

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial Balaji	Last name Jayaraman	Your social security number 823-35-5230
If a joint return, spouse's first name and initial Uma Santhiya	Last name Balaji	Spouse's social security number 781-38-6411
Home address (number and street). If you have a P.O. box, see instructions. 72 Devonshire Dr		Apt. no. G
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). GUILDERLAND NY 12084		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Harishvar	Balaji Santhiya	APPLIED FOR	Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **2**

No. of children on 6c who:

- lived with you **1**
- did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above **3**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **26,446.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **b Taxable amount** **15b**

16a Pensions and annuities **16a** **b Taxable amount** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **b Taxable amount** **20b**

21 Other income. List type and amount **INDIAN INCOME** **21** **6,259.**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **32,705.**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid **b Recipient's SSN** ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ **37** **32,705.**

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,250

38	Amount from line 37 (adjusted gross income)	38	32,705.
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600.
41	Subtract line 40 from line 38	41	20,105.
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	12,000.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	8,105.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	813.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	813.
48	Foreign tax credit. Attach Form 1116 if required	48	156.
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	657.
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	813.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,839.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC) No <input type="checkbox"/>	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
67	Additional child tax credit. Attach Schedule 8812	67	343.
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	2,182.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,182.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,182.
b	Routing number 2 1 1 3 9 1 8 2 5 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 9 4 2 9 1 9 0		
77	Amount of line 75 you want applied to your 2016 estimated tax ▶	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

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

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

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

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

Your signature	Date	Your occupation Software Professional	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOMEMAKER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name UMA D PISHATI	Preparer's signature	Date 02/26/2016	Check <input type="checkbox"/> if self-employed PTIN P01520074
Firm's name ▶ BESTTAXFILER, LLC.	Firm's EIN ▶ 45-3785334	Firm's address ▶ 29301 MORNINGVIEW FARMINGTON HILLS MI 48334	Phone no.

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T. COPY 1

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name Balaji Jayaraman & Uma Santhiya Balaji Identifying number as shown on page 1 of your tax return 823-35-5230

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- ☐ **a** Passive category income ☐ **c** Section 901(j) income ☐ **e** Lump-sum distributions
☒ **b** General category income ☐ **d** Certain income re-sourced by treaty

f Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
g	Enter the name of the foreign country or U.S. possession ▶	India			
1a	Gross income from sources within country shown above and of the type checked above (see instructions): <u>INDIAN SALARY</u>				
		6,259.			1a 6,259.
b	Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) . . . ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):					
2	Expenses definitely related to the income on line 1a (attach statement)				
3	Pro rata share of other deductions not definitely related :				
a	Certain itemized deductions or standard deduction (see instructions)	12,600.			
b	Other deductions (attach statement)				
c	Add lines 3a and 3b	12,600.			
d	Gross foreign source income (see instructions)	6,259.			
e	Gross income from all sources (see instructions)	32,705.			
f	Divide line 3d by line 3e (see instructions)	0.1914			
g	Multiply line 3c by line 3f	2,412.			
4	Pro rata share of interest expense (see instructions):				
a	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b	Other interest expense				
5	Losses from foreign sources				
6	Add lines 2, 3g, 4a, 4b, and 5	2,412.			6 2,412.
7	Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7 3,847.

Part II Foreign Taxes Paid or Accrued (see instructions)

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(m) Interest	(o) Dividends	(p) Rents and royalties		
A	10/31/2015								203.	203.
B										
C										
8	Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8 203.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . .	9	203 .	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	203 .	
12	Reduction in foreign taxes (see instructions)	12	()	
13	Taxes reclassified under high tax kickout (see instructions) . . .	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . .	14		203 .
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions)	15	3,847 .	
16	Adjustments to line 15 (see instructions)	16		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	3,847 .	
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18	20,105 .	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		0.1913
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37	20		813 .
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.			
21	Multiply line 20 by line 19 (maximum amount of credit)	21		156 .
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV (see instructions)	22		156 .

Part IV Summary of Credits From Separate Parts III (see instructions)

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		156 .
29	Reduction of credit for international boycott operations. See instructions for line 12	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a	30		156 .

