

2016 TAX RETURN FILING INSTRUCTIONS

INDIANA INCOME TAX RETURN

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Ishaan Motwani
Regency Garden, Murbad rd Apt. No. A/4
Kalyan West, Maharashtra 421301 India

Prepared By:

Deloitte Tax Services India Pvt. Ltd
Survey #39, Meenakshi Park, Gachibowli
Hyderabad 500032
India

Amount of Tax:

Total tax	\$	287
Less: payments and credits	\$	315
Plus: interest and penalties	\$	0
Overpayment	\$	28

Overpayment:

Miscellaneous donations	\$	0
Credited to your estimated tax	\$	0
Refunded to you	\$	28

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Indiana Dept. of Revenue
P.O. Box 40
Indianapolis, IN 46206-0040

Return Must Be Mailed On Or Before:

April 18, 2017

Special Instructions:

The return should be signed and dated by you.

ISHAAN MOTWANI
747-80-5530

STATEMENT REGARDING 2016 INDIANA ELECTRONIC FILING

TAX PREPARATION SOFTWARE WAS UNABLE TO QUALIFY THIS INDIANA TAX RETURN FOR ELECTRONIC FILING THEREFORE A PAPER RETURN IS BEING SUBMITTED TO THE INDIANA DEPARTMENT OF REVENUE.

**Indiana Part-Year or Full-Year Nonresident
Individual Income Tax Return**

2016

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 18, 2017

from to:

Your Social Security Number **747 80 5530** Spouse's Social Security Number **666 66 6666**

Your first name Initial Last name Suffix

ISHAAN MOTWANI

If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

REGENCY GARDEN, MURBAD RD APT.

Place "X" in box if you are married filing separately. **X**

City State Zip/Postal code

KALYAN WEST 421301

Foreign country 2-character code (see instructions)

IN

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2016.

County where you lived **00** County where you worked **00** County where spouse lived County where spouse worked

Round all entries

1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A _____ **Indiana Income** 1 **9690.00**
2. Enter amount from Schedule B, line 6, and enclose Schedule B _____ **Indiana Add-Backs** 2 **.00**
3. Add line 1 and line 2 _____ 3 **9690.00**
4. Enter amount from Schedule C, line 12, and enclose Schedule C _____ **Indiana Deductions** 4 **.00**
5. Subtract line 4 from line 3 _____ **Indiana Adjusted Income** 5 **9690.00**
6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D _____ **Indiana Exemptions** 6 **1000.00**
7. Subtract line 6 from line 5 _____ **State Taxable Income** 7 **8690.00**
8. State adjusted gross income tax: multiply line 7 by 3.3% (.033)
(if answer is less than zero, leave blank) _____ 8 **287.00**
9. County tax. Enter county tax due from Schedule CT-40PNR
(if answer is less than zero, leave blank) _____ 9 **.00**
10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) 10 **.00**
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back _____ **Indiana Taxes** 11 **287.00**



1 Wages, tips, other compensation		2 Federal Income tax withheld	
9689.62		1573.37	
3 Social security wages		4 Social security tax withheld	
9689.62		600.76	
5 Medicare wages and tips		6 Medicare tax withheld	
9689.62		140.50	
a Employee's SSA number		Employer use only	
747-80-5530			
b Employer's FED ID number		d Control number	
06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Ishaan Motwani Residence Inn, 350 W, New York Street Indianapolis IN 46202			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
IN	0103847715-002		
16 State wages, tips, etc.		19 Local income tax	
9689.62			
17 State income tax		20 Locality name	
314.68			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2016 Dept. of the Treasury - Internal Revenue Service Copy C for Employee's records			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9689.62		1573.37	
3 Social security wages		4 Social security tax withheld	
9689.62		600.76	
5 Medicare wages and tips		6 Medicare tax withheld	
9689.62		140.50	
a Employee's SSA number		Employer use only	
747-80-5530			
b Employer's FED ID number		d Control number	
06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Ishaan Motwani Residence Inn, 350 W, New York Street Indianapolis IN 46202			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
IN	0103847715-002		
16 State wages, tips, etc.		19 Local income tax	
9689.62			
17 State income tax		20 Locality name	
314.68			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2016 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9689.62		1573.37	
3 Social security wages		4 Social security tax withheld	
9689.62		600.76	
5 Medicare wages and tips		6 Medicare tax withheld	
9689.62		140.50	
a Employee's SSA number		Employer use only	
747-80-5530			
b Employer's FED ID number		d Control number	
06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Ishaan Motwani Residence Inn, 350 W, New York Street Indianapolis IN 46202			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
IN	0103847715-002		
16 State wages, tips, etc.		19 Local income tax	
9689.62			
17 State income tax		20 Locality name	
314.68			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2016 Dept. of the Treasury - Internal Revenue Service Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation		2 Federal Income tax withheld	
9689.62		1573.37	
3 Social security wages		4 Social security tax withheld	
9689.62		600.76	
5 Medicare wages and tips		6 Medicare tax withheld	
9689.62		140.50	
a Employee's SSA number		Employer use only	
747-80-5530			
b Employer's FED ID number		d Control number	
06-1454513		00437795	
c Employer's name, address, and ZIP code			
Deloitte Consulting LLP 4022 Sells Drive Hermitage TN 37076-2903			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee	Retirement plan	Third-Party Sick pay	12b
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff.			
Ishaan Motwani Residence Inn, 350 W, New York Street Indianapolis IN 46202			
f Employee's address and ZIP code			
15 State	Employer's state ID	18 Local wages, tips, etc	
IN	0103847715-002		
16 State wages, tips, etc.		19 Local income tax	
9689.62			
17 State income tax		20 Locality name	
314.68			
Form OMB. No. 1545-0008 W-2 Wage and Tax Statement 2016 Dept. of the Treasury - Internal Revenue Service Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			

