

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial MAKSIM	Last name KUTUZOV	Your social security number 117-72-8738
If a joint return, spouse's first name and initial MARINA	Last name KUTUZOV	Spouse's social security number 079-64-9291
Home address (number and street). If you have a P.O. box, see instructions. 45 PITNEY LANE		Apt. no. ▲ 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 (see instructions). JACKSON NJ 08527		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) (see instructions)

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)
GABRIEL	KUTUZOV	090-90-7766	Son	<input checked="" type="checkbox"/>
REBECCA	KUTUZOV	097-92-7463	Daughter	<input checked="" type="checkbox"/>
AIDEN	KUTUZOV	156-21-3128	Son	<input checked="" 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 **3**
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ **5**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **153,745.**

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** **11.**

b Qualified dividends **9b** **11.**

10 Taxable refunds, credits, or offsets of state and local income taxes **10** **986.**

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** **55.**

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

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

16a Pensions and annuities **16a** **16b** 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** **20b** Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22** **154,797.**

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.

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** **154,797.**

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, \$6,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	154,797.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.		
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	44,437.
41	Subtract line 40 from line 38	41	110,360.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	20,250.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	90,110.
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	13,998.
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	13,998.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	600.
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	750.
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	1,350.
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	12,648.

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 checked="" 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	12,648.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	14,901.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) NO	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	
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 checked="" 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	14,901.

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	2,253.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	2,253.
b	Routing number 0 2 1 2 0 2 3 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 5 1 9 0 2 0 3 0		

Amount You Owe

77	Amount of line 75 you want applied to your 2018 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Paid Preparer Use Only

Print/Type preparer's name GENE SLAVIN	Preparer's signature GENE SLAVIN	Date 07/02/2019	Check <input type="checkbox"/> if self-employed PTIN P00387894
Firm's name ▶ BBTs	Firm's EIN ▶ 46-1101717		
Firm's address ▶ 2225 65TH STREET BROOKLYN NY 11204	Phone no. (718) 232-7732		

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017Attachment
Sequence No. **07**

Name(s) shown on Form 1040

MAKSIM & MARINA KUTUZOV

Your social security number

117-72-8738

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1** 9,596.
- 2 Enter amount from Form 1040, line 38 **2** 154,797.
- 3 Multiply line 2 by 7.5% (0.075). **3** 11,610.
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4** 0.

**Taxes You
Paid**

5 State and local (check only one box):

- a ☒ Income taxes, or } **5** 7,720.
- b ☐ General sales taxes }

- 6 Real estate taxes (see instructions) **6** 10,097.
- 7 Personal property taxes **7**
- 8 Other taxes. List type and amount ► **8**

9 Add lines 5 through 8 **9** 17,817.**Interest
You Paid****Note:**
Your mortgage
interest
deduction may
be limited (see
instructions).

- 10 Home mortgage interest and points reported to you on Form 1098 **10** 15,204.
- 11 Home mortgage interest not reported to you on Form 1098. If paid
to the person from whom you bought the home, see instructions
and show that person's name, identifying no., and address ► **11**

- 12 Points not reported to you on Form 1098. See instructions for
special rules **12**
- 13 Mortgage insurance premiums (see instructions) **13**
- 14 Investment interest. Attach Form 4952 if required. See instructions **14**
- 15 Add lines 10 through 14 **15** 15,204.

**Gifts to
Charity**If you made a
gift and got a
benefit for it,
see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more,
see instructions. **16** 1,420.
- 17 Other than by cash or check. If any gift of \$250 or more, see
instructions. You **must** attach Form 8283 if over \$500 **17** 3,233.
- 18 Carryover from prior year **18**
- 19 Add lines 16 through 18 **19** 4,653.