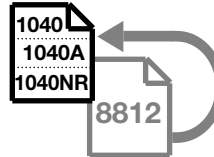
SCHEDULE 8812
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Child Tax Credit

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**
▶ **Information about Schedule 8812 and its separate instructions is at**
www.irs.gov/schedule8812.



OMB No. 1545-0074

2015

Attachment
Sequence No. **47**

Your social security number
823-35-5230

Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.
If your dependent is not a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ **Yes** ☐ **No**
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ **Yes** ☐ **No**
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ **Yes** ☐ **No**
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ **Yes** ☐ **No**

Note: If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here ☐

Part II Additional Child Tax Credit Filers

1 If you file Form 2555 or 2555-EZ **stop** here, you cannot claim the additional child tax credit.

If you are required to use the worksheet in Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:

1040 filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 52).

1040A filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 35).

1040NR filers: Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 49).

2 Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 **2** 657.

3 Subtract line 2 from line 1. If zero, **stop**; you cannot take this credit **3** 343.

4a Earned income (see separate instructions) **4a** 26,446.

b Nontaxable combat pay (see separate instructions) **4b**

5 Is the amount on line 4a more than \$3,000?
☐ **No.** Leave line 5 blank and enter -0- on line 6.
☒ **Yes.** Subtract \$3,000 from the amount on line 4a. Enter the result **5** 23,446.

6 Multiply the amount on line 5 by 15% (.15) and enter the result **6** 3,517.

Next. Do you have three or more qualifying children?

☒ **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the **smaller** of line 3 or line 6 on line 13.

☐ **Yes.** If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.

Part III Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	7	
8	1040 filers: Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	8	
	1040A filers: Enter -0-.		
	1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	9	
9	Add lines 7 and 8	10	
10	1040 filers: Enter the total of the amounts from Form 1040, lines 66a and 71.		
	1040A filers: Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).		
	1040NR filers: Enter the amount from Form 1040NR, line 67.		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11	12	
	Next , enter the smaller of line 3 or line 12 on line 13.		

Part IV Additional Child Tax Credit

13	This is your additional child tax credit	13	343 .
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Enter this amount on
Form 1040, line 67,
Form 1040A, line 43, or
Form 1040NR, line 64.

Health Coverage Exemptions

▶ Attach to Form 1040, Form 1040A, or Form 1040EZ.

▶ Information about Form 8965 and its separate instructions is at www.irs.gov/form8965.

Name as shown on return

Balaji Jayaraman & Uma Santhiya Balaji

Your social security number

823-35-5230

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7a Are you claiming an exemption because your household income is below the filing threshold? ☐ Yes ☒ No

b Are you claiming a hardship exemption because your gross income is below the filing threshold? ☐ Yes ☒ No

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Harishvar Balaji S	APP-LI-ED F	C		X	X	X	X	X	X						
9	Uma Santhiya Balaj	781-38-6411	C		X	X	X	X	X	X						
10																
11																
12																
13																

Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.
► See instructions.

OMB No. 1545-0074

An IRS individual taxpayer identification number (ITIN) is for federal tax purposes only.

Before you begin:

- **Do not submit** this form if you have, or are eligible to get, a U.S. social security number (SSN).
- Getting an ITIN does not change your immigration status or your right to work in the United States and does not make you eligible for the earned income credit.

FOR IRS USE ONLY				

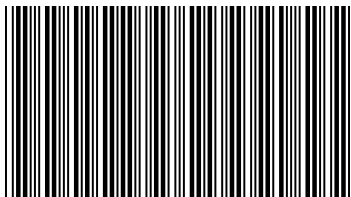
Reason you are submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box **b, c, d, e, f, or g, you must file a tax return with Form W-7 unless you meet one of the exceptions** (see instructions).

