017 estimated tax	74	
	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
Third Party Designee	76	Estimated tax penalty (see instructions)	76	
	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Sign Here Keep a copy of this return for your records.	Designee's name ▶ BALRAM ODUGU		Phone no. ▶ 510-742-1419	
	Personal identification number (PIN) ▶ 9 4 5 3 6			
Paid Preparer Use Only	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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature ▶ 55490		Date ▶ 04-11-2017	
	Your occupation in the United States ▶ STUDENT		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	Preparer's signature ▶ BALRAM ODUGU		Date ▶ 04-12-2017	
Paid Preparer Use Only	Check <input type="checkbox"/> if self-employed		PTIN ▶ P00927932	
	Print/Type preparer's name ▶ BALRAM ODUGU			
	Firm's name ▶ Khob Tax Services Inc		Firm's EIN ▶ 46-4361929	
Firm's address ▶ 38750 Paseo Padre Pkwy Ste A1 Fremont, CA 94536		Phone no. ▶ 510-742-1419		

Schedule A - Itemized Deductions (see instructions)

07

Taxes You Paid	1	State and local income taxes		1
Gifts to U.S. Charities		Caution: If you made a gift and received a benefit in return, see instructions.		
	2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2	
	3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if the amount of your deduction is over \$500	3	
	4	Carryover from prior year	4	
	5	Add lines 2 through 4		5
Casualty and Theft Losses	6	Casualty or theft loss(es). Attach Form 4684. See instructions		6
Job Expenses and Certain Miscellaneous Deductions	7	Unreimbursed employee expenses - job travel, union dues, job education, etc. You must attach Form 2106 or Form 2106-EZ if required. See instructions ▶ _____	7	
	8	Tax preparation fees	8	
	9	Other expenses. See instructions for expenses to deduct here. List type and amount ▶ _____ _____ _____ _____	9	
	10	Add lines 7 through 9	10	
	11	Enter the amount from Form 1040NR, line 37 11		
	12	Multiply line 11 by 2% (0.02)	12	
	13	Subtract line 12 from line 10. If line 12 is more than line 10, enter -0-		13
Other Miscellaneous Deductions	14	Other - see instructions for expenses to deduct here. List type and amount ▶ _____ _____ _____ _____ _____ _____ _____		14
Total Itemized Deductions	15	Is Form 1040NR, line 37, over the amount shown below for the filing status box you checked on page 1 of Form 1040NR: • \$311,300 if you checked box 6; • \$259,400 if you checked box 1 or 2; or • \$155,650 if you checked box 3, 4, or 5? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 1 through 14. Also enter this amount on Form 1040NR, line 38. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter here and on Form 1040NR, line 38.		15

Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
					%	%
1 Dividends paid by:						
a U.S. corporations	1a					
b Foreign corporations	1b					
2 Interest:						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or T.V. copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling - Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings _____						
b Losses _____	10c					
11 Gambling winnings - Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ► _____	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040NR, line 54						15

Capital Gains and Losses From Sales or Exchanges of Property

16 (a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)		(g) GAIN If (d) is more than (e), subtract (e) from (d)	
17 Add columns (f) and (g) of line 16					17	()		
18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-)							18	0

Schedule OI - Other Information (see instructions)

Answer all questions

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? INDIA

C Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No

D Were you ever:

1. A U.S. citizen? ☐ Yes ☒ No
2. A green card holder (lawful permanent resident) of the United States? ☐ Yes ☒ No

If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.

E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1

F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? ☐ Yes ☒ No
If you answered "Yes," indicate the date and nature of the change. ▶ _____

G List all dates you entered and left the United States during 2016 (see instructions).

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, **check the box for Canada or Mexico** and skip to item H ☐ Canada ☐ Mexico

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy
	12-14-2016
01-18-2017	

Date entered United States mm/dd/yy	Date departed United States mm/dd/yy

H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during:
2014 0, 2015 148, and 2016 349.