12. Enter credits from Schedule F, line 9 (enclose schedule) _____	12	315 .00
13. Enter offset credits from Schedule G, line 8 (enclose schedule) _____	13	.00
14. Add lines 12 and 13 _____ Indiana Credits	14	315 .00
15. Enter amount from line 11 _____ Indiana Taxes	15	287 .00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)	16	28 .00
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16	17	.00
18. Subtract line 17 from line 16 _____ Overpayment	18	28 .00
19. Amount from line 18 to be applied to your 2017 estimated tax account (see instructions).		
Enter your county code _____ county tax to be applied __ \$	a	.00
Spouse's county code _____ county tax to be applied __ \$	b	.00
Indiana adjusted gross income tax to be applied _____ \$	c	.00
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) _____	19d	.00
20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) _____	20	.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions Your Refund	21	28 .00
22. Direct Deposit (see instructions)		
a. Routing Number 2 7 4 0 7 3 8 3 4		
b. Account Number 5 4 1 0 0 1 9 5 7 4 6 4		
c. Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Hoosier Works MC		
d. Place an "X" in the box if refund will go to an account outside the United States		
23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) _____	23	.00
24. Penalty if filed after due date (see instructions) _____	24	.00
25. Interest if filed after due date (see instructions) _____	25	.00
26. Amount Due: Add lines 23, 24 and 25 _____ Amount You Owe	26	.00
Do not send cash. Please make your check or money order payable to: Indiana Department of Revenue. Credit card payers must see instructions.		

Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).

_____ Your Signature	_____ Date	_____ Spouse's Signature	_____ Date
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- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN MOTWANI

747 80 5530

Section 1: Income or (Loss) Enter in Column A the same income or loss you reported on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

	Column A		Column B	
	Income from Federal Return		Income Taxed by Indiana	
1. Your wages, salaries, tips, commissions, etc _____	1A	9690 .00	1B	9690 .00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20. _____	21A	9690 .00	21B	9690 .00



23416111019

Proration Section See instructions.

21C. **Note:** Nonresident military personnel see special instructions on page 15.
and complete worksheet. _____

21C

.00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example: $\$3,100 \div \$8,000 = .3875$, which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 6 _____

21D 1.00

Section 2: Adjustments to Income Note: Enter in Column A only those deductions claimed on your 2016 federal income tax return, Form 1040, 1040A or 1040EZ. Round all entries.

Column A
Federal Adjustments**Column B**
Indiana Adjustments

22. Educator expenses (see instructions) _____	22A	.00	22B	.00
23. Certain business expenses of reservists, performing artists, etc _____	23A	.00	23B	.00
24. Health savings account deduction _____	24A	.00	24B	.00
25. Moving expenses (see instructions) _____	25A	.00	25B	.00
26. Deductible part of self-employment tax _____	26A	.00	26B	.00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	.00	27B	.00
28. Self-employed health insurance deduction _____	28A	.00	28B	.00
29. Penalty on early withdrawal of savings _____	29A	.00	29B	.00
30. Alimony paid _____	30A	.00	30B	.00
31. IRA deduction _____	31A	.00	31B	.00
32. Student loan interest deduction (see instructions) _____	32A	.00	32B	.00
33. Tuition and fees deduction (see instructions) _____	33A	.00	33B	.00
34. Domestic production activities deduction _____	34A	.00		
35. Other (see instructions) _____	35A	.00	35B	.00
36. Add lines 22 through 35 _____	36A	0 .00	36B	0 .00

