

2016 TAX RETURN FILING INSTRUCTIONS

U.S. NONRESIDENT ALIEN INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Anusha Konchada
I.A.P. Apartment, Nagole Apt. No. B4-305
Hyderabad, Telangana 500068 India

Prepared By:

Deloitte Tax Services India Pvt. Ltd.
BPTP Crest, Plot 15, Udyog Vihar
Gurgaon 122015
India

Amount of Tax:

Total tax	\$	4,355
Less: payments and credits	\$	7,055
Plus: interest and penalties	\$	0
Overpayment	\$	2,700

Overpayment:

Credited to your estimated tax	\$	0
Refunded to you	\$	2,700

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing and the practitioner PIN program has been elected. Please sign and return Form 8879 to our office. We will then transmit your return electronically to the IRS.

Return Must Be Mailed On Or Before:

Return federal Form 8879 to us by April 18, 2017.

Special Instructions:

IRS e-file Signature Authorization

OMB No. 1545-0074

▶ 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 ANUSHA KONCHADA	Social security number 181 31 8586
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	37,652.
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61)	2	4,355.
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	7,055.
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	2,700.
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

- ☒ I authorize **DELOITTE TAX SERVICES INDIA PVT. LT** to enter or generate my PIN **6 8 5 8 6** as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN _____ as my signature on my tax year 2016 electronically filed income tax return. **ERO firm name** 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. **9 8 1 1 0 7 0 0 8 5 3** 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 ▶ **KAMESH K. RENGANATHAN** Date ▶ **02/22/2017**

**Tax Year 2016 e-file Jurat/Disclosure
for Form 1040, 1040A, 1040EZ, or 1040NR
using Practitioner PIN method
(with or without Electronic Funds Withdrawal)**

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 98110700853
(enter EFIN plus 5 self-selected numerics)

Taxpayer Declarations

Perjury Statement

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.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return/form to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Taxpayer's PIN: 68586 Date 02222017

Spouse's PIN: _____

Department of the Treasury
Internal Revenue ServiceFor the year January 1-December 31, 2016, or other tax year
, 2016, and ending

2016

Please print or type	Your first name and initial ANUSHA		Last name KONCHADA		Identifying number (see instr.) 181-31-8586	
	Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions. I.A.P. APARTMENT, NAGOLE APT. NO. B4-305				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). HYDERABAD					
	Foreign country name INDIA		Foreign province/state/county TELANGANA		Foreign postal code 500068	
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 instr.)
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 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					No. of children on 7c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) _____
	c Dependents:		(2) Dependent's identifying number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)	Dependents on 7c not entered above _____
	(1) First name Last name					Add numbers on lines above 1
Income Effectively Connected With U.S. Trade/ Business	8 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 1					8 37,652.
	9a Taxable interest					9a
	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					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		16b
	17a Pensions and annuities		17a	17b Taxable amount		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 instr.)					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 37,652.	
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			
	34 Domestic production activities deduction. Attach Form 8903		34			
	35 Add lines 24 through 34		35			
36 Subtract line 35 from line 23. This is your adjusted gross income		36			37,652.	

