## 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:**

|  |  |  |
| --- | --- | --- |
| Form 8879  Department of the Treasury Internal Revenue Service | IRS e-file Signature Authorization  | Don't send to the IRS. This isn't a tax return.  | Keep this form for your records.  | Information about Form 8879 and its instructions is at [*www.irs.gov/form8879*](http://www.irs.gov/form8879). | OMB No. 1545-0074 |
| 2016 |

Submission Identification Number (SID) =

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----

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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) ~ 2. Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12; Form 1040NR, line 61) ~~~~~~~~ 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) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   1. Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a;   Form 1040NR, line 73a) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   1. Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14; Form 1040NR, line 75)  | | | 1 | 37,652. |
| 2 | 4,355. |
| 3 | 7,055. |
| 4 | 2,700. |
| 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

 X I authorize

###### DELOITTE TAX SERVICES INDIA PVT. LT

ERO firm name

to enter or generate my PIN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 6 | 8 | 5 | 8 | 6 |

Enter five digits, but

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. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

don't enter all zeros

only if you are entering your own

Your signature | Date |

Spouse's PIN: check one box only

* I authorize to enter or generate my PIN

ERO firm name Enter five digits, but

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. Check this box PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

don't enter all zeros

only if you are entering your own

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.

Don't enter all zeros

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 9 | 8 | 1 | 1 | 0 | 7 | 0 | 0 | 8 | 5 | 3 |

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 Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

Pub. 1345,

ERO's signature | KAMESH K. RENGANATHAN

Date | 02/22/2017

619995 12-08-16

###### ERO Must Retain This Form - See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

LHA

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

Form 8879 (2016)

###### 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:

619986 12-06-16

Form 1040NR Department of the Treasury Internal Revenue Service

###### U.S. Nonresident Alien Income Tax Return

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

beginning , 2016, and ending

OMB No. 1545-0074

2016

Your first name and initial Last name

###### ANUSHA KONCHADA

Identifying number (see instr.)

###### 181-31-8586

Please print

Present home address (number, street, and apt. no., or rural route). If you have a P.O. box, see instructions.

Check if:  X

Individual

or type

###### I.A.P. APARTMENT, NAGOLE APT. NO. B4-305

* 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 Foreign province/state/county Foreign postal code

###### INDIA

TELANGANA 500068

Filing

1   Single resident of Canada or Mexico or single U.S. national

4   Married resident of South Korea

###### Status

2  X

Other single nonresident alien

1. Other married nonresident alien

Check only one box.

3   Married resident of Canada or Mexico or married U.S. national If you checked box 3 or 4 above, enter the information below.

1. Qualifying widow(er) with dependent child (see instr.)
   1. Spouse's first name and initial
   2. Spouse's last name
   3. Spouse's identifying number

Exemptions 7a X

Yourself. If someone can claim you as a dependent, do not check box 7a

~~~~~~~~~~~~~ pmon 7a and 7b 1

b  Spouse. Check box 7b only if you checked box 3 or 4 above and your spouse did not have any U.S. gross income

Boxes checked

B

oNo. of children

* + 1. Dependents:
       1. First name Last name
       2. Dependent's identifying number
       3. Dependent's relationship to

you

(4) uif qualify- ing child for child tax credit

(see instr.)

on 7c who:

lived with you

Bdid not live with

If more than four

dependents, see instr.

you due to divorce

or separation (see

instructions)

Dependents on 7c

not entered above

Add numbers on lines

* + 1. Total number of exemptions claimed



above | 1

Income

8 Wages, salaries, tips, etc. Attach Form(s) W-2 ~~~~~~~~~~~~~~~~~~~~~S~T~M~T~~1 8

###### 37,652.

Effectively

9a Taxable interest

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 9a

Connected

With U.S.

b Tax-exempt interest. Do not include on line 9a ~~~~~~~~~~ 9b

Trade/

10a

Ordinary dividends ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

10a

Business

b Qualified dividends (see instructions) ~~~~~~~~~~~~~~~

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

10b

~~~~~~~~~~~~~~~ 11

12 Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement (see instructions) 12

Attach

13 Business income or (loss). Attach Schedule C or C-EZ (Form 1040)

~~~~~~~~~~~~~~~ 13

Form(s) W-2, 14

1042-S,

Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here   14

SSA-1042S,

|  |  |
| --- | --- |
| 16a |  |
| 17a |  |

15 Other gains or (losses). Attach Form 4797 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 15

RRB-1042S,

and 8288-A

16a

IRA distributions

[~~~~~~~](#_TOC_250001)

16b Taxable amount

[~~~~~](#_TOC_250000)

16b

here. Also

17a

Pensions and annuities ~~~~

17b Taxable amount

~~~~~

17b

attach 18

Form(s)

1099-R if tax 19

Rental real estate, royalties, partnerships, trusts, etc. Attach Schedule E (Form 1040) ~~~~~~ 18

Farm income or (loss). Attach Schedule F (Form 1040) ~~~~~~~~~~~~~~~~~~~~~~ 19

was withheld. 20

Unemployment compensation

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 20

1. Other income. List type and amount (see instr.) ~

21

1. Total income exempt by a treaty from page 5, Schedule OI, Item L(1)(e) ~~ 22
2. Combine the amounts in the far right column for lines 8 through 21. This is your total

effectively connected income  | 23

###### 37,652.

Adjusted 24

Educator expenses (see instructions)

~~~~~~~~~~~~~~~ 24

###### Gross

1. Health savings account deduction. Attach Form 8889 ~~~~~~~ 25

###### Income

1. Moving expenses. Attach Form 3903

~~~~~~~~~~~~~~~ 26

1. Deductible part of self-employment tax. Attach Schedule SE (Form 1040) 27
2. Self-employed SEP, SIMPLE, and qualified plans ~~~~~~~~~ 28
3. Self-employed health insurance deduction (see instructions) ~~~~ 29
4. Penalty on early withdrawal of savings

~~~~~~~~~~~~~~ 30

1. Scholarship and fellowship grants excluded

~~~~~~~~~~~ 31

1. IRA deduction (see instructions)

~~~~~~~~~~~~~~~~~ 32

1. Student loan interest deduction (see instructions)

~~~~~~~~~ 33

1. Domestic production activities deduction. Attach Form 8903

~~~ 34

35 Add lines 24 through 34 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 35

610601 01-10-17

36

LHA

Subtract line 35 from line 23. This is your adjusted gross income  |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

36 37,652.

Form 1040NR (2016)

Form 1040NR (2016)

37

###### ANUSHA KONCHADA

Amount from line 36 (adjusted gross income)

###### 181-31-8586