I Did you file a U.S. income tax return for any prior year? ☐ Yes ☒ No
If "Yes," give the latest year and form number you filed . . . ▶ _____

J Are you filing a return for a trust? ☐ Yes ☒ No
If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? ☐ Yes ☐ No

K Did you receive total compensation of \$250,000 or more during the tax year? ☐ Yes ☒ No
If "Yes," did you use an alternative method to determine the source of this compensation? ☐ Yes ☒ No

L Income Exempt from Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required (see instructions).

(a) Country	(b) Tax treaty article	(c) Number of months claimed in prior tax years	(d) Amount of exempt income in current tax year

(e) Total. Enter this amount on Form 1040NR, line 22. Do not enter it on line 8 or line 12.

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☒ No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? ☐ Yes ☒ No
If "Yes," attach a copy of the Competent Authority determination letter to your return.

**Statement for Exempt Individuals and Individuals
With a Medical Condition**

OMB No. 1545-0074

2016

For use by alien individuals only.

► Information about Form 8843 and its instructions is at www.irs.gov/form8843.

For the year January 1-December 31, 2016, or other tax year

Department of the Treasury
Internal Revenue Service

beginning

, 2016, and ending

, 20

Attachment
Sequence No. **102**

Your first name and initial

Last name

Your U.S. taxpayer identification number, if any

PAYAL

FOFADIYA

073-87-9772

**Fill in your
addresses only if
you are filing this
form by itself and
not with your tax
return**

Address in country of residence

Address in the United States

Part I General Information**1a** Type of U.S. visa (for example, F, J, M, Q, etc.) and date you entered the United States ► INFORMATION PROVIDED ON FORM 1040NR**b** Current nonimmigrant status and date of change (see instructions) ►**2** Of what country were you a citizen during the tax year? _____**3a** What country issued you a passport? _____**b** Enter your passport number ► _____**4a** Enter the actual number of days you were present in the United States during:

2016 _____ 2015 _____ 2014 _____

b Enter the number of days in 2016 you claim you can exclude for purposes of the substantial presence test ► _____**Part II Teachers and Trainees****5** For teachers, enter the name, address, and telephone number of the academic institution where you taught in 2016 ► _____**6** For trainees, enter the name, address, and telephone number of the director of the academic or other specialized program you participated in during 2016 ► _____**7** Enter the type of U.S. visa (J or Q) you held during: ► 2010 _____ 2011 _____
2012 _____ 2013 _____ 2014 _____ 2015 _____. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.**8** Were you present in the United States as a teacher, trainee, or student for any part of 2 of the 6 prior
calendar years (2010 through 2015)? ☐ Yes ☐ No
If you checked the "Yes" box on line 8, you cannot exclude days of presence as a teacher or trainee unless
you meet the *Exception* explained in the instructions.**Part III Students****9** Enter the name, address, and telephone number of the academic institution you attended during 2016 ►
CARNEGIE MELLON UNIVERSITY 412-268-2000, 5000 FORBES AVE, PITTSBURGH, PA
15213**10** Enter the name, address, and telephone number of the director of the academic or other specialized program you participated
in during 2016 ► SEAN BEGGS 412-268-2000
5000 FORBES AVE
PITTSBURGH, PA 15213**11** Enter the type of U.S. visa (F, J, M, or Q) you held during: ► 2010 _____ 2011 _____
2012 _____ 2013 _____ 2014 _____ 2015 F-1. If the type of visa you held during any
of these years changed, attach a statement showing the new visa type and the date it was acquired.**12** Were you present in the United States as a teacher, trainee, or student for any part of more than 5 calendar
years? ☐ Yes ☒ No
If you checked the "Yes" box on line 12, you must provide sufficient facts on an attached statement to
establish that you do not intend to reside permanently in the United States.**13** During 2016, did you apply for, or take other affirmative steps to apply for, lawful permanent resident status
in the United States or have an application pending to change your status to that of a lawful permanent
resident of the United States? ☐ Yes ☒ No**14** If you checked the "Yes" box on line 13, explain ► _____