**Casualty and
Theft Losses**

- 20 Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and
enter the amount from line 18 of that form. See instructions **20**

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21 Unreimbursed employee expenses—job travel, union dues,
job education, etc. Attach Form 2106 or 2106-EZ if required.
See instructions. ► Employee business expenses **21** 9,509.
- 22 Tax preparation fees **22** 350.
- 23 Other expenses—investment, safe deposit box, etc. List type
and amount ► **23**
- 24 Add lines 21 through 23 **24** 9,859.
- 25 Enter amount from Form 1040, line 38 **25** 154,797.
- 26 Multiply line 25 by 2% (0.02) **26** 3,096.
- 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27** 6,763.

**Other
Miscellaneous
Deductions**

- 28 Other—from list in instructions. List type and amount ► **28**

**Total
Itemized
Deductions**

- 29 Is Form 1040, line 38, over \$156,900?
- ☒ **No.** Your deduction is not limited. Add the amounts in the far right column
for lines 4 through 28. Also, enter this amount on Form 1040, line 40. } **29** 44,437.
- ☐ **Yes.** Your deduction may be limited. See the Itemized Deductions
Worksheet in the instructions to figure the amount to enter.
- 30 If you elect to itemize deductions even though they are less than your standard
deduction, check here ☐

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**▶ **Attach to Form 1040 or Form 1040NR.**▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2017
Attachment
Sequence No. **12**

Name(s) shown on return

MAKSIM & MARINA KUTUZOV

Your social security number

117-72-8738

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	345 .	290 .		55 .
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 55 .

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	55.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Sales and Other Dispositions of Capital Assets► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

MAKSIM & MARINA KUTUZOV

Social security number or taxpayer identification number

117-72-8738

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	ETRADE	Various	12/31/17	345.	290.			55.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				345.	290.			55.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Child and Dependent Care ExpensesDepartment of the Treasury
Internal Revenue Service (99)

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.1040
1040A
1040NR

2441

OMB No. 1545-0074

2017Attachment
Sequence No. **21**

Name(s) shown on return

MAKSIM & MARINA KUTUZOV

Your social security number

117-72-8738

Part I **Persons or Organizations Who Provided the Care—You must complete this part.**
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
JACKSON CHILDCARE ACADEMY	21 SOUTH HOPE CHAPEL ROAD JACKSON NJ 08527	21-6000344	3,000.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.**Part II** **Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last		
AIDEN	KUTUZOV	156-21-3128	3,000.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31**3**

3,000.

4 Enter your **earned income**. See instructions**4**

119,105.

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**5**

34,640.

6 Enter the **smallest** of line 3, 4, or 5**6**

3,000.

7 Enter the amount from Form 1040, line 38; Form

1040A, line 22; or Form 1040NR, line 37

7

154,797.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
------	--------------	-------------------

\$0—15,000

.35

15,000—17,000

.34

17,000—19,000

.33

19,000—21,000

.32

21,000—23,000

.31

23,000—25,000

.30

25,000—27,000

.29

27,000—29,000

.28

If line 7 is:

Over	But not over	Decimal amount is
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\$29,000—31,000

.27

31,000—33,000

.26

33,000—35,000

.25

35,000—37,000

.24

37,000—39,000

.23

39,000—41,000

.22

41,000—43,000

.21

43,000—No limit

.20

8

.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2016 expenses in 2017, see the instructions**9**

600.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**10**

13,998.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47**11**

600.

Employee Business Expenses

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form2106 for instructions and the latest information.

Your name

MAKSIM KUTUZOV

Occupation in which you incurred expenses

DATABASE ADMINISTRATOR

Social security number

117-72-8738

Part I Employee Business Expenses and Reimbursements**Step 1 Enter Your Expenses**

	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.)	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment.	3	
4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	9,509.
5 Meals and entertainment expenses (see instructions)	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,509.

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.**Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1**

7 Enter reimbursements received from your employer that weren't reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions).	7	
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Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8)	8	9,509.
Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return.		
9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	9	9,509.
10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . ▶	10	9,509.