~~~~~~~~~~~~~~~~~~~~~~~~~~ 37

Page 2

###### 37,652.

Tax and

1. Itemized deductions from page 3, Schedule A, line 15

~~~~~~~~~~~~~~~~~~~~~ 38

###### 1,465.

Credits

1. Subtract line 38 from line 37

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 39

###### 36,187.

40 Exemptions (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 40

* 1. Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0- ~~~~~~ 41

###### 4,050.

32,137.

* 1. Tax. Check if any tax is from: a   Form(s) 8814

b   Form 4972 ~~~~~~~~~~~~ 42

###### 4,355.

* 1. Alternative minimum tax (see instructions). Attach Form 6251

~~~~~~~~~~~~~~~~~ 43

* 1. Excess advance premium tax credit repayment. Attach Form 8962

~~~~~~~~~~~~~~~ 44

45 Add lines 42, 43, and 44 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 45

###### 4,355.

1. Foreign tax credit. Attach Form 1116 if required

~~~~~~~~~ 46

1. Credit for child and dependent care expenses. Attach Form 2441 ~ 47
2. Retirement savings contributions credit. Attach Form 8880

~~~~ 48

1. Child tax credit. Attach Schedule 8812, if required ~~~~~~~~~ 49
2. Residential energy credits. Attach Form 5695 ~~~~~~~~~~~ 50
3. Other credits from Form:

a  3800

b  8801

c  51

1. Add lines 46 through 51. These are your total credits ~~~~~~~~~~~~~~~~~~~~~~ 52
2. Subtract line 52 from line 45. If line 52 is more than line 45, enter -0-

 | 53

###### 4,355.

1. Tax on income not effectively connected with a U.S. trade or business from page 4, Schedule NEC, line 15 ~~ 54

###### Other

1. Self-employment tax. Attach Schedule SE (Form 1040) ~~~~~~~~~~~~~~~~~~~~~ 55

###### Taxes

1. Unreported social security and Medicare tax from Form:

a  4137

b  8919 ~~~~~ 56

1. Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

~~~~ 57

1. Transportation tax (see instructions)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 58

59a

Household employment taxes from Schedule H (Form 1040)

~~~~~~~~~~~~~~~~~~

59a

b First-time homebuyer credit repayment. Attach Form 5405 if required

~~~~~~~~~~~~~~

59b

60 Taxes from:

a  Form 8959

b  Instructions; enter code(s) 60

Payments

1. Add lines 53 through 60. This is your total tax
2. Federal income tax withheld from:

 | 61

###### 4,355.

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 ~~~~~~~~~~~~~~~~~~~~~~~~~~

1. 2016 estimated tax payments and amount applied from 2015 return

62d 63

1. Additional child tax credit. Attach Schedule 8812

~~~~~~~~~ 64

1. Net premium tax credit. Attach Form 8962

~~~~~~~~~~~~ 65

1. Amount paid with request for extension to file (see instructions) ~~ 66
2. Excess social security and tier 1 RRTA tax withheld

~~~~~~~~ 67

1. Credit for federal tax paid on fuels. Attach Form 4136

~~~~~~~ 68

1. Credits from Form:

a  2439

b  Res. c  8885

d  69

1. Credit for amount paid with Form 1040-C ~~~~~~~~~~~~~ 70
2. Add lines 62a through 70. These are your total payments

 | 71

###### 7,055.

1. If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid ~~~ 72

###### 2,700.

Refund

73a

Amount of line 72 you want refunded to you. If Form 8888 is attached, check here

|   ~~

73a

###### 2,700.

Direct deposit? See instructions.

b Routing number

d Account number

###### 122100024

860275218

| c Type:

 X Checking

* Savings

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

Amount You Owe

1. Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions ~~ | 75
2. Estimated tax penalty (see instructions)  76

Third Party

Do you want to allow another person to discuss this return with the IRS? See instructions

 X Yes. Complete below.

* No

Designee

Designee's name

###### | KAMESH K. RENGANATHAN

Phone no.

###### |(470) 362 4578

Personal identifi-

cation number (PIN) |

###### 00853

Sign Here

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

Your signature If the IRS sent you an Identity

=

Keep a copy of

this return for your records.

Date Your occupation in the United States

###### CONSULTANT

Protection PIN, enter it here

(see inst.)

Print/Type preparer's name Preparer's signature Date

Check

* if PTIN

###### Paid

KAMESH K.

RENGANATHAN

KAMESH K.

RENGANATHAN

02/22/17

self-employed

###### P01000853

Preparer

Firm's name 9 DELOITTE TAX SERVICES INDIA PVT. LTD.

Firm's EIN 998 "0432569

###### Use Only

610602 01-10-17

###### BPTP CREST, PLOT 15, UDYOG VIHAR

Firm's address 9 GURGAON, HARYANA 122015 INDIA

Phone no.

###### (678) 299-3756

Form 1040NR (2016)

###### ANUSHA KONCHADA

181-31-8586

Page 3

###### Schedule A - Itemized Deductions

(see instructions) 07

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Taxes You  Paid 1 State and local income taxes  | | | | | 1 | 1,465. |
| Gifts Caution: If you made a gift and received a benefit in return,  to U.S. see instructions.  Charities 2 Gifts by cash or check. If you made any gift of $250 or more,  see instructions ~~~~~~~~~~~~~~~~~~~~~~~   1. 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 ~~~~~~~~~~~~~~~~~   1. Carryover from prior year ~~~~~~~~~~~~~~~~~~~ | | |  |  |  |  |
| 2 |
|  |  |
| 3 |
| 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 7 Unreimbursed employee expenses - job travel, union dues, job  Expenses education, etc. You must attach Form 2106 or Form 2106-EZ  and Certain if required. See instr. 9  Miscellaneous  Deductions  8 Tax preparation fees ~~~~~~~~~~~~~~~~~~~~~~  9 Other expenses. See instructions for expenses to deduct here. List type and amount 9  10 Add lines 7 through 9 ~~~~~~~~~~~~~~~~~~~~~  11 Enter the amount from Form | | |  |  |  |  |
| 7 |
| 8 |  |
|  |  |
| 9 |
| 10 |  |
|  |  |
| 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 14 Other - see instructions for expenses to deduct here. List type and  Miscellaneous amount 9  Deductions | | | | |  |  |
| 14 |
| Total 15 Is Form 1040NR, line 37, over the amount shown below for the filing status box you  Itemized checked on page 1 of Form 1040NR:  Deductions c $311,300 if you checked box 6;  c $259,400 if you checked box 1 or 2; or  c $155,650 if you checked box 3, 4, or 5?   X 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.   * 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. | | | | |  | 1,465. |
| 15 |