Tax and Credits	37	Amount from line 36 (adjusted gross income)	37	37,652.
	38	Itemized deductions from page 3, Schedule A, line 15	38	1,465.
	39	Subtract line 38 from line 37	39	36,187.
	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	32,137.
	42	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	42	4,355.
	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	4,355.
	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	
	Other Taxes	50	Residential energy credits. Attach Form 5695	50
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	4,355.
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	
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	4,355.
Payments		62	Federal income tax withheld from:	
	a	Form(s) W-2 and 1099	62a	7,055.
	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	
	66	Amount paid with request for extension to file (see instructions)	66	
	67	Excess social security and tier 1 RRTA tax withheld	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"/> Res. 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	7,055.
Refund Direct deposit? See instructions.	72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	2,700.
	73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	73a	2,700.
	b	Routing number 122100024		
	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
Amount You Owe	d	Account number 860275218		
	e	If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.		
	74	Amount of line 72 you want applied to your 2017 estimated tax	74	
Third Party Designee	75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions	75	
	76	Estimated tax penalty (see instructions)	76	
Sign Here Keep a copy of this return for your records.	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			
	Designee's name KAMESH K. RENGANATHAN Phone no. (470) 362 4578 Personal identification number (PIN) 00853			
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 CONSULTANT		Date 02/22/17	
	Your occupation in the United States		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	
	Print/Type preparer's name KAMESH K. RENGANATHAN		Preparer's signature KAMESH K. RENGANATHAN	
Firm's name DELOITTE TAX SERVICES INDIA PVT. LTD.		Firm's EIN 98 0432569		
Firm's address BPTP CREST, PLOT 15, UDYOG VIHAR GURGAON, HARYANA 122015 INDIA		Phone no. (678) 299-3756		

Schedule A - Itemized Deductions (see instructions)

07

Taxes You Paid		1	1	1,465.
Gifts to U.S. Charities	1 State and local income taxes			
	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		
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 instr. ▶	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 ▶				
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 checked="" 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	1,465.	

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

Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).	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)
Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both.							
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

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 ☒ No2. 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. H-1B**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
07/03/16	

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 0, and 2016 181.**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 122. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ☐ Yes ☐ No3. 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.

DOES NOT APPLY

Form **6251**Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **32**

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

Your social security number

ANUSHA KONCHADA**181 31 8586****Part I Alternative Minimum Taxable Income**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	36,187.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	1,465.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	37,652.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.)		
IF your filing status is... AND line 28 is not over... THEN enter on line 29...			
Single or head of household \$119,700 \$53,900			
Married filing jointly or qualifying widow(er) ... 159,700 83,800			
Married filing separately 79,850 41,900			
	If line 28 is over the amount shown above for your filing status, see instructions.		
29		29	53,900.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	0.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	31	0.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	0.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	4,355.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	
38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	
40 Enter the smaller of line 36 or line 39	40	
41 Subtract line 40 from line 36	41	
42 If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	
43 Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43	
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Enter the smaller of line 36 or line 37	46	
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48 Subtract line 47 from line 46	48	
49 Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 	49	
50 Enter the amount from line 45	50	
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52 Add line 50 and line 51	52	
53 Subtract line 52 from line 49. If zero or less, enter -0-	53	
54 Enter the smaller of line 48 or line 53	54	
55 Multiply line 54 by 15% (0.15)	55	
56 Add lines 47 and 54	56	
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57 Subtract line 56 from line 46	57	
58 Multiply line 57 by 20% (0.20)	58	
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59 Add lines 41, 56, and 57	59	
60 Subtract line 59 from line 36	60	
61 Multiply line 60 by 25% (0.25)	61	
62 Add lines 42, 55, 58, and 61	62	
63 If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result ...	63	
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

FORM 1040NR

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T DELOITTE CONSULTING LLP	37,652.	7,055.	1,353.	112.	2,334.	546.
TOTALS	37,652.	7,055.	1,353.	112.	2,334.	546.

2016 TAX RETURN FILING INSTRUCTIONS

ARIZONA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Anusha Konchada
I.A.P. Apartment, Nagole Apt. No. B4-305
Hyderabad, Telangana 500068 India

Prepared By:

Deloitte Tax Services India Pvt. Ltd.
BPTP Crest, Plot 15, Udyog Vihar
Gurgaon 122015
India

Amount of Tax:

Total tax	\$	556
Less: payments and credits	\$	679
Plus: interest and penalties	\$	0
Overpayment	\$	123

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	123

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the AZDOR, please sign, date, and return Form AZ-8879 to our office. We will then submit your electronic return to the AZDOR.

Return Must Be Mailed On Or Before:

Return Form AZ-8879 to us by April 18, 2017.

Special Instructions:

Your First Name and Initial ANUSHA	Last Name KONCHADA	Enter your SSN(s).	Your Social Security Number 181 31 8586
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.