Noncash Charitable Contributions

► **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

► **Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

MAKSIM & MARINA KUTUZOV

Identifying number

117-72-8738

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	VIETNAM VETERANS 8719 colesville rd, ste 100 Silver Spring MD 20910	<input type="checkbox"/>	CLOTHING, SHOES, APPLIANCES, ETC
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	02/12/2017	Various	Purchase	7,266.	3,233.	Thrift shop value
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ► _____
If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ► _____
(2) For any prior tax years ► _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ► _____
- e** Name of any person, other than the donee organization, having actual possession of the property ► _____

- 3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes	No
- b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

- c** Is there a restriction limiting the donated property for a particular use?

► Keep for your records

Name(s) Shown on Return MAKSIM & MARINA KUTUZOV	Social Security Number 117-72-8738
--	---------------------------------------

Form W-2 Employer	SP	Wages	Federal Tax	State Wages	State Tax
THE ROCKEFELLER UNIVERSITY		117,062.	13,518.	234,124.	6,470.
K DENTAL SMILES,PC	X				
TENDER SMILES 4 KIDS	X	34,640.	1,383.	34,640.	533.
VLADIMIR GASHINSKY DDS	X				
CRANBURY DENTAL SEVICES CORP	X				
FREEHOLD SMILES		2,043.		2,043.	19.
Totals		153,745.	14,901.	270,807.	7,022.

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	119,105.	34,640.	153,745.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.	0.	0.
2	Total federal tax withheld	13,518.	1,383.	14,901.
3 & 7	Total social security wages/tips	119,105.	34,640.	153,745.
4	Total social security tax withheld	7,385.	2,148.	9,533.
5	Total Medicare wages and tips	119,105.	34,640.	153,745.
6	Total Medicare tax withheld	1,727.	502.	2,229.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax		222.	222.
b	Total deductible charitable contributions			
c	Total deductible employee expenses			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	236,167.	34,640.	270,807.
17	Total state tax withheld	6,489.	533.	7,022.
19	Total local tax withheld.			

**Nonresident and Part-Year Resident
Income Tax Return**

New York State • New York City • Yonkers • MCTMT

For the year January 1, 2017, through December 31, 2017, or fiscal year beginning

17

and ending

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

Your first name and middle initial MAKSIM		Your last name (for a joint return, enter spouse's name on line below) KUTUZOV		Your date of birth (mmddyyyy) 09011973		Your social security number 117728738	
Spouse's first name and middle initial MARINA		Spouse's last name KUTUZOV		Spouse's date of birth (mmddyyyy) 09111976		Spouse's social security number 079649291	
Mailing address (see instructions, page 13) (number and street or PO box) 45 PITNEY LANE				Apartment number		New York State county of residence NR	
City, village, or post office JACKSON		State NJ	ZIP code 08527	Country (if not United States)		School district name NR	
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office		School district code number
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 2017 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 14) Yes ☐ No ☒**D2 Yonkers part-year residents only:**(1) Did you receive a property tax relief credit? (see pg. 14) Yes ☐ No ☐

(2) Enter the amount00

D3 Were you required to report, under P.L. 110-343, Div. C, § 801(d)(2), any nonqualified deferred compensation on your 2017 federal return? (see page 14) Yes ☐ No ☒**E New York City part-year residents only** (see page 14)

(1) Number of months you lived in NY City in 2017

(2) Number of months your spouse lived in NY City in 2017

F Enter your 2-character special condition code(s) if applicable (see page 15)**G New York State part-year residents** (see page 15)

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

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 15)Did you or your spouse maintain living quarters in NYS in 2017? 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)
GABRIEL	KUTUZOV	SON	090907766	01202001
REBECCA	KUTUZOV	DAUGHTER	097927463	02162003
AIDEN	KUTUZOV	SON	156213128	08162009

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

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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	153745.00	1	117062.00
2 Taxable interest income	2	.00	2	.00
3 Ordinary dividends	3	11.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4	986.00	4	986.00
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	55.00	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:	16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16	17	154797.00	17	118048.00
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	154797.00	19	118048.00

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	154797.00	23	118048.00

New York subtractions (see page 26)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	24	986.00	24	986.00
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	986.00	30	986.00
31 New York adjusted gross income (subtract line 30 from line 23)	31	153811.00	31	117062.00