Form 1040NR (2016)

610611 01-10-17

Form 1040NR (2016)

###### ANUSHA KONCHADA

181-31-8586

Page 4

###### Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  a b 2  a b c 3  4  5  6  7  8  9  10  a b  11  12  13  14  15 | Dividends paid by:  U.S. corporations ~~~~~~~~~~~~~~ Foreign corporations ~~~~~~~~~~~~ Interest:  Mortgage ~~~~~~~~~~~~~~~~~~ Paid by foreign corporations ~~~~~~~~~ Other ~~~~~~~~~~~~~~~~~~~~ Industrial royalties (patents, trademarks, etc.) Motion picture or T.V. copyright royalties ~~ Other royalties (copyrights, recording, publishing, etc.) ~~~~~~~~~~~~~~~ Real property income and natural resources royalties Pensions and annuities ~~~~~~~~~~~ Social security benefits ~~~~~~~~~~~ Capital gain from line 18 below ~~~~~~~ Gambling - Residents of Canada only. Enter  net income in column (c). If zero or less, enter -0-. Winnings Losses ~~~~~ Gambling winnings - Residents of countries other than Canada. Note: Losses not allowed Other (specify) | | 1a |  |  |  |  | |  |
| 1b |  |  |  |  | |  |
| 2a |  |  |  |  | |  |
| 2b |  |  |  |  | |  |
| 2c |  |  |  |  | |  |
| 3 |  |  |  |  | |  |
| 4 |  |  |  |  | |  |
| 5 |  |  |  |  | |  |
| 6 |  |  |  |  | |  |
| 7 |  |  |  |  | |  |
| 8 |  |  |  |  | |  |
| 9 |  |  |  |  | |  |
| 10c |  |  |  |  | |  |
|  |  | |
| 11 |  |  |  |  | |  |
|  |  |  |  | |
| 12 |  |  |  |  | |  |
| Add lines 1a through 12 in columns (a) through (d)  Multiply line 13 by rate of tax at top of each column | 13 |  |  |  |  | |  |
| 14 |  |  |  |  | |  |
| 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 |  |

(see instructions)

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).  Report property sales or exchanges that are effectively  connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | 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 |  |

Form 1040NR (2016)

610621 01-10-17

Form 1040NR (2016)

###### ANUSHA KONCHADA

Schedule OI - Other Information

Answer all questions

###### 181-31-8586

(see instructions)

Page 5

* 1. Of what country or countries were you a citizen or national during the tax year?
  2. In what country did you claim residence for tax purposes during the tax year?

###### INDIA

INDIA

* 1. Have you ever applied to be a green card holder (lawful permanent resident) of the United States? ~~~~~~~~~~~~
  2. Were you ever:
* Yes  X No
  + 1. A U.S. citizen?

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

* + Yes  X No
    1. A green card holder (lawful permanent resident) of the United States?

~~~~~~~~~~~~~~~~~~~~~~~~

* + Yes  X No

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

* 1. 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
  2. Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?

~~~~~~~~~~~~~~~~

* Yes  X No

If you answered "Yes," indicate the date and nature of the change. |

* 1. 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 |
|  |  |
|  |  |
|  |  |
|  |  |

* 1. 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 .

* 1. Did you file a U.S. income tax return for any prior year?

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

* Yes  X No

If "Yes," give the latest year and form number you filed. |

* 1. Are you filing a return for a trust?

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

* Yes  X 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
  1. Did you receive total compensation of $250,000 or more during the tax year?

~~~~~~~~~~~~~~~~~~~~~~

* Yes  X No

If "Yes," did you use an alternative method to determine the source of this compensation?

~~~~~~~~~~~~~~~

* Yes
* No
  1. 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  | | |  |

* + 1. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? ~~~~~~~~~~~~~~~
    2. Are you claiming treaty benefits pursuant to a Competent Authority determination? ~~~~~~~~~~~~~~~~~
* Yes
* Yes
* No
* No

If "Yes," attach a copy of the Competent Authority determination letter to your return.

610631 01-10-17

Form 1040NR (2016)