TAXABLE YEAR

FORM

2016**California e-file Signature Authorization for Individuals****8879**

Your name

PAYAL FOFADIYA

Your SSN or ITIN

073-87-9772

Spouse's/RDP's name

Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income (Form 540, line 17; Form 540 2EZ, line 16; Long Form 540NR, line 32; or Short Form 540NR, line 32) **1** 70532

2 Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121; or Short Form 540NR, line 121) **2** _____

3 Refund or No Amount Due (Form 540, line 115; Form 540 2EZ, line 32; Long Form 540NR, line 125; or Short Form 540NR, line 125) **3** 2693

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

Under penalties of perjury, I declare that I have examined a copy of my 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 complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter my PIN

ERO firm name

--	--	--	--	--	--

Do not enter all zeros

as my signature on my 2016 e-filed California individual income tax return.

☒ I will enter my PIN as my signature on my 2016 e-filed California individual 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.

TAXPAYER'S PIN 55490

Your signature ▶ _____

Date ▶ 04-12-2017**Spouse's/RDP's PIN: check one box only**

☐ I authorize _____ to enter my PIN

ERO firm name

--	--	--	--	--	--

Do not enter all zeros

as my signature on my 2016 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2016 e-filed California individual 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/RDP'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.

9	4	5	8	2	4	9	4	5	3	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2016 California individual 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 FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers.

ERO's signature ▶ BALRAM ODUGUDate ▶ 04-12-2017

CA8879.LD2

Direct Deposit/Debit Information

Retain for your records

2016

Name PAYAL FOFADIYA	ID Number 073-87-9772
------------------------	--------------------------

REFUND OR NO AMOUNT DUE ■ 2693

Have your refund directly deposited to one or two separate accounts.

Refund and
Direct Deposit

322271627	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	851113535	2693
•Routing number	•Type	•Account number	■ Amount you want to direct deposit

Remaining portion of total refund you want to direct deposit:

	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
•Routing number	•Type	•Account number	■ Amount you want to direct deposit

Balance Due and
Direct Debit

Balance Due ■

	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
•Routing number	•Type	•Account number	■ Amount you want to direct debit

Date of withdrawal

Notes:

Electronic Filing Authentication Record Information

0008 Pin Type Code	P
0020 Taxpayer Prior Year AGI	
0025 Taxpayer Signature	55490
0030 Spouse/RDP Prior Year AGI	
0035 Spouse/RDP Signature	
0040 Taxpayer Signature Date (YYYYMMDD)	20170411
0045 Jurat/Disclosure Code	D
0050 PIN Authorization Code	1
0060 ERO EFIN/PIN	94582494536

2016

California Nonresident or Part-Year Resident Income Tax Return

Long Form

FORM

540NR

APE

ATTACH FEDERAL RETURN

A
R
RP

073-87-9772 FOFA
PAYAL FOFADIYA

16

754 THE ALAMEDA APT 4209
SAN JOSE CA 95126

10-28-1989

Filing Status

- 1 ☒ Single
 2 ☐ Married/RDP filing jointly. See inst.
 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
 4 ☐ Head of household (with qualifying person). See instructions.
 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse/RDP died
 If your California filing status is different from your federal filing status, check the box here

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

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

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

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

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

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

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN	•	•	•
Dependent's relationship to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total dependent exemptions • 10 ☐ X \$344 = • \$

11 **Exemption amount:** Add line 7 through line 10 • 11 ☐ X \$111 = • \$ 111

Total Taxable Income

12 Total California wages from your Form(s) W-2, box 16 • 12	70532	00
13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 • 13	70805	00
14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B • 14		00
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15	70805	00
16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C • 16		00
17 Adjusted gross income from all sources. Combine line 15 and line 16 • 17	70805	00
18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 44; OR Your California standard deduction . See instructions • 18	4129	00
19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- • 19	66676	00