PART 1 - PURPOSE

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

PART 2 - TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	25,166	00
2 Balance Of Tax	556	00
3 Arizona Income Tax Withheld	679	00

Check box 4 or box 5:

4 <input checked="" type="checkbox"/> REFUND: Enter the amount of refund	123	00
5 <input type="checkbox"/> AMOUNT YOU OWE: Enter the amount owed		00

PART 3 - FINANCIAL INSTITUTION INFORMATION

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT ROUTING NUMBER

☒ Checking ☐ Savings **122100024**

ACCOUNT NUMBER
860275218

DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT
\$

Box 4 Checkbox - Refund: You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

Box 5 Checkbox - Amount You Owe: You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

Foreign Account Deposit/Debit Checkbox: Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

PART 4 - DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the 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 amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2016 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (DOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 18, 2017, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgment of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize **DELOITTE TAX SERVICES INDIA PVT**

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2016. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

PLEASE SIGN HERE

YOUR PEN AND INK SIGNATURE

DATE

SPOUSE'S PEN AND INK SIGNATURE

DATE

Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

82F ☐ Check box 82F
if filing under extension OR FISCAL YEAR BEGINNING AND ENDING 66F

1 Your First Name and Middle Initial **ANUSHA** Last Name **KONCHADA** Enter your SSN(s) **181 31 8586**
2 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name Spouse's Social Security No.

3 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code)
I.A.P. APARTMENT, NAGOLE B4-305 94
City, Town or Post Office **INDIA** State ZIP Code Last Names Used in Last Four Prior Year(s) (if different)
HYDERABAD, TELANGANA 500068 97

4 ☐ Married filing joint return
5 ☐ Head of household: Enter name of qualifying child or dependent on next line:
6 ☐ Married filing separate return: Enter spouse's name and Social Security Number above.
7 ☒ Single
8 ☐ Age 65 or over (you and/or spouse)
9 ☐ Blind (you and/or spouse)
10 ☐ Dependents: Do not include self or spouse.
11-13 Residency Status (check one): 11 ☒ Nonresident 12 ☐ Nonresident Active Military 13 ☐ Composite Return
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
88R 81P PM 80R RCVD
If completing lines 8 through 10, also complete lines 47 through 51.

(Box 10): Dependent Information: Children and other dependents. For more space, (check) and complete page 3.
(a) FIRST AND LAST NAME (Do not list yourself or spouse.) (b) SOCIAL SECURITY NO. (c) RELATIONSHIP (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2016 (e) if this person did not qualify as a dependent on your federal return (f) if you did not claim this person on your federal return due to educational credits
10a 10b 10c 10d

14 Check box 14 if married and you are the spouse of an active duty military member who qualifies for relief under the Military Spouses Residency Relief Act 14 ☐
15 Wages, salaries, tips, etc 15 37,652 00 25,166 00
16 Interest 16 00 00
17 Dividends 17 00 00
18 Arizona income tax refunds 18 00 00
19 Business income or (loss) from federal Schedule C 19 00 00
20 Gains or (losses) from federal Schedule D 20 00 00
21 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E 21 00 00
22 Other income reported on your federal return 22 00 00
23 Total income: Add lines 15 through 22 23 37,652 00 25,166 00
24 Other federal adjustments: Include your own schedule 24 00 00
25 Federal adjusted gross income: Subtract line 24 from line 23 in the FEDERAL column 25 37,652 00
26 Arizona gross income: Subtract line 24 from line 23 in the ARIZONA column 26 25,166 00
27 Arizona income ratio: Divide line 26 by line 25, and enter the result (not over 1.000) 27 .668
28 Total depreciation included in Arizona gross income 28 00
29 Partnership Income adjustment: See instructions 29 00
30 Other Additions to Income: See instructions and include your own schedule 30 00
31 Subtotal: Add lines 26, 28, 29, and 30 31 25,166 00
32 AZ sourced gain/loss 32 00
33 Short-term gains 33 00
34 Long-term gain/loss 34 00
35 Net long-term gain after Dec. 31, 2011 35 00
36 Multiply line 35 by 25% (.25) 36 00
37 Net capital gain from qualified small business 37 00
38 Recalculated Arizona depreciation 38 00
39 Adjustment for I.R.C. §179 expense not allowed 39 00
40 Partnership Income: See instructions 40 00
41 Subtract lines 36 through 40 from line 31 41 25,166 00