###### 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.*](http://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  ANUSHA KONCHADA | | | | Your social security number  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.) ~~~~~~~~ 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- ~~~~~~~~~~~~~~~~~~~~~~~~~  3 Taxes from Schedule A (Form 1040), line 9 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   1. Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line 2. Miscellaneous deductions from Schedule A (Form 1040), line 27 ~~~~~~~~~~~~~~~~~~~~~~~~ 3. If Form 1040, line 38, is $155,650 or less, enter -0-. Otherwise, see instructions ~~~~~~~~~~~~~~~~   7 Tax refund from Form 1040, line 10 or line 21 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   1. Investment interest expense (difference between regular tax and AMT) ~~~~~~~~~~~~~~~~~~~~ 2. Depletion (difference between regular tax and AMT) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 3. Net operating loss deduction from Form 1040, line 21. Enter as a positive amount ~~~~~~~~~~~~~~~ 4. Alternative tax net operating loss deduction ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 5. Interest from specified private activity bonds exempt from the regular tax ~~~~~~~~~~~~~~~~~~~ 6. Qualified small business stock, see instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 7. Exercise of incentive stock options (excess of AMT income over regular tax income) ~~~~~~~~~~~~~~ 8. Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) ~~~~~~~~~~~~~~~~~~ 9. Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) ~~~~~~~~~~~~~~~~~ 10. Disposition of property (difference between AMT and regular tax gain or loss) ~~~~~~~~~~~~~~~~~ 11. Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) ~~~~~~~~~ 12. Passive activities (difference between AMT and regular tax income or loss) ~~~~~~~~~~~~~~~~~~ 13. Loss limitations (difference between AMT and regular tax income or loss) ~~~~~~~~~~~~~~~~~~~ 14. Circulation costs (difference between regular tax and AMT) ~~~~~~~~~~~~~~~~~~~~~~~~~~ 15. Long-term contracts (difference between AMT and regular tax income) ~~~~~~~~~~~~~~~~~~~~ 16. Mining costs (difference between regular tax and AMT) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 17. Research and experimental costs (difference between regular tax and AMT) ~~~~~~~~~~~~~~~~~~ 18. Income from certain installment sales before January 1, 1987 ~~~~~~~~~~~~~~~~~~~~~~~~~   26 Intangible drilling costs preference ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   1. Other adjustments, including income-based related adjustments ~~~~~~~~~~~~~~~~~~~~~~~~ 2. Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than $247,450, see instructions.)  | | | 1 | | 36,187. |
| 2 | |  |
| 3 | | 1,465. |
| 4 | |  |
| 5 | |  |
| 6 | | 0. |
| 7 | |  |
| 8 | |  |
| 9 | |  |
| 10 | |  |
| 11 | |  |
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| 21 | |  |
| 22 | |  |
| 23 | |  |
| 24 | |  |
| 25 | |  |
| 26 | |  |
| 27 | |  |
| 28 | | 37,652. |
| Part II | Alternative Minimum Tax (AMT) | | | | |
| 1. 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 pn ~~ Married filing jointly or qualifying widow(er) ~ 159,700 ~~~~~~~~~~ 83,800 nmn Married filing separately ~~~~~~~~~~ 79,850 ~~~~~~~~~~ 41,900 no  If line 28 is over the amount shown above for your filing status, see instructions.   1. 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 ~~~~~ 2. ¥ 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 p on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured n for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. nmn~  * 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 n  separately) from the result. o   1. Alternative minimum tax foreign tax credit (see instructions) ~~~~~~~~~~~~~~~~~~~~~~~~~~ 2. Tentative minimum tax. Subtract line 32 from line 31 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 3. 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) ~~~~~~~~~~~~~~~~   1. AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45  | | |  | |  |
| 29 | | 53,900. |
| 30 | | 0. |
|  | |  |
| 31 | | 0. |
|  | |  |
| 32 | |  |
| 33 | | 0. |
|  | |  |
| 34 | | 4,355. |
| 35 | | 0. |

619481 12-07-16

LHA

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

Form 6251 (2016)

Part III

Form 6251 (2016)

ANUSHA KONCHADA

181-31-8586

Page 2

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 | 36 |  |
| line 3 of the worksheet in the instructions for line 31 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions | 37 |  |
| 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 ~~~~~~~~~~~~~~~~~ |
| 38 Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see | 38 |  |
| instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter ~~~~~~~~~~ |
| 39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount | 39 |  |
| 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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 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, | 42 |  |
| multiply line 41 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result ~~~~ | |
| 43 Enter: | 43 |  |
| * $75,300 if married filing jointly or qualifying widow(er), pm * $37,650 if single or married filing separately, or ~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| * $50,400 if head of household. o | 44 |  |
|
| 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 ~~~~~~~~~~~~~~~~~~~ |
| 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: | 49 |  |
|  |
| ¥ $233,475 if married filing separately nmn~~~~~~~~~~~~~~~~~~~~~~~~~~ |
|  | 50 |  |
| 50 Enter the amount from line 45 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions | 51 |  |
| 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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 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 |  |
| 57 Subtract line 56 from line 46 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 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 |  |
| 59 Add lines 41, 56, and 57 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 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). | 63 |  |
| Otherwise, multiply line 36 by 28% (0.28) and subtract $3,726 ($1,863 if married filing separately) from the result~ |
| 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 | 64 |  |
| this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31  |

619591 12-07-16

Form 6251 (2016)

###### ANUSHA KONCHADA 181-31-8586

}}}}}}}}}}}}}}} }}}}}}}}}}}

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

FORM 1040NR

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 1

}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}

FEDERAL STATE CITY

T AMOUNT TAX TAX SDI FICA MEDICARE S EMPLOYER'S NAME PAID WITHHELD WITHHELD TAX W/H TAX 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.

~~~~~~~~~~ ~~~~~~~~~~ ~~~~~~~~~ ~~~~~~~ ~~~~~~~ ~~~~~~~

STATEMENT(S) 1

**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:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Arizona Form  AZ-8879 | E-file Signature Authorization | 2016 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | | | | | 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    X Checking   Savings 122100024  ACCOUNT NUMBER  860275218  DIRECT DEBIT REQUEST DATE DIRECT DEBIT PAYMENT AMOUNT  $ |
| 1. Arizona Adjusted Gross Income ~ 2. Balance Of Tax ~~~~~~~~ 3. Arizona Income Tax Withheld ~~ | 25,166 | 00 |  | |
| 556 | 00 |
| 679 | 00 |
| *Check box 4 or box 5:*  4  X REFUND: *Enter the amount of refund* ~~~~~~~  5   AMOUNT *YOU OWE: Enter the amount owed* ~~ | | |
| 123 | 00 |
|  | 00 |
|  | | | | |

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

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

Arizona income tax return. and, if the return is rejected, the reason(s) for the rejection. If the

6a  X

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.

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

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

this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions

I authorize

###### DELOITTE TAX SERVICES INDIA PVT

(ELECTRONIC RETURN ORIGINATOR)

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.

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

|

YOUR PEN AND INK SIGNATURE

|

SPOUSE'S PEN AND INK SIGNATURE

DATE

DATE

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.

ADOR 10549 (16) 637361 10-14-16

PLEASE SIGN HERE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Arizona Form  140NR | Nonresident Personal Income Tax Return | FOR CALENDAR YEAR  2016 |

Check box 82F

82F   if filing under extension

OR FISCAL YEAR BEGINNING AND ENDING

. 66F

Your First Name and Middle Initial Last Name

Your Social Security Number

###### ANUSHA

KONCHADA

Enter

your

###### 181 31 8586

Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name

1

SSN(s).

Spouse's Social Security No.

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

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Dependents

1. Married filing joint return

EXEMPTIONS FILING STATUS

###### 500068

97

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

1. Head of household: Enter name of qualifying child or dependent on next line:

88R

1. Married filing separate return: Enter spouse's name and Social Security Number above.

###### X

Single

f *Enter the number claimed. Do not put a check mark.*

1. Age 65 or over (you and/or spouse)
2. Blind (you and/or spouse)
3. Dependents: *Do not include self or spouse.*

*If completing lines 8 through 10, also complete lines 47 through 51.*

81P PM

80R RCVD

11-13

Residency Status *(check one):*

11 X

Nonresident

12  Nonresident Active Military

13  Composite Return

(Box 10): Dependent Information: Children and other dependents. For more space, (check)   and complete page 3.

(a)

(b)

(c)

(d) (e) (f)

FIRST AND LAST NAME

(Do not list yourself or spouse.)

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2016

U if this person did not qualify as a

dependent on your federal return

U 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

###### 

2016 FEDERAL 2016 ARIZONA

who qualifies for relief under the Military Spouses Residency Relief Act

Arizona Income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  | This box may be blank or may contain a printed barcode of data from your return. 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 |