Your name: PAYAL FOFADIYAYour SSN or ITIN: 073-87-9772

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803 . . .	• 31	3627	00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	• 32	70532	00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	• 35	66419	00
	36	CA Tax Rate. Divide line 31 by line 19	⊙ 36	0.0544	
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	⊙ 37	3613	00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	⊙ 38	0.9961	
	39	CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$182,459, see instructions	⊙ 39	111	00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	⊙ 40	3502	00
Special Credits	41	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A	• 41		00
	42	Add line 40 and line 41	• 42	3502	00
	50	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 . . .	• 50		00
	51	Credit for joint custody head of household. See instructions	• 51		00
	52	Credit for dependent parent. See instructions	• 52		00
	53	Credit for senior head of household. See instructions	• 53		00
	54	Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions	⊙ 54		
	55	Credit amount. See instructions	• 55		00
Other Taxes	58	Enter credit name _____ code • _____ and amount. . .	• 58		00
	59	Enter credit name _____ code • _____ and amount. . .	• 59		00
	60	To claim more than two credits. See instructions	• 60		00
	61	Nonrefundable renter's credit. See instructions	• 61		00
	62	Add line 50 and line 55, through 61. These are your total credits	⊙ 62		00
	63	Subtract line 62 from line 42. If less than zero, enter -0-	⊙ 63	3502	00
	71	Alternative minimum tax. Attach Schedule P (540NR)	• 71		00
	72	Mental Health Services Tax. See instructions	• 72		00
Payments	73	Other taxes and credit recapture. See instructions	• 73		00
	74	Add line 63, line 71, line 72, and line 73. This is your total tax	• 74	3502	00
	81	California income tax withheld. See instructions	• 81	6195	00
	82	2016 CA estimated tax and other payments. See instructions	• 82	0	00
	83	Withholding (Form 592-B and/or 593). See instructions	• 83		00
	84	Excess SDI (or VPD) withheld. See instructions	• 84		00
	85	Earned Income Tax Credit (EITC)	• 85		00
	86	Add lines 81 through 85. These are your total payments. See instructions.	⊙ 86	6195	00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	⊙ 101	2693	00
	102	Amount of line 101 you want applied to your 2017 estimated tax	• 102		00
	103	Overpaid tax available this year. Subtract line 102 from line 101	• 103	2693	00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	⊙ 104		00

Your name: PAYAL FOFADIYAYour SSN or ITIN: 073-87-9772

	<u>Code</u>	<u>Amount</u>
California Seniors Special Fund. See instructions	• 400	_____ 00
Alzheimer's Disease/Related Disorders Fund	• 401	_____ 00
Rare and Endangered Species Preservation Program	• 403	_____ 00
California Breast Cancer Research Fund	• 405	_____ 00
California Firefighters' Memorial Fund	• 406	_____ 00
Emergency Food for Families Fund	• 407	_____ 00
California Peace Officer Memorial Foundation Fund	• 408	_____ 00
California Sea Otter Fund	• 410	_____ 00
California Cancer Research Fund	• 413	_____ 00
RESERVED (DO NOT USE)	• 419	_____ 00
School Supplies for Homeless Children Fund		_____ _____
State Parks Protection Fund/Parks Pass Purchase	• 423	_____ 00
Protect Our Coast and Oceans Fund	• 424	_____ 00
Keep Arts in Schools Fund	• 425	_____ 00
State Children's Trust Fund for the Prevention of Child Abuse	• 430	_____ 00
Prevention of Animal Homelessness and Cruelty Fund	• 431	_____ 00
Revive the Salton Sea Fund	• 432	_____ 00
California Domestic Violence Victims Fund	• 433	_____ 00
Special Olympics Fund	• 434	_____ 00
Type 1 Diabetes Research Fund	• 435	_____ 00
120 Add code 400 through code 435. This is your total contribution	• 120	_____ 00

