

Electronic Filing Instructions for your 2011 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Emily T Roberson
115 Sandra Muraida Way, Apt. 537
Austin, TX 78703

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$520.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 789942 Routing Transit Number: 262275835.		
Where's My Refund?	Before you call the Internal Revenue Service with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2011 Federal Tax Return Summary	Adjusted Gross Income	\$	42,204.00
	Taxable Income	\$	32,704.00
	Total Tax	\$	4,484.00
	Total Payments/Credits	\$	5,004.00
	Amount to be Refunded	\$	520.00
	Effective Tax Rate		10.62%



Hi Emily,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning		, 2011, ending		, 20		See separate instructions.
Your first name and initial		Last name		Your social security number		
Emily T		Roberson		419–35–2309		
If a joint return, spouse's first name and initial		Last name		Spouse's social security number		
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.		▲ Make sure the SSN(s) above and on line 6c are correct.
115 Sandra Muraida Way				537		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).						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
Austin TX 78703						
Foreign country name		Foreign province/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

Boxes checked on 6a and 6b

1

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

1

Add numbers on lines above ▶

1

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)
				<input 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

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	41,046.		
	8a	Taxable interest. Attach Schedule B if required	8a	55.		
	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 ▶ <input type="checkbox"/>	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			17	
18	Farm income or (loss). Attach Schedule F	18			18	
19	Unemployment compensation	19	1,992.		19	
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount <u>NON-EMPLOYEE COMPENSATION FROM FORM 1099-MISC</u>	21	611.		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	43,704.		22	

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	1,500.
	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	1,500.	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	42,204.	

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, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe**Third Party Designee****Sign Here**

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

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	42,204.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	5,800.
41	Subtract line 40 from line 38	41	36,404.
42	Exemptions. Multiply \$3,700 by the number on line 6d.	42	3,700.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	32,704.
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"/> 962 election	44	4,484.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	4,484.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 23	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	4,484.
56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	4,484.
62	Federal income tax withheld from Forms W-2 and 1099	62	5,004.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Form 8812	65	
66	American opportunity credit from Form 8863, line 14	66	
67	First-time homebuyer credit from Form 5405, line 10	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	0.
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	5,004.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	520.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	520.
b	Routing number 2 6 2 2 7 5 8 3 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 7 8 9 9 4 2		
75	Amount of line 73 you want applied to your 2012 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	
77	Estimated tax penalty (see instructions)	77	

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)

Your signature

Date

Your occupation

Daytime phone number

Regional Sales Rep

(256) 797-2999

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name **SELF PREPARED**

Firm's EIN

Firm's address

Phone no.

Moving Expenses► **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on return

Emily T Roberson

Your social security number

419-35-2309

Before you begin:

- ✓ See the **Distance Test** and **Time Test** in the instructions to find out if you can deduct your moving expenses.
- ✓ See **Members of the Armed Forces** in the instructions, if applicable.

1	Transportation and storage of household goods and personal effects (see instructions)	1	800.
2	Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	700.
3	Add lines 1 and 2	3	1,500.
4	Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	0.
5	Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,500.

For Paperwork Reduction Act Notice, see your tax return instructions. BAAForm **3903** (2011)

Electronic Filing Instructions for your 2011 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



EMILY T ROBERSON
115 SANDRA MURDAIDAY WAY 537
Austin, TX 78703

Balance Due/Refund	<p>Your New York state tax return (Form IT-203) shows a balance due of \$11.00.</p> <p>Your return shows you have elected to pay your balance due of \$11.00 by Direct Debit using the following information:</p> <ul style="list-style-type: none">- Amount Withdrawn: \$11.00- Account Number: 789942- Routing Transit Number: 262275835- Date of Withdrawal: 03/07/2012 <p>To inquire about the status of your Direct Debit call the New York State Department of Taxation and Finance directly at 1-800-225-5829.</p>												
No Signature Document Needed	<p>No signature form is required since you signed your return electronically.</p>												
What You Need to Keep	<p>Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns</p>												
2011 New York Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>34,704.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>187.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>176.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>11.00</td></tr></table>	Taxable Income	\$	34,704.00	Total Tax	\$	187.00	Total Payments/Credits	\$	176.00	Payment Due	\$	11.00
Taxable Income	\$	34,704.00											
Total Tax	\$	187.00											
Total Payments/Credits	\$	176.00											
Payment Due	\$	11.00											

Nonresident and Part-Year Resident Income Tax Return

2011

IT-203

New York State • New York City • Yonkers
For the year January 1, 2011, through December 31, 2011, or fiscal year beginning**Important:** You **must** enter your date(s) of birth and social security number(s) below.**and ending**