~~~~ 14

Amount from Federal Return Source Amount Only

41 Subtract lines 36 through 40 from line 31

Place any required federal and AZ schedules or other documents after Form 140NR.

Subtractions, cont. on page 2

 41

###### 25,166 00

ADOR 10177 (16) 637061 10-14-16

Additions

AZ Form 140NR (2016)

Continued on page 2 )

Your Name (as shown on page 1) Your Social Security Number

###### ANUSHA KONCHADA

Subtractions - cont. from pg 1

Exemptions

181-31-8586

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 42 | Enter the amount from page 1, line 41 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 42 | 25,166 | 00 |
| 43 | Interest on U.S. obligations such as U.S. savings bonds and treasury bills ~~~~~~~~~~~~~~~~~ | 43 |  | 00 |
| 44 | Arizona state lottery winnings included as income on your federal return (up to $5,000 only) ~~~~~~~~~ | 44 |  | 00 |
| 45 | Agricultural crops contributed to Arizona charitable organizations ~~~~~~~~~~~~~~~~~~~~~~ | 45 |  | 00 |
| 46 | Other Subtractions from Income: See instructions and include your own schedule  | 46 |  | 00 |
| 47 | Age 65 or over: Multiply the number in box 8 by $2,100 ~~~~~~~~~~~~~~~ 47 | 00 |  |  |
| 48 | Blind: Multiply the number in box 9 by $1,500 ~~~~~~~~~~~~~~~~~~~~ 48 | 00 |  |  |
| 49 | Dependents: Multiply the number in box 10 by $2,300 ~~~~~~~~~~~~~~~~ 49 | 00 |  |  |
| 50 | Add lines 47, 48, and 49 and enter the total ~~~~~~~~~~~~~~~~~~~~~ 50 | 00 |  |  |
| 51 | Multiply line 50 by the Arizona ratio on line 27 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 51 |  | 00 |
| 52 | Arizona adjusted gross income: Subtract lines 43 through 46 and 51 from line 42  | 52 | 25,166 | 00 |
| 53 | Deductions: *Check box and enter amount.* See instructions ~~~~ 53 I   ITEMIZED 53 S X STANDARD | 53 | 3,406 | 00 |
| 54 | Personal exemptions: See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 54 | 1,403 | 00 |
| 55 | Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter zero ~~~~~~~~~~~~~~ | 55 | 20,357 | 00 |
| 56 | Compute the tax using amount from line 55 and Tax Table X or Y ~~~~~~~~~~~~~~~~~~~~~~~~~ | 56 | 556 | 00 |
| 57 | Tax from recapture of credits from Arizona Form 301, Part 2, line 40 ~~~~~~~~~~~~~~~~~~~~~~~~ | 57 |  | 00 |
| 58 | Subtotal of tax: Add lines 56 and 57 and enter the total ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 58 | 556 | 00 |
| 59 | Credits from Arizona Form 301, Part 2, line 76 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 59 |  | 00 |
| 60 | Balance of tax: Subtract line 59 from line 58. If the line 59 is more than line 58, enter zero  | 60 | 556 | 00 |
| 61 | 2016 AZ income tax withheld  | 61 | 679 | 00 |
| 62 | 2016 AZ estimated tax payments ~~~62a 00 Claim of Right 62b 00 Add 62a and 62b | 62c |  | 00 |
| 63 | 2016 AZ extension payment (Form 204)  | 63 |  | 00 |
| 64 | Other refundable credits: Check the box(es) and enter the total amount ~ 64 1  308-I 64 2  342 64 3  349 | 64 |  | 00 |
| 65 | Total payments and refundable credits: Add lines 61 through 64 and enter the total  | 65 | 679 | 00 |
| 66 | TAX DUE: If line 60 is larger than line 65, subtract line 65 from line 60, and enter amount of tax due. Skip lines 67, 68 and 69 | 66 |  | 00 |
| 67 | OVERPAYMENT: If line 65 is larger than line 60, subtract line 60 from line 65, and enter amount of overpayment ~~~~~ | 67 | 123 | 00 |
| 68 | Amount of line 67 to be applied to 2017 estimated tax ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 68 |  | 00 |
| 69 | Balance of overpayment: Subtract line 68 from line 67  | 69 | 123 | 00 |

70-79 Voluntary Gifts to:

Tax Due or Overpay- ment

Total Payments and Refundable Credits

Solutions Teams Assigned to Schools

~~~ 70

00 Arizona Wildlife

~~~ 71 00

Child Abuse Prevention

Voluntary Gifts

~~ 72

Domestic Violence Shelter

~ 73

00 Political Gift

~~~~ 74 00

Neighbors Helping Neighbors 75

Special Olympics

~~~~ 76

00 Veterans' Donations Fund 77 00

Sustainable State Parks

I Didn't Pay Enough Fund

~ 78

and Road Fund

~~~~~ 79 00

1. Political Party (if amount is entered on line 74 - check only one):

|  |  |
| --- | --- |
|  | 00 |
|  | 00 |
|  | 00 |

80 1  Democratic

80 2  Green Party

80 3  Libertarian 80 4  Republican

1. Estimated payment penalty and Arizona Long-Term Health Care Saving Account (AZLTHSA) penalty ~~~~~~~~~~~~ 81 00

Penalty

1. 821  Annualized/Other 82 2  Farmer or Fisherman 82 3  Form 221 included 82 4  AZLTHSA Penalty

83 Add lines 70 through 79 and 81; enter the total  83 00

1. REFUND: Subtract line 83 from line 69. If less than zero, enter amount owed on line 85

Refund or Amount Owed

 84

123 00

Direct Deposit of Refund:

Check box 84A if your deposit will be ultimately placed in a foreign account; see instructions.

