

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

Your first name and initial **VIVEK G.** Last name **RAMASWAMY** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **APOORVA** Last name **RAMASWAMY** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED] **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED]

Foreign country name \_\_\_\_\_ Foreign province/state/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  You  Spouse

**Filing Status** 1  Single 4  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2**  Married filing jointly (even if only one had income) 5  Qualifying widow(er) with dependent child 3  Married filing separately. Enter spouse's SSN above and full name here. **3**

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a 6b  Spouse Boxes checked on 6a and 6b **2** c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit No. of children on 6c who:  lived with you  did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above **2**

d Total number of exemptions claimed **2**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **STMT 8** 7 **1,632,789.** 8a Taxable interest. Attach Schedule B if required 8a **15,799.** b Tax-exempt interest. Do not include on line 8a 8b **237.** 9a Ordinary dividends. Attach Schedule B if required 9a **33,970.** b Qualified dividends 9b **32,316.** 10 Taxable refunds, credits, or offsets of state and local income taxes **STMT 2 STMT 4** 10 **9,110.** 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 **37,076,153.** 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a **6,006.** b Taxable amount 15b **1.** 16a Pensions and annuities 16a b Taxable amount 16b **-7.** 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 **SEE STATEMENT 1** 21 **52,345.** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 **38,820,160.**

**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 **701.** 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 **701.** 37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37 **38,819,459.**

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 38,819,459.
39a Check if: You were born before January 2, 1951, Blind. Total boxes checked 39a
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 555,832.
41 Subtract line 40 from line 38 41 38,263,627.
42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst. 42 0.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 38,263,627.
44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 44 7,825,154.
45 Alternative minimum tax. Attach Form 6251 45 5,062.
46 Excess advance premium tax credit repayment. Attach Form 8962 46
47 Add lines 44, 45, and 46 47 7,830,216.
48 Foreign tax credit. Attach Form 1116 if required 48 433.
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
53 Residential energy credits. Attach Form 5695 53
54 Other credits from Form: a 3800 b 8801 c 54
55 Add lines 48 through 54. These are your total credits 55 433.
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 7,829,783.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 1,402.
58 Unreported social security and Medicare tax from Form: a 4137 b 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 X 61
62 Taxes from: a X Form 8959 b X Form 8960 c Inst.; enter code(s) STATEMENT 12 62 1,397,503.
63 Add lines 56 through 62. This is your total tax 63 9,228,688.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 555,185. STATEMENT 11
65 2015 estimated tax payments and amount applied from 2014 return 65 22,180.
66a Earned income credit (EIC) 66a
b Nontaxable combat pay election 66b
67 Additional child tax credit. Attach Schedule 8812 67
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 8,875,000.
71 Excess social security and tier 1 RRTA tax withheld STMT 10 71 14,694.
72 Credit for federal tax on fuels. Attach Form 4136 72
73 Credits from Form: a 2439 b Reserved c 8885 d 73
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 9,467,059.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 238,371.
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a
b Routing number c Type: Checking Savings d Account number
77 Amount of line 75 you want applied to your 2016 estimated tax 77 238,371.

Amount You Owe

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)? X Yes. Complete below. No
Designee's name Phone no. Personal identification number (PIN)

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 EXECUTIVE Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation DOCTOR If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
Firm's name Firm's EIN Phone no.
Firm's address