Contributions

Your name: PAYAL FOFADIYAYour SSN or ITIN: 073-87-9772

Amount You Owe	121	AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 121 _____ .00 Pay Online - Go to ftb.ca.gov for more information.
	122	Interest, late return penalties, and late payment penalties 122 _____ 00
	123	Underpayment of estimated tax. Check the box: • <input type="checkbox"/> FTB 5805 attached • <input type="checkbox"/> FTB 5805F attached • 123 _____ 00
Interest and Penalties	124	Total amount due. See instructions. Enclose, but do not staple, any payment 124 _____ 00

125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • 125 _____ 2693 .00Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

322271627	<input checked="" type="checkbox"/> Checking	851113535	2693 .00
•Routing number	•Type	•Account number	• 126 Direct deposit amount

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		.00
•Routing number	•Type	•Account number	• 127 Direct deposit amount

IMPORTANT: Attach a copy of your complete federal return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)
X	04-12-2017	X

⓪ Your email address. Enter only one email address.	⓪ Preferred phone number
FOFADIYAPAYAL@GMAIL.COM	650-847-8203

Sign Here

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

Joint tax return? (See instructions)

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

BALRAM ODUGU

Firm's name (or yours, if self-employed)

Khob Tax Services Inc

Firm's address

38750 Paseo Padre Pkwy Ste A1 Fremont, CA 945

• PTIN

P00927932

• FEIN

46-4361929

Do you want to allow another person to discuss this tax return with us? See instructions • ☒ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

BALRAM ODUGU

510-742-1419

CAWK_AGI		For your records only. Adjusted Gross Income Split Worksheet		2016 AGI FD/ST Summary																																																																																																																																																																																																							
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2016

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Long Form 540NR, Side 4 as a supporting California schedule.

Name(s) as shown on tax return

PAYAL FOFADIYA

SSN or ITIN

073-87-9772

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2016.

During 2016:

1 My California (CA) Residency (Check one)

a Myself: ☐ Nonresident ☒ Part-Year Resident ☐ Resident b Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

Yourself

Spouse/RDP

2 a I was domiciled in (enter two letter code, see instructions)

☒ CA☐

b I was in the military and stationed in (enter two letter code)

☐☐

3 I became a CA resident (enter state of prior residence and date mm/dd/yyyy of move) . .

☐☐

4 I became a CA nonresident (enter new state of residence and date mm/dd/yyyy of move) .

☐☐

5 I was a CA nonresident the entire year (enter state of residence)

☐☐

6 The number of days I spent in CA for any purpose was:

☐☐

7 I owned a home/property in CA (enter Y for Yes, N for No)

☒ NO☐

8 Before 2016: I was a CA resident for the period of

☐☐☐☐

Part II Income Adjustment Schedule

Section A - Income

	A	B	C	D	E
	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C 7	<input checked="" type="radio"/> 71417	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 71417	<input checked="" type="radio"/> 70532
8 Taxable interest. (b) 8(a)	<input checked="" type="radio"/> 300	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 300	<input type="radio"/>
9 Ordinary dividends. See instructions. (b) <input checked="" type="radio"/> 9(a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 IRA distributions. See instructions. (a) <input checked="" type="radio"/> 15(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Pensions and annuities. See instructions. (a) <input checked="" type="radio"/> 16(b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	<input type="radio"/> 0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20 Social security benefits. (a) <input checked="" type="radio"/> 20(b)	<input type="radio"/>	<input type="radio"/>			
21 Other income. a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (Form 1040, line 21) d NOL deduction from FTB 3805V e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe):	<input checked="" type="radio"/>	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">{</div> <div> a <input type="radio"/> b <input type="radio"/> c <input type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/> </div> </div>	a <input type="radio"/> b <input type="radio"/> c <input checked="" type="radio"/> d <input type="radio"/> e <input type="radio"/> f <input type="radio"/>	21 <input checked="" type="radio"/>	21 <input checked="" type="radio"/>
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	<input checked="" type="radio"/> 71717	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 71717	<input checked="" type="radio"/> 70532