~~~~ 84 A

98 C X

Checking or

ROUTING NUMBER ACCOUNT NUMBER

S  Savings

###### 122100024 860275218

1. AMOUNT OWED: Add lines 66 and 83. Make check payable to Arizona Department of Revenue; write your SSN on payment ~~ 85 00

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.

###### | CONSULTANT

PLEASE SIGN HERE

YOUR SIGNATURE DATE OCCUPATION

|

SPOUSE'S SIGNATURE DATE SPOUSE'S OCCUPATION

###### KAMESH K. RENGANA 02/22/17 DELOITTE TAX SERVICES INDIA PVT. LTD.

PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

###### BPTP CREST, PLOT 15, UDYOG VIHAR P01000853

PAID PREPARER'S STREET ADDRESS

PAID PREPARER'S TIN

###### GURGAON, HARYANA 122015 INDIA (678) 299-3756

PAID PREPARER'S CITY STATE ZIP CODE

PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

ADOR 10177 (16) 637071 10-14-16

Balance of Tax

AZ Form 140NR (2016)

Page 2 of 3

###### ANUSHA KONCHADA 181-31-8586

}}}}}}}}}}}}}}} }}}}}}}}}}}

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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.

~~~~~~~~~~~~~~~

STATEMENT(S) 1

**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:**

022

DO NOT MAIL THIS FORM TO THE FTB

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

1. Amount You Owe (Form 540, line 111; Form 540 2EZ, line 31; Long Form 540NR, line 121;

or Short Form 540NR, line 121) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 2

1. 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

###### 12,486.

0.

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

 X I authorize

DELOITTE TAX SERVICES INDIA PVT. to enter my PIN

ERO firm name

###### 68586

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

J Date J

###### Spouse's/RDP's PIN: check one box only

* I authorize to enter my PIN

ERO firm name

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

Do not enter all zeros

* 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 J

Date J

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

###### J KAMESH K. RENGANATHAN

Date J

###### 02/22/2017

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8879 C2 2016

639311 11-17-16

TAXABLE YEAR

### 2016

California Nonresident or Part-Year Resident Income Tax Return

Long Form

639041 12-15-16

FORM

### 540NR

###### APE ATTACH FEDERAL RETURN

181-31-8586 KONC 16

ANUSHA

KONCHADA A

R RP

###### IAP APARTMENT NAGOLE APT B4-30

HYDERABAD O

INDIA

06-05-1988

TELANGANA 500068

1  X

Filing Status

2

Single

Married/RDP filing jointly. See inst.

1. Head of household (with qualifying person). See instructions.
2. Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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

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

1. 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

1. Personal:

1

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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~

j¥ 7

X $111= j¥ $

111

1. Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

~~~~

j¥ 8

X $111= j¥ $

1. Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ~~~~~~~~~ ¥ 9

Exemptions

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dependent 1 | Dependent 2 | Dependent 3 | | |
| j¥ | j¥ | j¥ | | |
| j¥ | j¥ | j¥ | | |
| ¥ | ¥ | ¥ | | |
| j¥ | j¥ | j¥ | | |
|  | | |  | X $344 =j¥ $ |

X $111= j¥ $

First Name Last Name SSN

Dependent's

relationship to you

Total dependent exemptions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

¥ 10

11 Exemption amount: Add line 7 through line 10 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ 11

j¥ $

111

1. Total California wages from your Form(s) W-2, box 16 ~~~~~~~~~~~~~~

¥ 12

12,486. 00

1. Enter federal AGI from Form 1040, line 37; 1040A, line 21; 1040EZ, line 4; 1040NR, line 36;

Total Taxable Income

or 1040NR-EZ, line 10

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

j¥ 13

37,652. 00

1. California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B

~~~~~~~

¥ 14

00

1. Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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- ~~~~~~~~~~~~ | j¥ 19 | 42,182. | 00 |

~~~~~~~~~~~ 15

37,652. 00

###### 3131164

022

Long Form 540NR C1 2016 Side 1

639042 12-15-16

Your name:

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 31 Tax. Check the box if from:  X Tax Table   Tax Rate Sch. ¥  FTB 3800 ¥  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 ~~~~~~~~~~~~~~~~~~~~ j¥ 36 .0352 | |  |  |  |
| 37 | CA Tax Before Exemption Credits. Multiply line 35 by line 36 ~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ | | 37 | 400. | 00 |
| 38 | CA Exemption Credit Percentage. Divide line 35 by ln 19. If more than 1, enter 1.0000 j¥ 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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | j¥ | 39 | 30. | 00 |
| 40 | CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ~~~~~~~~~~~~~~ | j¥ | 40 | 370. | 00 |

41 Tax. See instructions. Check the box if from:

¥   Schedule G-1 ¥  FTB 5870A ~~~~~~~~~~~~ ¥

41 00

CA Taxable Income

42 Add line 40 and line 41 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥ 42

370. 00

1. Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 ~~~~~~~~ ¥

50 00

1. Credit for joint custody head of household. See instructions ~~~~~~~~~~~~~

¥ 51 00

1. Credit for dependent parent. See instructions

~~~~~~~~~~~~~~~~~~~

¥ 52 00

1. Credit for senior head of household. See instructions ~~~~~~~~~~~~~~~~ ¥
2. Credit percentage. Enter the amount from line 38 here.

Special Credits

If more than 1, enter 1.0000. See instructions ~~~~~~~~~~~~~~~~~~~ j¥

53 00

54

55 Credit amount. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

¥ 55 00

1. Enter credit name
2. Enter credit name

code ¥ and amount ~~ ¥

code ¥ and amount ~~ ¥

58 00

59 00

1. To claim more than two credits. See instructions
2. Nonrefundable renter's credit. See instructions

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

60 00

61 00

1. Add line 50 and line 55 through 61. These are your total credits