Section 3: Totals

37. Subtract line 36 from line 21 of Section 1. Carry
amount from line 37B to Form IT-40PNR, line 1 _____

37A

9690 .00

37B

9690 .00



23416121019

Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN MOTWANI

747 80 5530

Round all entries

1. Number of exemptions claimed on your federal return 1 x \$1000 _____ 1 1000.00
• If you did not claim an exemption on your federal return, enter "1" in the box above.
• See instructions if you did not file a federal return.
2. Claim an additional exemption for certain dependent children (see instructions).
Enter number you are eligible to claim x \$1500: you **MUST** enclose Schedule IN-DEP ____ 2 .00
3. Place "X" in box(es) below if, by December 31, 2016
You were age 65 or older and/or blind
Spouse was 65 or older and/or blind
Total number of boxes with Xs x \$1000 _____ 3 .00
4. If age 65 or older, enter amount from Schedule A, line 37A \$
If this amount is less than \$40,000, place "X" in box (es) below if:
You were age 65 or older
Spouse was 65 or older
Total number of boxes with Xs x \$500 _____ 4 .00
5. Add lines 1, 2, 3 and 4 _____ 5 1000.00
6. Enter the number from Schedule A, Proration Section, line 21D _____ 6 1.00
7. Multiply line 5 by line 6. Enter here and on Form IT-40P NR, line 6 _____ **Total Exemptions** 7 1000.00

Schedule E: Other Taxes

1. Use tax on out-of-state purchases from line 4 of Sales/Use Tax Worksheet _____ 1 .00
2. Household employment taxes. Enclose Schedule IN-H _____ 2 .00
3. Recapture of Indiana's CollegeChoice 529 credit. Enclose Schedule IN-529R _____ 3 .00
4. Add lines 1 through 3. Enter here and on Form IT-40PNR, line 10 _____ **Total Other Taxes** 4 .00



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN MOTWANI

747 80 5530

Round all entries

- | | | |
|---|---|---------|
| 1. Indiana state tax withheld: enclose W-2s and/or 1099s showing state tax withholding amounts ____ | 1 | 315 .00 |
| 2. Indiana county tax withheld: enclose W-2s and/or 1099s showing county tax withholding amts. ____ | 2 | .00 |
| 3. Estimated tax paid for 2016: include any extension payment made with Form IT-9 _____ | 3 | .00 |
| 4. Unified tax credit for the elderly _____ | 4 | .00 |
| 5. Earned income credit: see instructions
Enter earned income credit from
Schedule IN-EIC, line A-3 _____ Box A | | .00 |
| Enter number from Schedule A, Proration Section, line 21D _____ Box B . | | |
| Multiply Box A by Box B, enter total here _____ | 5 | .00 |
| 6. Lake County residential income tax credit _____ | 6 | .00 |
| 7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE,
line 19 (enclose schedule) _____ | 7 | .00 |
| 8. Economic development for a growing economy retention credit. Enter amount from
Schedule IN-EDGE-R, line 19 (enclose schedule) _____ | 8 | .00 |
| 9. Add lines 1 through 8. Enter total here and on Form IT-40PNR, line 12 _____ Total Credits | 9 | 315 .00 |

Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)
- | | | | |
|---|----------|-----|-----|
| a. Enter fund name | code no. | 1a | .00 |
| b. Enter fund name | code no. | 1b | .00 |
| c. Enter fund name | code no. | 1c | .00 |
| d. Enter fund name | code no. | 1d | .00 |
| 2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17 Total Donations | 2 | .00 | |



Name(s) shown on Form IT-40PNR

Your Social Security Number

ISHAAN MOTWANI

747 80 5530

**Section 1: Residency
Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2016. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

Example

State of Residence	Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
IL	01	01	2016	06	01	2016	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IN	06	02	2016	12	31	2016	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Your information

(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A OC	01	01	2016	12	31	2016	Yes	No <input checked="" type="checkbox"/>
1B			2016			2016	Yes	No
1C			2016			2016	Yes	No
1D			2016			2016	Yes	No

Spouse's information if married filing jointly

(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A			2016			2016	Yes	No
2B			2016			2016	Yes	No
2C			2016			2016	Yes	No
2D			2016			2016	Yes	No

Turn over to complete Section 2



Section 2: Additional Information

1. Federal filing information

Are you filing a federal income tax return for 2016? Place "X" in appropriate box. Yes ☒ No

2. Extension of time to file

- a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.
- b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or online via ePay.

3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

4. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2016, enter date of death (MM/DD).

Taxpayer's date of death

2016

Spouse's date of death

2016

Authorization Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**5. Your daytime
telephone number**

**Your email
address**

I authorize the Department to discuss my return with my personal representative.

Yes No ☒ If yes, complete the information below.

Personal Representative's Name (please print)

Telephone
number

Address

City

State

Zip Code

Paid Preparer: Firm's Name (or yours if self-employed)

DELOITTE TAX SERVICES INDIA PVT LT

IN-OPT on file with paid preparer if not filing electronically

PTIN P01503917

Address SURVEY #39, MEENAKSHI PARK, G

City HYDERABAD

State Zip Code 500032

Preparer's
signature RAM RAJESH KOTNI