Your first name and middle initial Your last name (for a **joint return**, enter spouse's name on line below) Your date of birth (MMDDYYYY) ▼ Your social security number
 EMILY T ROBERSON 12-20-1987 419-35-2309
 Spouse's first name and middle initial Spouse's last name Spouse's date of birth (MMDDYYYY) ▼ Spouse's social security number

Mailing address (see instructions, page 13) (number and street or rural route) Apartment number New York State county of residence
 115 SANDRA MURADA WAY 537 • DUTC
 City, village, or post office State ZIP code Country (if not United States) School district name
 AUSTIN TX 78703 • POUGHKEEPSIE
Permanent home address (see instr., pg 13) (no. and street or rural route) Apartment no. City, village, or post office School district
 113 MILL STREET 7 POUGHKEEPSIE code number 514
 State ZIP code Country (if not United States) Taxpayer's date of death Spouse's date of death
 NY 12601 Decedent information •

- (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

(D) E-file this return. Most taxpayers **must** now e-file (see page 12).**(E) New York City part-year residents only**
(see page 15)

- (1) Number of months **you** lived in NY City in 2011 •
- (2) Number of months **your spouse** lived in NY City in 2011 •

- (B) Did you itemize** your deductions on your 2011 federal income tax return? Yes No ☒ X
- (C) Can you be claimed** as a dependent on another taxpayer's federal return? Yes No ☒ X

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

If applicable, also enter your **second** 2-character special condition code •

Federal income and adjustmentsEnter federal amounts in the left column and NYS amounts in the right column.
See instructions, page 17. Part-year residents: complete page 18 worksheet first.

	Federal amount	New York State amount
	Dollars	Dollars
1 Wages, salaries, tips, etc.	41,046.	2,885.
2 Taxable interest income	55.	
3 Ordinary dividends		
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)		
5 Alimony received		
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)		
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)		
8 Other gains or losses (attach a copy of federal Form 4797)		
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box		
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)		
13 Unemployment compensation	1,992.	1,992.
14 Taxable amount of social security benefits (also enter on line 26)		
15 Other income (see page 23) Identify: 1099-MISC COMP	611.	611.
16 Add lines 1 through 15	43,704.	5,488.
17 Total federal adjustments to income (see page 23) Identify: MOVING EXPENSES	1,500.	1,500.
18 Federal adjusted gross income (subtract line 17 from line 16)	42,204.	3,988.



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Federal amount

New York State amount

Dollars

Dollars

19 Federal adjusted gross income (from line 18 on front page) **19.** 42,204. **19.** 3,988.

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) **20.** **20.**

21 Public employee 414(h) retirement contributions **21.** **21.**

22 Other (see page 27) Identify: **22.** **22.**

23 Add lines 19 through 22 **23.** 42,204. **23.** 3,988.

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **24.** **24.**

25 Pensions of NYS and local governments and the federal government (see page 30) **25.** **25.**

26 Taxable amount of social security benefits (from line 14) **26.** **26.**

27 Interest income on U.S. government bonds **27.** **27.**

28 Pension and annuity income exclusion **28.** **28.**

29 Other (see page 31) Identify: **29.** **29.**

30 Add lines 24 through 29 **30.** **30.**

31 New York adjusted gross income (subtract line 30 from line 23) **31.** 42,204. **31.** 3,988.

32 Enter the amount from line 31, **Federal amount** column **32.** 42,204.

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box : • **X** **Standard** or • **Itemized** **33.** 7,500.

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) **34.** 34,704.

35 Dependent exemptions (not the same as total federal exemptions; see page 38) **35.**

36 New York taxable income (subtract line 35 from line 34) **36.** 34,704.

◀ or ▶

**New York State
standard deduction table**

Filing status (from the front page)	Standard deduction (enter on line 33 above)
① Single and you marked item C Yes	\$ 3,000
① Single and you marked item C No	7,500
② Married filing joint return	15,000
③ Married filing separate return	7,500
④ Head of household (with qualifying person)	10,500
⑤ Qualifying widow(er) with dependent child	15,000

New York State itemized deduction worksheet

- a** Medical and dental expenses (federal Sch. A, line 4) **a.**
- b** Taxes you paid (federal Sch. A, line 9) **b.**
- c** Interest you paid (federal Sch. A, line 15) **c.**
- d** Gifts to charity (federal Sch. A, line 19) **d.**
- e** Casualty and theft losses (federal Sch. A, line 20) **e.**
- f** Job expenses/misc. deductions (federal Sch. A, line 27) **f.**
- g** Other misc. deductions (federal Sch. A, line 28) **g.**
- h** Enter amount from **federal Schedule A, line 29** **h.**
- i** State, local, and foreign **income** taxes (or general sales tax, if applicable) and other subtraction adjustments (see page 36) **i.**
- j** Subtract line i from line h **j.**
- k** College tuition itemized deduction (see page 37) **k.**
- l** Addition adjustments (see page 37) **l.**
- m** Add lines j, k, and l **m.**
- n** Itemized deduction adjustment (see page 38) **n.**
- o New York State itemized deduction**
(subtract line n from m; enter on line 33 above) **o.**