~~~~~~~~~~~~~~~~~~~~~~~~ j¥

62 00

1. Subtract line 62 from line 42. If less than zero, enter -0- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 63

370. 00

1. Alternative minimum tax. Attach Schedule P (540NR) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

Other Taxes

71 00

1. Mental Health Services Tax. See instructions

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

¥ 72 00

1. Other taxes and credit recapture. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

73 00

1. Add line 63, line 71, line 72, and line 73. This is your total tax ~~~~~~~~~~~~~~~~~~~~~~~~~ ¥ 74

81 California income tax withheld. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥ 81 82 2016 CA estimated tax and other payments. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥ 82

Payments

370. 00

674. 00

0. 00

83 Withholding (Form 592-B and/or 593). See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

84 Excess SDI (or VPDI) withheld. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

85 Earned Income Tax Credit (EITC) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ ¥

83 00

84 00

85 00

86 Add lines 81 through 85. These are your total payments. See instructions ~~~~~~~~~~~~~~~~~~~~ j¥ 86

Overpaid Tax/Tax Due

674. 00

|  |  |  |
| --- | --- | --- |
| 101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86 ~~~~~~~~~~~~~~~~~~~~~ | j¥ | 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 ~~~~~~~~~~~~~~~~~~~~~~~ | j¥ | 104 00 |

###### 3132164

022

Side 2 Long Form 540NR 2016

639043 12-15-16

Your name:

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

Contributions

|  |  |  |  |
| --- | --- | --- | --- |
| California Seniors Special Fund. See instructions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | ¥ | Code  400 | Amount  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 |

###### 3133164

022

Long Form 540NR C1 2016 Side 3

639044 12-15-16

Your name:

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

121

Amount You Owe

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

Pay Online - Go to ftb.ca.gov for more information.

~~~~~~~~~

¥ 121 00

122

Interest and Penalties

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

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.

Refund and Direct Deposit

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:

 X Checking

###### 122100024

* Routing number
* Savings
  + Type

###### 860275218

* + - Account number

304. 00

* + - 126 Direct deposit amount

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

* + - * Checking

  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 search for privacy notice. To request this notice by mail, call 800.852.5711.

ftb.ca.gov and

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

j¥ Your email address. Enter only one email address.

j¥ Preferred phone number

### Here

It is unlawful to forge a

spouse's/RDP's signature.

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

###### KAMESH K. RENGANATHAN

|  |  |
| --- | --- |
| Firm's name (or yours, if self-employed)  DELOITTE TAX SERVICES INDIA PVT. LTD. | * PTIN   P01000853 |
| Firm's address BPTP CREST, PLOT 15, UDYO GURGAON, HARYANA 122015 I | * FEIN   98-0432569 |

Joint tax return? (See instructions)

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

~~~~~~~~~~~ ¥  X

Yes

* No

Print Third Party Designee's Name Telephone Number

###### KAMESH K. RENGANATHAN (678) 299-3756

3134164

022

Side 4 Long Form 540NR 2016

639611 10-13-16

TAXABLE YEAR CALIFORNIA SCHEDULE

### 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

1. Employee's social

181-31-8586

security number \* j¥ j¥

1. Employer identification

06-1454513

number (EIN) j¥ j¥

1. Employer's name j¥ j¥

DELOITTE CONSULTING LLP

4022 SELLS DRIVE

Address j¥ j¥

HERMITAGE

City j¥ j¥

TN

State j¥ j¥

37076

ZIP code j¥ j¥

1. Employee's first name \* j¥ j¥

ANUSHA

Middle name \* j¥ j¥

KONCHADA

Last name \* j¥ j¥

Suffix \* j¥ j¥

1. Employee address \* j¥ j¥

IAP APARTMENT NAGOLE APT NO

HYDERABAD

City \* j¥ j¥

State \* j¥ j¥

500068

IN

ZIP code \* j¥ j¥

|  |  |  |
| --- | --- | --- |
| j¥ | 37,652. | j¥ |
| j¥ | 7,055. | j¥ |
| j¥ | 37,652. | j¥ |
| j¥ | 2,334. | j¥ |
| j¥ | 546. | j¥ |

* 1. Wages, tips, other compensation
  2. Federal income tax withheld
  3. Social security wages
  4. Social security tax withheld

1. Medicare tax withheld

###### 8041164

022

Schedule W-2 2016 Side 1

For Privacy Notice, get FTB 1131 ENG/SP.

639612 10-13-16

W-2 Information 1st W-2 2nd W-2

1. Social security tips j¥ j¥
2. Allocated tips

(not included in box 1) j¥ j¥

1. Dependent care benefits j¥ j¥
2. Nonqualified plans j¥ j¥
3. Codes and amounts

Codes

DD

12a. j¥ j¥

12b. j¥ j¥

12c. j¥ j¥

12d. j¥ j¥

j¥ j¥

Amounts

9,809.

Codes

Amounts

j¥ j¥

j¥ j¥

j¥ j¥

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

j¥   Statutory employee

j¥   Retirement plan

j¥   Third-party sick pay

j¥  j¥

j¥

Statutory employee Retirement plan

Third-party sick pay

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

Type

CASDI

j¥ j¥

j¥ j¥

Amount

112.

Type

Amount

1. State and employer's state ID number

State

CA

j¥ j¥

j¥ j¥

Employer's state ID number

438-5954-5

State

Employer's state ID number

1. State wages, tips, etc. j¥ j¥

12,486.

1. State income tax j¥ j¥

674.

###### 8042164

022

Side 2 Schedule W-2 2016

TAXABLE YEAR

### 2016

California Adjustments - Nonresidents or Part-Year Residents

639021 12-15-16

SCHEDULE

### CA (540NR)

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

###### Part I

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) as shown on tax return  ANUSHA KONCHADA | SSN or ITIN | | |
| 181 | 31 | 8586 |

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:

j¥ X

Nonresident

j¥ Part-Year Resident

j¥ Resident

b Spouse: j¥ Nonresident

j¥ Part-Year Resident

j¥ Resident

1. a I was domiciled in (enter two letter code, see instructions) ~~~~~~~~~ j¥

Yourself

###### FC j¥

Spouse/RDP

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

j¥

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

~~~~

j¥

j¥

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

~~ j¥

j¥

1. I was a CA nonresident the entire year (enter state of residence) ~~~~~~~~ j¥

FC j¥

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