<p>Under penalties of perjury, I declare that I have read this return and any documents with it, 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.</p>				
PLEASE SIGN HERE	<p>YOUR SIGNATURE</p>		<p>DATE</p>	<p>CONSULTANT</p>
	<p>SPOUSE'S SIGNATURE</p>		<p>DATE</p>	<p>OCCUPATION</p>
	<p>KAMESH K. RENGANA</p>	<p>02/22/17</p>	<p>DELOITTE TAX SERVICES INDIA PVT. LTD.</p>	
	<p>PAID PREPARER'S SIGNATURE</p>	<p>DATE</p>	<p>FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)</p>	
	<p>BPTP CREST, PLOT 15, UDYOG VIHAR</p>			<p>P01000853</p>
	<p>PAID PREPARER'S STREET ADDRESS</p>			<p>PAID PREPARER'S TIN</p>
	<p>GURGAON, HARYANA 122015 INDIA</p>			<p>(678) 299-3756</p>
	<p>PAID PREPARER'S CITY</p>	<p>STATE</p>	<p>ZIP CODE</p>	<p>PAID PREPARER'S PHONE NUMBER</p>

AZ 140NR

STANDARD DEDUCTION WORKSHEET

STATEMENT 1

AMOUNT FROM STANDARD DEDUCTION CHART.

5,099

ARIZONA PERCENTAGE FROM FORM 140NR, PAGE 1, LINE 27.

66.80%

MULTIPLY THE AMOUNT BY THE PERCENTAGE. ENTER THE RESULT HERE
AND ON FORM 140NR, PAGE 2, LINE 53. ALSO CHECK BOX 53S IF YOU
ARE TAKING THE STANDARD DEDUCTION.

3,406.

2016 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Anusha Konchada
I.A.P. Apartment, Nagole Apt. No. B4-305
Hyderabad, Telangana 500068 India

Prepared By:

Deloitte Tax Services India Pvt. Ltd.
BPTP Crest, Plot 15, Udyog Vihar
Gurgaon 122015
India

Amount of Tax:

Total tax	\$	370
Less: payments and credits	\$	674
Plus: interest and penalties	\$	0
Overpayment	\$	304

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	304

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. Please sign, date, and return California Form 8879 to our office. We will submit your electronic return to the FTB.

Return Must Be Mailed On Or Before:

Return California Form 8879 to us by April 18, 2017.

Special Instructions:

TAXABLE YEAR

FORM

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

Your name

ANUSHA KONCHADA

Your SSN or ITIN

181-31-8586

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	12,486.
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	0.
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	304.

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 **DELOITTE TAX SERVICES INDIA PVT.** to enter my PIN **68586**
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.

Your signature ► _____ Date ► _____

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.

98110700853**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 ► **KAMESH K. RENGANATHAN** Date ► **02/22/2017**

2016

California Nonresident or Part-Year
Resident Income Tax Return

Long Form

FORM

540NR

APE

ATTACH FEDERAL RETURN

181-31-8586 KONC
ANUSHA KONCHADA

16

IAP APARTMENT NAGOLE APT B4-30
HYDERABAD
INDIA TELANGANA 500068
06-05-1988A
R
RP

O

- 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 instructions ☐ 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 ☐ 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.