Tax computation, credits, and other taxes (see page 39)

Dollars

37	New York taxable income (from line 36 on page 2)	37.	34,704.
38	New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	38.	1,982.
39	New York State household credit (from table 1, 2, or 3 on page 39)	39.	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	1,982.
41	New York State child and dependent care credit (attach Form IT-216; see page 40)	41.	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	1,982.
43	New York State earned income credit (attach Form IT-215; see page 40)	43.	
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.	1,982.

45	Income percentage (see page 40)	New York State amount from line 31 3,988.	Federal amount from line 31 42,204.	Round result to 4 decimal places	45.	0.0945
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)				46.	187.
47	New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)				47.	
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)				48.	187.
49	Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)				49.	
50	Total New York State taxes (add lines 48 and 49)				50.	187.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (attach Form IT-360.1)	51.	See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
52	New York City minimum income tax (attach Form IT-220)	52.	
52a	Add lines 51 and 52	52a.	
52b	Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	52b.	
52c	Subtract line 52b from 52a	52c.	
53	Yonkers nonresident earnings tax (attach Form Y-203)	53.	
54	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	54.	
55	Total New York City and Yonkers taxes (add lines 52c, 53, and 54)	55.	
56	Sales or use tax (See the instructions on page 42. Do not leave line 56 blank.)	56.	0.

Voluntary contributions (whole dollar amounts only; see page 43)

57a	Return a Gift to Wildlife	57a.	
57b	Missing / Exploited Children Fund	57b.	
57c	Breast Cancer Research Fund	57c.	
57d	Alzheimer's Fund	57d.	
57e	Olympic Fund (\$2 or \$4; see page 43)	57e.	
57f	Prostate Cancer Research Fund	57f.	
57g	9/11 Memorial	57g.	
57h	Volunteer Firefighting & EMS Recruitment Fund	57h.	
57	Total voluntary contributions (add lines 57a through 57h)	57.	
58	Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	187.



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59 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3)

Dollars

59. 187.

Payments and refundable credits**60** Part-year NYC school tax credit (also complete (E) on front; see page 44) **60.****61** Other refundable credits (from Form IT-203-ATT, line 17) **61.****62** Total **New York State** tax withheld **62.****63** Total **New York City** tax withheld **63.****64** Total **Yonkers** tax withheld **64.****65** Total estimated tax payments / amount paid with Form IT-370 **65.****66** Total payments and refundable credits (add lines 60 through 65)

176.

66. 176.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 12 on page 50 for the proper assembly of your return and attachments.

Refund/ amount overpaid**67** Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) **67.****68** Amount of line 67 to be refunded **68.**
Mark one refund choice: direct deposit (fill in line 72) - or - debit card - or - paper check**69** Amount of line 67 that you want applied to your 2012 estimated tax. (see instruction.) **69.**

See page 74 for information about your three refund choices.

Amount you owe**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 this box ☒ and fill in line 72 **70.**

11.

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) **71.****Account information****72** Account information for direct deposit or electronic funds withdrawal (see page 47).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. 47) •**72a** Routing number • 262275835 Electronic funds withdrawal effective date 03-07-2012**72b** Account number • 789942 **72c** Account type • ☒ Checking • Savings**Additional information****73** Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ▶ 03-07-2011
Mark an **X** in the box that describes your situation on the last day of the tax year:**73a** Moved into New York State **73a.****73b** Moved out of New York State; received income from NYS sources during nonresident period **73b.****73c** Moved out of New York State; received no income from NYS sources during nonresident period **73c.**☒**74** Nonresidents: Did you or your spouse maintain living quarters in NYS in 2011? (see instructions) ▼ ▼

(If Yes, complete Form IT-203-B, Schedule B, and attach form.)

Yes No

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes No	E-mail:		

▼ **Paid preparer must complete** (see instructions) ▼

Preparer's signature

Date

▶ Preparer's NYTPRIN

Your signature

▶

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

▼ Preparer's PTIN or SSN:

Your occupation • REGIONAL SALES REP

SELF-PREPARED

Spouse's signature and occupation (if joint return)

Address

• Employer identification number

Mark an **X** if
self-employed

▼ Daytime phone number

Date

256-797-2999

E-mail:

E-mail: ETROBERSON@GMAIL.COM

See instructions for where to mail your return.