- a** ☐ Nonresident alien required to get ITIN to claim tax treaty benefit
- b** ☐ Nonresident alien filing a U.S. tax return
- c** ☐ U.S. resident alien (**based on days present in the United States**) filing a U.S. tax return
- d** ☒ Dependent of U.S. citizen/resident alien } Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ► 823-35-5230
- e** ☐ Spouse of U.S. citizen/resident alien } BALAJI JAYARAMAN
- f** ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return or claiming an exception
- g** ☐ Dependent/spouse of a nonresident alien holding a U.S. visa
- h** ☐ Other (see instructions) ►

Additional information for **a** and **f**: Enter treaty country ►

and treaty article number ►

Name (see instructions)	1a First name Harishvar	Middle name	Last name Balaji Santhiya	
	1b First name	Middle name	Last name	
Applicant's mailing address	2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. 72 Devonshire Dr Apt G			
	City or town, state or province, and country. Include ZIP code or postal code where appropriate. GUILDERLAND NY USA 12084			
Foreign (non-U.S.) address (if different from above) (see instructions)	3 Street address, apartment number, or rural route number. Do not use a P.O. box number.			
	City or town, state or province, and country. Include ZIP code or postal code where appropriate.			
Birth information	4 Date of birth (month / day / year) 10 / 15 / 2014	Country of birth INDIA	City and state or province (optional)	5 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	6a Country(ies) of citizenship INDIA	6b Foreign tax I.D. number (if any)	6c Type of U.S. visa (if any), number, and expiration date L2 K4706679 07/25/2017	
Other information	6d Identification document(s) submitted (see instructions) <input checked="" type="checkbox"/> Passport <input type="checkbox"/> Driver's license/State I.D. <input type="checkbox"/> USCIS documentation <input type="checkbox"/> Other _____			
	Issued by: INDIA No.: M8822438 Exp. date: 05/05/2020 Date of entry into the United States (MM/DD/YYYY) 07/22/2015			
	6e Have you previously received a Internal Revenue Service Number (IRSIN) or employer identification number (EIN)? <input checked="" type="checkbox"/> No/Do not know. Skip line 6f. <input type="checkbox"/> Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).			
	6f Enter: IRSIN or EIN ► and Name under which it was issued ►			
	6g Name of college/university or company (see instructions) _____ City and state _____ Length of stay _____			
Sign Here	Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.			
	Signature of applicant (if delegate, see instructions)		Date (month / day / year)	Phone number
Keep a copy for your records.	Name of delegate, if applicable (type or print)		Delegate's relationship to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Power of Attorney
	Signature		Date (month / day / year)	Phone Fax
Acceptance Agent's Use ONLY	Name and title (type or print)		Name of company	EIN PTIN Office Code



040MP01150

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2015 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

JAYARAMAN BALAJI & BALAJI UMA SANTHIYA

72 DEVONSHIRE DR APT G

GUILDERLAND

NY 12084

1555

823355230 781386411

P01520074 453785334



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

> _____
Your Signature Date

> _____
Spouse/CU Partner's Signature (If filed jointly both must sign)

Fill in if NJ-1040-O is enclosed

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 11)

Paid Preparer's Signature

Federal Identification Number

P01520074

Firm's Name

Federal Employer Identification Number

BESTTAXFILER, LLC.

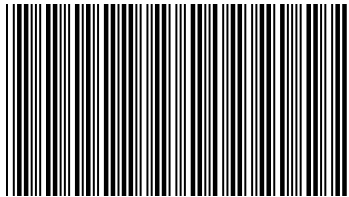
45-3785334

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**.
You may also pay by e-check or credit card. See instruction page 11.



040MP02150

NJ-1040 (2015)

PAGE 2

JAYARAMAN BALAJI & BALAJI UMA SANTHIYA

823355230

1555

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY
FROM 010115 TO 041115

FILING STATUS

1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

X

CHECKBOXES FOR EXEMPTIONS

REGULAR SPOUSE/CU PARTNER ☒ DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

EXEMPTIONS

6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 1
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 1

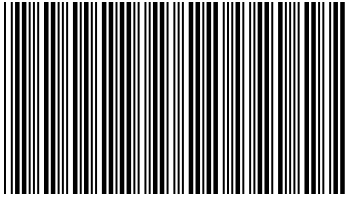
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL SOCIAL SECURITY NUMBER BIRTH YEAR HEALTH INS IND
A. Balaji Santhiya, Harishva APPLIED FOR 2014
B.
C.
D.

GOVERNMENTAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.)	14.	3447	.
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.	.	.
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	15B.	.	.
16. DIVIDENDS	16.	.	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.	.	.
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	.	.
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)	19A.	.	.
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	.	.
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)	20.	.	.
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)	21.	.	.
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	.	.
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)	23.	.	.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.	.
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)	25.	.	.
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	3447	.
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)	27A.	.	.
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27B.	.	.
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.	.	.
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	3447	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)	29.	875	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)	30.	.	.
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	.	.
32. QUALIFIED CONSERVATION CONTRIBUTION	32.	.	.
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.	.	.
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.	.	.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	875	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	2572	.



040MP03150

JAYARAMAN BALAJI & BALAJI UMA SANTHIYA

823355230

1555

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)
37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)
37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)
38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY
40. TAX (FROM TAX TABLES, PAGE 53)
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS
41A. JURISDICTION CODE (SEE INSTRUCTIONS)
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)
43. SHELTERED WORKSHOP TAX CREDIT
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX
46A. FILL IN IF FORM 2210 IS ENCLOSED
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 TAX RETURN
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)
56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE
IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT
DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:
58. YOUR 2016 TAX
59. NEW JERSEY ENDANGERED WILDLIFE FUND
60. NEW JERSEY CHILDREN'S TRUST FUND
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND
62. NEW JERSEY BREAST CANCER RESEARCH FUND
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40)
64C. DESIGNATION CODE
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)

37A. 720 .
37B. .
37C. .
38. .
39. 2572 .
40. 36 .
41. .
41A. .
42. 36 .
43. .
44. 36 .
45. 0 .
46. .
46A. .
47. 36 .
48. 48 .
49. .
50. .
51. .
51B. .
51C. .
52. .
53. .
54. .
55. 48 .
56. .
57. 12 .
58. .
59. .
60. .
61. .
62. .
63. .
64. .
64C. .
65. .
66. 12 .

DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES
dd4. ROUTING NUMBER
dd5. ACCOUNT NUMBER

dd1. 1
dd2. C
dd3.
dd4. 211391825
dd5. 19429190

dnm. DO NOT MAIL INDICATOR
pa. POWER OF ATTORNEY INDICATOR
pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR

dnm.
pa.
pdr.

Other Income Statement

2015

Name		Social Security No.
Jayaraman, Balaji & Balaji, Uma Santhiya		823-35-5230
	Income from all sources	Income attributed to New Jersey (part-year resident or non-resident only)
1 Prizes and awards (enter source):		
2 Income in respect of a decedent (Enter name and social security number of the deceased):		
3 Income from estates and trusts:		
4 Scholarships and fellowships (Enter name and identification number of grantor):		
5 Alternative Trade Adjustment Assistance payments:		
6 Residential rental value or allowance paid by employer (enter name and identification number):		
7 Jury duty pay		
8 Bartering income		
9 Reserved		
10 Substitute payments		
11 Income from REMICS		
12 Reimbursement for deducted medical expenses		
13 Recoveries of bad debts		
14 Income from the rental of personal property		
15 Income from "not for profit" activities (hobbies):		
16 Other:		
INDIAN INCOME	6,259.	0.
17 Total	6,259.	0.

Additional information from your 2015 New Jersey Tax Return**Form NJ-1040: Income Tax Resident Return****Other****Continuation Statement**

NatureOfPrizeSource	Amount
INDIAN INCOME	0



New York State requires this income tax return to be filed electronically.

Attention tax return preparer:

Most tax return preparers are required to e-file their clients' New York State tax returns. Because this return was prepared using software, you **MUST** use e-file. If you file a paper New York State tax return, you will be in violation of New York State law.

Preparers who file paper returns are subject to penalties.

Avoid penalties and e-file this return.

Attention taxpayer:

New York State law requires this return to be filed electronically. If your tax return preparer has provided you with a paper New York State tax return with instructions to mail it, contact that preparer and request that the return be electronically filed.

- **No charge for e-filing:** New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.
- **Faster tax refunds:** New York State tax refunds on e-filed returns are twice as fast as refunds on paper returns.
- **90% of New Yorkers** enjoy the benefits of e-filing.

Questions?

Visit our Web site for more information about New York's e-file mandate.



Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2015, through December 31, 2015, or fiscal year beginning

IT-203

15

and ending

For help completing your return, see the instructions, Form IT-203-I.