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ☐ \$ 111

Total Taxable Income

- 12 Total California wages from your Form(s) W-2, box 16 ☐ 12 12,486.00
- 13 Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36; or 1040NR-EZ, line 10 ☐ 13 37,652.00
- 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 37,652.00
- 16 California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C ☐ 16 8,659.00
- 17 Adjusted gross income from all sources. Combine line 15 and line 16 ☐ 17 46,311.00
- 18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 44; **OR** Your California **standard deduction**. See instructions ☐ 18 4,129.00
- 19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☐ 19 42,182.00

Your name: **ANUSHA KONCHADA**Your SSN or ITIN: **181-31-8586**

CA Taxable Income	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Sch. • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803	• 31	1,483. 00
	32	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	• 32	12,486. 00
	35	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	• 35	11,373. 00
	36	CA Tax Rate. Divide line 31 by line 19	• 36	.0352
	37	CA Tax Before Exemption Credits. Multiply line 35 by line 36	• 37	400. 00
	38	CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000	• 38	.2696
	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	30. 00
	40	CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-	• 40	370. 00
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	370. 00	
Special Credits	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
	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	370. 00	
Other Taxes	71	Alternative minimum tax. Attach Schedule P (540NR)	• 71	00
	72	Mental Health Services Tax. See instructions	• 72	00
	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	370. 00
Payments	81	California income tax withheld. See instructions	• 81	674. 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	674. 00
Overpaid Tax/Tax Due	101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	• 101	304. 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	304. 00
	104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	• 104	00

Your name: ANUSHA KONCHADAYour SSN or ITIN: 181-31-8586

	Code	Amount
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
Child Victims of Human Trafficking Fund	• 419	00
School Supplies for Homeless Children Fund	• 422	00
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: **ANUSHA KONCHADA**Your SSN or ITIN: **181-31-8586**

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.

Interest and Penalties 122 Interest, late return penalties, and late payment penalties 122 00
 123 Underpayment of estimated tax. Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** • 123 0. 00
 124 Total amount due. See instructions. Enclose, but **do not** staple, any payment 124 00

Refund and Direct Deposit 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
 Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** • 125 304. 00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions.

Have you verified the routing and account numbers? Use whole dollars only.

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

122100024 ☒ Checking 860275218 304. 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:

 ☐ Checking 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

X

Sign Here

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

Joint tax return?
(See instructions)

☒ Your email address. Enter only one email address.

☐ Preferred phone number

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

KAMESH K. RENGANATHAN

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

DELOITTE TAX SERVICES INDIA PVT. LTD.

Firm's address **BPTP CREST, PLOT 15, UDYO
GURGAON, HARYANA 122015 I**

• PTIN
P01000853

• FEIN
98-0432569

Do you want to allow another person to discuss this tax return with us? See instructions

• ☒ Yes ☐ No

Print Third Party Designee's Name

KAMESH K. RENGANATHAN

Telephone Number

(678) 299-3756

2016

Wage and Tax Statement

W-2

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

Name(s) as shown on tax return

ANUSHA KONCHADA

SSN or ITIN

181-31-8586

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return.

All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

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

W-2 Information	1st W-2	2nd W-2
a. Employee's social security number *	<input checked="" type="radio"/> 181-31-8586	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 06-1454513	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> DELOITTE CONSULTING LLP	<input type="radio"/>
Address	<input checked="" type="radio"/> 4022 SELLS DRIVE	<input type="radio"/>
City	<input checked="" type="radio"/> HERMITAGE	<input type="radio"/>
State	<input checked="" type="radio"/> TN	<input type="radio"/>
ZIP code	<input checked="" type="radio"/> 37076	<input type="radio"/>
e. Employee's first name *	<input checked="" type="radio"/> ANUSHA	<input type="radio"/>
Middle name *	<input type="radio"/>	<input type="radio"/>
Last name *	<input checked="" type="radio"/> KONCHADA	<input type="radio"/>
Suffix *	<input type="radio"/>	<input type="radio"/>
f. Employee address *	<input checked="" type="radio"/> IAP APARTMENT NAGOLE APT NO	<input type="radio"/>
City *	<input checked="" type="radio"/> HYDERABAD	<input type="radio"/>
State *	<input type="radio"/>	<input type="radio"/>
ZIP code *	<input checked="" type="radio"/> 500068 IN	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 37,652.	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 7,055.	<input type="radio"/>
3. Social security wages	<input checked="" type="radio"/> 37,652.	<input type="radio"/>
4. Social security tax withheld	<input checked="" type="radio"/> 2,334.	<input type="radio"/>
6. Medicare tax withheld	<input checked="" type="radio"/> 546.	<input type="radio"/>