Income Adjustment Schedule		A	B	C	D	E
Section B - Adjustments to Income		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22	b Enter totals from Side 1, line 22a, col. A through col. E 22b	71717			71717	70532
23	Educator expenses 23					
24	Certain business expenses of reservists, perform- ing artists, and fee-basis government officials 24					
25	Health savings account deduction 25					
26	Moving expenses 26					
27	Deductible part of self-employment tax . . 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 Enter recipient's: SSN <input type="text"/> Last name <input type="text"/> 31a					
32	IRA deduction 32					
33	Student loan interest deduction 33	912			912	
34	Tuition and fees 34					
35	Domestic production activities deduction . 35					
36	Add line 23 through line 35 in each column, A through E 36	912			912	
37	Total. Subtract line 36 from line 22b in each column, A through E. See instructions . . 37	70805			70805	70532

Part III Adjustments to Federal Itemized Deductions

38 Federal Itemized Deductions. Enter the amount from federal Schedule A (Form 1040), lines 4, 9, 15, 19, 20, 27, and 28
(or Schedule A (Form 1040NR), lines 1, 5, 6, 13, and 14) **38**

39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, and state and local income tax,
or General Sales Tax), and line 8 (foreign taxes **only**) (or Schedule A (Form 1040NR), line 1). See instructions . . . **39**

40 Subtract line 39 from line 38 **40**

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

42 Combine line 40 and line 41 **42**

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

Single or married/RDP filing separately. **\$182,459**

Head of household **\$273,692**

Married/RDP filing jointly or qualifying widow(er) **\$364,923**

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

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

44 Enter the larger of the amount on line 43 or your standard deduction. See instructions **44** 4129

Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E **45** 70532

46 Enter your deductions from line 44 **46** 4129

47 Deduction Percentage. Divide line 37, column E by line 37, column D. Carry the decimal
to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- . . . **47** 0.9961

48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 **48** 4113

49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than
zero, enter -0- **49** 66419

Declaration Control Number/Submission ID

Primary Taxpayer's Name

PAYAL FOFADIYA

Social Security Number

073-87-9772

Secondary Taxpayer's Name

Social Security Number

PART I Tax Return Information - Tax Year Ending Dec. 31, 2016 (Whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	885
2. PA Tax Liability (Form PA-40, Line 12)	2.	27
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	27
4. Refund (Form PA-40, Line 30)	4.	
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	

PART II Declaration and Signature Authorization of Taxpayer

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2016 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdrawal are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

- ☐ I authorize _____ to enter my PIN _____ as my signature on my tax year 2016 electronically filed income tax return.
- ☒ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ **Date** **04-12-2017**

Secondary Taxpayer's PIN: (check one box only)

- ☐ I authorize _____ to enter my PIN _____ as my signature on my tax year 2016 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.

Signature _____ **Date** _____

Practitioner PIN Program Participants Only - Continue Below

PART III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN **945824 94536**

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2016 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature **BALRAM ODUGU** **Date** **04-12-2017**

ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.

PAINST**Filing Instructions****2016**

Name(s) as shown on return

PAYAL FOFADIYA

SSN or EIN

073-87-9772

Date to file by: 04-18-2017**Form to be filed:** PA40 and supplemental forms and schedules**Sign and Date:** Please sign and date your return. If a joint return both taxpayer and spouse must sign.**Refund:** \$0.00**Address to file:** Pennsylvania Dept. of Revenue
No Payment/No Refund
2 Revenue Place
Harrisburg, PA 17129-0002**Other Instructions:** PA provides an automated 24-hour fact and information line: 888-728-2937 or 717-425-2533 (Harrisburg Area)

PA-40 - 2016
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX (05-16)

073879772

FOFADIYA

PAYAL

Occupation STUDENT

Occupation

754 THE ALAMEDA APT 4209

SAN JOSE CA 95126

650-847-8203

02745

N Extension. N Amended Return.