Your first name and middle initial BALAJI		Your last name (for a joint return, enter spouse's name on line below) JAYARAMAN		Your date of birth (mmddyyyy) 07221985		Your social security number 823-35-5230	
Spouse's first name and middle initial UMA SANTHIYA		Spouse's last name BALAJI		Spouse's date of birth (mmddyyyy) 04301987		Spouse's social security number 781-38-6411	
Mailing address (see instructions, page 14) (number and street or PO box) 72 DEVONSHIRE DR				Apartment number G		New York State county of residence ALBA	
City, village, or post office GUILDERLAND		State NY		ZIP code 12084		Country (if not United States)	
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number 246	
State		ZIP code		Country (if not United States)		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

A Filing status (mark an X in one box):

- ① ☐ Single
- ② ☒ Married filing joint return (enter both spouses' social security numbers above)
- ③ ☐ Married filing separate return (enter both spouses' social security numbers above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

D1 Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax freeze credit? (see page 15) Yes ☐ No ☐
- (2) If Yes, enter the amount00

E New York City part-year residents only (see page 15)

(1) Number of months you lived in NY City in 2015

(2) Number of months your spouse lived in NY City in 2015

F Enter your 2-character special condition code(s) if applicable (see page 15)

G New York State part-year residents (see page 16)

Enter the date you moved into or out of NYS (mmddyyyy) 04122015

On the last day of the tax year (mark an X in one box):

1) Lived in NYS ☒

2) Lived outside NYS; received income from NYS sources during nonresident period ☐

3) Lived outside NYS; received no income from NYS sources during nonresident period ☐

H New York State nonresidents (see page 16)

Did you or your spouse maintain living quarters in NYS in 2015? Yes ☐ No ☐
(if Yes, complete Form IT-203-B)

I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
HARISHVAR	BALAJI SANTHIYA	SON	APPLIED FOR	10152014

If more than 6 dependents, mark an X in the box. ☐

203001153555



For office use only

Enter your social security number

823-35-5230

Federal income and adjustments (see page 17)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1 Wages, salaries, tips, etc.	1	26446 .00	1	22999 .00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	.00	4	.00
5 Alimony received	5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040)	6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040)	7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) ..	8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box <input type="checkbox"/>	9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) ..	11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) 1200		
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) ..	13	.00	13	.00
14 Unemployment compensation	14	.00	14	.00
15 Taxable amount of social security benefits (also enter on line 26) ..	15	.00	15	.00
16 Other income (see page 23) Identify: INDIAN INCOME	16	6259 .00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	32705 .00	17	22999 .00
18 Total federal adjustments to income (see page 23) Identify:	18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	32705 .00	19	22999 .00

New York additions (see page 25)

20 Interest income on state and local bonds and obligations (but not those of New York State or its localities)	20	.00	20	.00
21 Public employee 414(h) retirement contributions	21	.00	21	.00
22 Other (Form IT-225, line 9)	22	.00	22	.00
23 Add lines 19 through 22	23	32705 .00	23	22999 .00

New York subtractions (see page 26)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	.00	24	.00
25 Pensions of NYS and local governments and the federal government (see page 26)	25	.00	25	.00
26 Taxable amount of social security benefits (from line 15) ..	26	.00	26	.00
27 Interest income on U.S. government bonds	27	.00	27	.00
28 Pension and annuity income exclusion	28	.00	28	.00
29 Other (Form IT-225, line 18)	29	.00	29	.00
30 Add lines 24 through 29	30	.00	30	.00
31 New York adjusted gross income (subtract line 30 from line 23) ..	31	32705 .00	31	22999 .00

32 Enter the amount from line 31, **Federal amount** column **32** 32705 .00

Standard deduction or itemized deduction (see page 28)33 Enter your **standard deduction** (table on page 28) or your **itemized deduction** (from Form IT-203-D).Mark an **X** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**

33	15850 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34 16855 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35 1000 .00
36 New York taxable income (subtract line 35 from line 34)	36 15855 .00