W-2 Information		1st W-2		2nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="9,809."/>	<input checked="" type="radio"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Third-party sick pay
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)	<input checked="" type="radio"/>	Type	Amount	<input checked="" type="radio"/>	Type
	<input checked="" type="radio"/>	<input type="text" value="CASDI"/>	<input type="text" value="112."/>	<input checked="" type="radio"/>	<input type="text"/>
15. State and employer's state ID number	<input checked="" type="radio"/>	State	Employer's state ID number	<input checked="" type="radio"/>	State
	<input checked="" type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="438-5954-5"/>	<input checked="" type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text" value="12,486."/>	<input checked="" type="radio"/>	<input type="text"/>	
17. State income tax	<input checked="" type="radio"/>	<input type="text" value="674."/>	<input checked="" type="radio"/>	<input type="text"/>	

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

ANUSHA KONCHADA

SSN or ITIN

181 | 31 | 8586

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 ☐ Residentb Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident
Yourself Spouse/RDP2 a I was domiciled in (enter two letter code, see instructions) ☐ FC ☐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) ☐ FC ☐6 The number of days I spent in CA for any purpose was: ☐ 68 ☐7 I owned a home/property in CA (enter Y for Yes, N for No) ☐ N ☐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"/> 37,652.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 8,659.	<input checked="" type="radio"/> 46,311.	<input checked="" type="radio"/> 12,486.
8 Taxable interest. (b) 8(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Ordinary dividends. (b) 9(a)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Taxable refunds, credits, or offsets of state and local income taxes 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
11 Alimony received 11	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Business income or (loss) 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Capital gain or (loss) 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Other gains or (losses) 14	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 IRA distributions. (a) 15(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Pensions and annuities. (a) 16(b)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18 Farm income or (loss) 18	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20 Social security benefits. (a) 20(b)	<input checked="" type="radio"/>	<input checked="" 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 21 e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809 f Other (describe):	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<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"/> 37,652.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 8,659.	<input checked="" type="radio"/> 46,311.	<input checked="" type="radio"/> 12,486.

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)
22b	Enter totals from Side 1, line 22a, col. A through col. E	37,652.		8,659.	46,311.	12,486.
23	Educator expenses					
24	Certain business expenses of reservists, performing artists, and fee-basis government officials					
25	Health savings account deduction					
26	Moving expenses					
27	Deductible part of self-employment tax					
28	Self-employed SEP, SIMPLE, and qualified plans					
29	Self-employed health insurance deduction					
30	Penalty on early withdrawal of savings					
31a	Alimony paid. Enter recipient's: SSN Last name					
32	IRA deduction					
33	Student loan interest deduction					
34	Tuition and fees					
35	Domestic production activities deduction					
36	Add line 23 through line 35 in each column, A through E					
37	Total. Subtract line 36 from line 22b in each column, A through E	37,652.		8,659.	46,311.	12,486.

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** 1,465.

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** 1,465.

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** 4,129.

Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E **45** 12,486.

46 Enter your deductions from line 44 **46** 4,129.

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** .2696

48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 **48** 1,113.

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** 11,373.

CA SCHEDULE CA	WAGES, SALARIES, TIPS, ETC.	STATEMENT 1
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DESCRIPTION	SUBTRACTIONS	ADDITIONS
WAGES, SALARIES, TIPS, ETC. - ADJUSTMENT		8,659.
TOTAL TO SCHEDULE CA, LINE 7		8,659.