Summary of W-2 Statements

New York State • New York City • Yonkers

2011

IT-2

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

Taxpayer's first name and middle initial Taxpayer's last name

▼ Your social security number

EMILY

T ROBERSON

419-35-2309

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

W-2		Box c Employer's name and full address (including ZIP code)			
Record 1		ADP TOTALSOURCE MI XXX INC			
		10200 SUNSET DRIVE		MIAMI FL 33173	
Box b Employer identification number (EIN)	38-3326137	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
This W-2 record is for		Box 12b Amount	▼ Code		Box 17 New York State income tax withheld
(mark an X in one box):		Box 12c Amount	▼ Code		Box 18 Local wages, tips, etc. (see instr.)
Taxpayer <input checked="" type="checkbox"/> Spouse		Box 12d Amount	▼ Code	Locality a	
Box 1 Wages, tips, other compensation	38,161.			Locality b	Box 19 Local income tax withheld
Box 8 Allocated tips		Box 13 Statutory employee		Locality a	
		Box 14 a Amount	▼ Description	Locality b	Box 20 Locality name
Box 10 Dependent care benefits		Box 14 b Amount	▼ Description	Locality a	
				Locality b	
Box 11 Nonqualified plans		Box 14 c Amount	▼ Description		
Corrected (W-2c)					

Do not detach.		Box c Employer's name and full address (including ZIP code)			
W-2		ADP TOTALSOURCE MI XXX INC			
Record 2		10200 SUNSET DRIVE		MIAMA FL 33173	
Box b Employer identification number (EIN)	38-3326137	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc. (for NYS)
This W-2 record is for		Box 12b Amount	▼ Code	NY	2,885.
(mark an X in one box):		Box 12c Amount	▼ Code		Box 17 New York State income tax withheld
Taxpayer <input checked="" type="checkbox"/> Spouse		Box 12d Amount	▼ Code	Locality a	126.
Box 1 Wages, tips, other compensation	2,885.			Locality b	Box 18 Local wages, tips, etc. (see instr.)
Box 8 Allocated tips		Box 13 Statutory employee		Locality a	Box 19 Local income tax withheld
		Box 14 a Amount	▼ Description	Locality b	Box 20 Locality name
Box 10 Dependent care benefits	2. SDI	Box 14 b Amount	▼ Description	Locality a	
				Locality b	
Box 11 Nonqualified plans		Box 14 c Amount	▼ Description		
Corrected (W-2c)					



Summary of Unemployment Compensation Payments

2011

IT-1099-UI

File Form IT-1099-UI as an entire page.

Taxpayer's first name and middle initial Taxpayer's last name

EMILY T ROBERSON

Spouse's first name and middle initial Spouse's last name

▼ Your social security number

419-35-2309

▼ Spouse's social security number

This Form IT-1099-UI is for (mark an X in one box): Taxpayer ☒ Spouse**Box a** Payer's name and full address

New York State
Department of Labor-Unemployment Insurance
Albany, NY 12240-0001

Box b Payer's federal identification number State New York State tax withheld
2 7 0 2 9 3 1 1 7 NY 50.

Box 1 Unemployment compensation
1,992.

Instructions

REV 10/04/11 TTO

General instructions

Who must file this form — If you are required to file a New York State income tax return and you (or your spouse, if filing jointly) received federal Form(s) 1099-G statements issued by the **New York State Department of Labor** showing New York State income tax withheld, you must complete Form IT-1099-UI. You should complete Form IT-1099-UI **only** if the federal Form 1099-G was issued by the New York State Department of Labor **and** shows New York State withholding.

How to complete Form IT-1099-UI — You must complete one Form IT-1099-UI for each federal Form 1099-G you (and if filing jointly, your spouse) received that shows New York State income tax withheld. Enter only the information requested on Form IT-1099-UI.

Each box on Form IT-1099-UI corresponds to a similarly named or numbered box on the federal Form 1099-G that you received from the New York State Department of Labor. Enter the information provided on your federal Form 1099-G in the corresponding boxes on Form IT-1099-UI.

Specific instructions

Enter your name and social security number and, if married, your spouse's name and social security number in the appropriate boxes.

If **you** are the recipient of federal Form 1099-G, mark an **X** in the **Taxpayer** box. If your **spouse** is the recipient, mark an **X** in the **Spouse** box.

Box 1 — Enter the unemployment compensation shown in Box 1 of federal Form 1099-G.

New York State tax withheld — Enter the New York State income tax withheld as shown on federal Form 1099-G issued by the New York State Department of Labor.

Total the New York State tax withheld amount(s) from all IT-1099-UI form(s). Include this total on the *Total New York State tax withheld* line on your New York State income tax return.

File Form IT-1099-UI as an entire page. Attach this form (IT-1099-UI) to your New York State income tax return, Form IT-201, or IT-203. **Do not** attach your federal 1099-G form(s); keep them for your records.