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Name(s) as shown on page 1

BALAJI JAYARAMAN AND UMA SANTHIYA BALAJI

Enter your social security number

823-35-5230

Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2).....	37	15855 .00
38 New York State tax on line 37 amount (see page 29)	38	635 .00
39 New York State household credit (page 29, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	635 .00
41 New York State child and dependent care credit (see page 30)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	635 .00
43 New York State earned income credit (see page 30)	43	.00
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	635 .00
45 Income percentage <input type="text"/> New York State amount from line 31 <input type="text"/> 22999 .00 ÷ Federal amount from line 31 <input type="text"/> 32705 .00 = 45 <input type="text"/> 0.7032 Round result to 4 decimal places		
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	447 .00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	447 .00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	447 .00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
52b MCTMT net earnings base 52b <input type="text"/> .00		
52c MCTMT	52c	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 52a, and 52c through 54)	55	.00
56 Sales or use tax (See the instructions on page 32. Do not leave line 56 blank.)	56	0 .00

See instructions on pages 30 and 31 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

Voluntary contributions (see page 33)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund ..	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57k Homeless Veterans	57k	.00
57l Mental Illness Anti-Stigma Fund	57l	.00
57m Women's Cancers Education and Prevention Fund	57m	.00

57 Total voluntary contributions (add lines 57a through 57m)	57	.00
58 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57)	58	447 .00

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Enter your social security number

823-35-5230

59 Enter amount from line 58 **59** 447.00**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (also complete E on front; see page 34) ...	60	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	1153.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	1153.00

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

Your refund, amount you owe, and account information (see pages 36 through 38)67 Amount overpaid (if line 66 is **more than** line 59, subtract line 59 from line 66) **67** 706.00

68 Amount of line 67 to be refunded

Mark one refund choice: ☒ direct deposit (fill in line 73) - or - ☐ debit card - or - ☐ paper check ... **68** 706.00

69 Amount of line 67 that you want applied to your **2016** estimated tax (see instructions) **69** .00

70 Amount you **owe** (if line 66 is **less than** line 59, subtract line 66 from line 59). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 73 and 74. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return. **70** .00

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) **71** .00

72 Other penalties and interest (see page 37) **72** .00

See page 36 for information about your three refund choices.

See page 37 for payment options.

See page 40 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 38).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 38) ☐

73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 211391825 73c Account number 19429190

74 Electronic funds withdrawal (see page 38) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name UMA D PISHATI	
Firm's name (or yours, if self-employed) BESTTAXFILER, LLC.		Preparer's PTIN or SSN P01520074	
Address 29301 MORNINGVIEW FARMINGTON HILLS MI 48334		Employer identification number 45-3785334	
E-mail:		Date 02262016	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE PROFESSIONAL	
Spouse's signature and occupation (if joint return) HOMEMAKER	
Date	Daytime phone number ()
E-mail: BALAJAYARAM22@GMAIL.COM	

See instructions for where to mail your return.

203004153555





Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

823-35-5230

Box b Employer identification number (EIN)

04-3512883

Box c Employer's name and full address (including ZIP code)

VIRTUSA CORPORATION
2000 WEST PARK DRIVE
WESTBOROUGH

MA 01581

Box 1 Wages, tips, other compensation

26446 00

Box 12a Amount

68 00

Code

P

Box 14a Amount

15 00

Description

UI/WF/SWF

Box 8 Allocated tips

00

Box 12b Amount

7623 00

Code

D D

Box 14b Amount

14 00

Description

NJ DI

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

3 00

Description

FLI

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

5 00

Description

NY SDI

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

22999 00

Box 17a NYS income tax withheld

1153 00

Other state information:

Box 15b other state

N J

Box 16b Other state wages, tips, etc.

3447 00

Box 17b Other state income tax withheld

48 00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 00
Locality b 00

Box 19 Local income tax withheld

Locality a 00
Locality b 00

Box 20 Locality name

Locality a
Locality b

W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's name and full address (including ZIP code)

Box 1 Wages, tips, other compensation

00

Box 12a Amount

00

Code

Box 14a Amount

00

Description

Box 8 Allocated tips

00

Box 12b Amount

00

Code

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

Box 13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

00

Box 17a NYS income tax withheld

00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a 00
Locality b 00

Box 19 Local income tax withheld

Locality a 00
Locality b 00

Box 20 Locality name

Locality a
Locality b

102001153555