P Residency Status.
 PA Resident/Nonresident/Part-Year Resident
 from 080615 to 050216

S Single, Married/Filing Jointly,
 Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name PITTSBURGH

1a Gross Compensation. Do not include exempt income, such as combat zone pay and
 qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete **PA Schedule A** if required.

3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit **PA Schedule J**.

8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.

9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c,
 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 **Other Deductions.** Enter the appropriate code for the type of deduction.
 See the instructions for additional information.

11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

1a 885

1b 0

1c 885

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 885

10 0

11 885

N



PA-40 - 2016

Social Security Number

073879772

Name(s) PAYAL FOFADIYA

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2015 PA Income Tax return.

15 2016 Estimated Installment Payments. REV-459B included.

16 2016 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2017 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

04-12-17

BALRAM ODUGU 510-742-1419

E-File Opt Out

Firm FEIN

Preparer's PTIN

464361929

P00927932



PA SCHEDULE AInterest Income
PA-40 Schedule A
(08-16) (I)**2016**

OFFICIAL USE ONLY

Name shown first on the PA-40 (if filing jointly)

Social Security Number (shown first)

PAYAL FOFADIYA

073-87-9772

CAUTION: Federal and PA rules for taxable interest income are different. **Read the instructions.**

If your total PA-taxable interest income (taxpayer, spouse and/or joint) is equal to the amount reported on your federal return and you have no amounts for Lines 2 through 15 (not including subtotal Lines 4 and 10) of PA Schedule A, you must report your income on Line 2 of the PA-40, but you do not have to submit PA Schedule A. If there are any amounts (taxpayer, spouse and/or joint) for any of the Lines 2 through 15 (not including subtotal Lines 4 and 10) of the schedule, you must complete and submit PA Schedule A with your PA-40. A taxpayer and spouse must complete separate schedules to report their income if any amounts are reported on Lines 2 through 15 (not including subtotal Lines 4 and 10) of Schedule A. However, if all the income is earned on a joint basis, one schedule may be completed. Check the box to indicate whether the income included on the schedule is from the taxpayer, spouse or joint. If a separate PA Schedule A is prepared for a taxpayer and spouse, include only the taxpayer or spouse share of the income for each line.

PA SCHEDULE A - PA-Taxable Interest Income (See the instructions.)

Taxpayer <input checked="" type="checkbox"/>		Spouse <input type="checkbox"/>		Joint <input type="checkbox"/>	
1. Interest income reported on your federal return. See instructions.	1.	\$		300	
2. Tax-exempt interest income reported on Line 8b of your federal return.	2.	\$			
3. Other addition adjustments. See instructions. Description: _____	3.	\$			
4. Add Lines 1, 2 and 3.	4.	\$		300	
5. Interest income from federal Schedule(s) K-1. See instructions.	5.	\$			
6. Interest income from direct obligations of the Commonwealth of Pennsylvania and/or its municipalities.	6.	\$			
7. Interest income from direct obligations of the U.S. government.	7.	\$			
8. Other reduction adjustments. See instructions. Description: PART YEAR PY INTEREST CHASE BANK	8.	\$		300	
9. Add Lines 5, 6, 7 and 8.	9.	\$		300	
10. Subtract Line 9 from Line 4.	10.	\$			
11. Distributions from Life Insurance, Annuity or Endowment Contracts included in federal taxable income.	11.	\$			
12. Distributions from Charitable Gift Annuities included in federal taxable income.	12.	\$			
13. Distributions from IRC Section 529 Qualified Tuition Programs for non-educational purposes.	13.	\$			
14. Distributions from Health/Medical Savings Accounts included in federal taxable income.	14.	\$			
15. Interest income from PA S corporations and partnership(s), reported on your PA Schedule(s) RK-1 or federal Schedule(s) K-1.	15.	\$			
16. Total PA-Taxable Interest Income. Add Lines 10 through 15. Enter on Line 2 of your PA-40.	16.	\$			