~~~~~~~~~~~ j¥

68 j¥

1. I owned a home/property in CA (enter Y for Yes, N for No) ~~~~~~~~~~ j¥

N j¥

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

~~~~~~~~~~~~~

j¥

j¥

j¥

j¥

###### Part II

Income Adjustment Schedule A B C D E

Section A - Income

Federal Amounts Subtractions Additions

Total Amounts Using CA

CA Amounts

1. Wages, salaries, tips, etc. See instructions before making

(taxable amounts from your federal

tax return)

See instructions (difference between CA & federal law)

See instructions (difference between CA & federal law)

Law As If You Were a CA Resident

(subtract col. B from col. A;

add col. C to the result)

(income earned or received as a CA resident and income earned or received from CA sources

as a nonresident)

an entry in col. B or C ~~

1. Taxable interest.
2. j¥

###### 37,652. j¥

j¥ 8,659. j¥

###### 46,311. j¥

12,486.

(b) 8(a) j¥

* 1. Ordinary dividends.

j¥ j¥ j¥ j¥

(b)

j¥ 9(a) j¥

j¥ j¥ j¥ j¥

* 1. Taxable refunds, credits,

or offsets of state and local

income taxes ~~~~~~ 10 j¥

* 1. Alimony received ~~~~ 11 j¥

j¥

j¥ j¥ j¥

* 1. Business income or (loss)

1. j¥

j¥ j¥ j¥ j¥

1. Capital gain or (loss) ~~ 13 j¥
2. Other gains or (losses)~~ 14 j¥
3. IRA distributions.

j¥ j¥ j¥ j¥

j¥ j¥ j¥ j¥

(a)

j¥ 15(b) j¥

j¥ j¥ j¥ j¥

1. Pensions and annuities.

(a)

j¥ 16(b) j¥

j¥ j¥ j¥ j¥

1. Rental real estate, royalties, partnerships,

S corporations, trusts, etc.

~~~ 17 j¥

j¥ j¥ j¥ j¥

1. Farm income or (loss) ~~ 18 j¥

j¥ j¥ j¥ j¥

1. Unemployment compensation
2. Social security benefits.

19 j¥ j¥

(a)

j¥

20(b) j¥ j¥

1. Other income.

a California lottery winnings

b Disaster loss deduction from FTB 3805V

c Federal NOL (Form 1040, line 21)

a j¥

r

nb j¥

nc

a b

c j¥

d NOL deduction from FTB 3805V

e NOL from FTB 3805D, FTB 3805Z, FTB 3806,

FTB 3807, or FTB 3809

21 j¥

qd j¥ d

# n

ne j¥ e

21 j¥

21 j¥

f Other (describe):

sf j¥

f j¥

1. a Total: Combine line 7 through line 21

in each column. Continue to Side 2 22a j¥

###### 37,652. j¥

j¥ 8,659. j¥

###### 46,311. j¥

12,486.

7741164

For Privacy Notice, get FTB 1131 ENG/SP.

Schedule CA (540NR) 2016 Side 1

022

639022 12-15-16

Section B - Adjustments to Income

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income Adjustment Schedule | 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) | |
| j¥ | 37,652. | j¥ | j¥ | 8,659. | j¥ | 46,311. | j¥ | 12,486. |
| j¥ | | j¥ |  | |  | | | |
| j¥ | | j¥ | j¥ | | j¥ | | j¥ | |
| j¥ | | j¥ |  | |  | | | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  | j¥ | | j¥ | | j¥ | |
| j¥ | |  |  | | j¥ | | j¥ | |
| j¥ | |  | j¥ | | j¥ | | j¥ | |
| j¥ | | j¥ |  | |  | | | |
| j¥ | | j¥ |  | |  | | | |
| j¥ | | j¥ | j¥ | | j¥ | | j¥ | |
| j¥ | 37,652. | j¥ | j¥ | 8,659. | j¥ | 46,311. | j¥ | 12,486. |

22b Enter totals from Side 1, line 22a, col. A through col. E ~

22b

1. Educator expenses ~~~ 23
2. Certain business expenses of reservists, performing artists, and

fee-basis government officials 24

1. Health savings account deduction 25
2. Moving expenses ~~~~ 26

Deductible part of self-

1. employment tax

~~~~~ 27

1. Self-employed SEP, SIMPLE,

and qualified plans ~~~ 28

1. Self-employed health

insurance deduction ~~ 29

1. Penalty on early withdrawal

of savings ~~~~~~~ 30

31a Alimony paid.

b Enter recipient's:

SSN

Last name

j¥

j¥ 31a

1. IRA deduction ~~~~~ 32
2. Student loan interest deduction 33
3. Tuition and fees ~~~~ 34
4. Domestic production

activities deduction ~~~ 35

1. Add line 23 through line 35

in each column, A through E 36

1. Total. Subtract line 36 from line

22b in each column, A through E 37

###### Part III

Adjustments to Federal Itemized Deductions

1. 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) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 38

1. 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 ~~~~~~~~~~ j¥ 39

###### 1,465.

1,465.

40 Subtract line 39 from line 38 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 40

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

j¥ 41

42 Combine line 40 and line 41 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 42

1. 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) ~~~~~~~~~

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

$364,923

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

1. Enter the larger of the amount on line 43 or your standard deduction. See instructions

 j¥ 44

###### 4,129.

Part IV

California Taxable Income

1. California AGI. Enter your California AGI from line 37, column E

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 45

###### 12,486.

1. Enter your deductions from line 44

~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 46

###### 4,129.

1. 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-

~~~~~~j¥ 47

###### .2696

1. California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47 ~~~~~~~~~~~~~~~~~~~ j¥ 48
2. California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 35. If less than zero,

enter -0- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ j¥ 49

###### 1,113.

11,373.

7742164

022

Side 2 Schedule CA (540NR) 2016

ANUSHA KONCHADA 181-31-8586

}}}}}}}}}}}}}}} }}}}}}}}}}}

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

CA SCHEDULE CA WAGES, SALARIES, TIPS, ETC.

STATEMENT 1

}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}

DESCRIPTION SUBTRACTIONS ADDITIONS

}}}}}}}}}}} }}}}}}}}}}}}}} }}}}}}}}}}}}}} WAGES, SALARIES, TIPS, ETC. - ADJUSTMENT 8,659.

}}}}}}}}}}}}}} }}}}}}}}}}}}}}

TOTAL TO SCHEDULE CA, LINE 7 8,659.

~~~~~~~~~~~~~~ ~~~~~~~~~~~~~~

STATEMENT(S) 1