32 Enter the amount from line 31, **Federal amount** column **32** 153811.00

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

Mark an X in the appropriate box: ... <input type="checkbox"/> Standard – or – <input checked="" type="checkbox"/> Itemized		33	36717.00
34	Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)	34	117094.00
35	Dependent exemptions (enter the number of dependents listed in Item I; see page 28)	35	3 000.00
36	New York taxable income (subtract line 35 from line 34)	36	114094.00

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Name(s) as shown on page 1 MAKSIM AND MARINA KUTUZOV	Enter your social security number 117728738
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Tax computation, credits, and other taxes

37 New York taxable income (from line 36 on page 2)	37	114094.00
38 New York State tax on line 37 amount (see page 29)	38	7307.00
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	7307.00
41 New York State child and dependent care credit (see page 30)	41	120.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	7187.00
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** 7187.00

45 Income percentage (see page 30) New York State amount from line 31 117062.00 ÷ Federal amount from line 31 153811.00 = **45** 0.7611 Round result to 4 decimal places

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	5470.00
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	5470.00
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	5470.00

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	.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
57n Autism Fund	57n	.00
57o Veterans' Homes	57o	.00

57 Total voluntary contributions (add lines 57a through 57o) **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** 5470.00

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59 Enter amount from line 58 **59** 5470.00**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (fixed amount) (also complete E on front)	60	.00
60a NYC school tax credit (rate reduction amount)	60a	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	6470.00
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	6470.00

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

**Do not send federal
Form W-2 with your return.**

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** 1000.00

68 Amount of line 67 to be **refunded**
Mark one refund choice: ☒ **direct deposit** to checking or
savings account (fill in line 73) - or - ☐ **paper**
check **68** 1000.00

69 Amount of line 67 that you want applied
to your **2018** estimated tax (see instructions) **69** .00

69a Amount of line 67 that you want as a NYS 529
account deposit (submit Form IT-195) **69a** .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

Refund? Direct deposit is the
easiest, fastest way to get your
refund.

**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 021202337 **73c** Account number 151902030

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 10049064	NYTPRIN excl. code
Preparer's signature GENE SLAVIN	Preparer's printed name GENE SLAVIN		
Firm's name (or yours, if self-employed) BBTS	Preparer's PTIN or SSN P00387894		
Address 2225 65TH STREET BROOKLYN NY 11204	Employer identification number 461101717		
E-mail: GGBTSSINC@YAHOO.COM	Date 07022019		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation DATABASE ADMINISTRATOR	
Spouse's signature and occupation (if joint return) OFFICE MANAGER	
Date	Daytime phone number ()
E-mail: MARINAKUTUZOV@HOTMAIL.COM	

See instructions for where to mail your return.

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Nonresident and Part-Year Resident Itemized Deduction Schedule

IT-203-D

Submit this form with Form IT-203. See instructions for completing Form IT-203-D in the instructions for Form IT-203.

Name(s) as shown on your Form IT-203 MAKSIM AND MARINA KUTUZOV	Your social security number 117728738
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	Whole dollars only
1 Medical and dental expenses (federal Schedule A, line 4)	1 .00
2 Taxes you paid (federal Schedule A, line 9)	2 17817.00
3 Interest you paid (federal Schedule A, line 15)	3 15204.00
4 Gifts to charity (federal Schedule A, line 19)	4 4653.00
5 Casualty and theft losses (federal Schedule A, line 20)	5 .00
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27)	6 6763.00
7 Other miscellaneous deductions (federal Schedule A, line 28)	7 .00
8 Enter amount from federal Schedule A, line 29	8 44437.00
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9 7720.00
10 Subtract line 9 from line 8	10 36717.00
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions)	11 .00
12 Addition adjustments (see instructions)	12 .00
13 Add lines 10, 11, and 12	13 36717.00
14 Itemized deduction adjustment (see instructions)	14 .00
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33)	15 36717.00

NO HANDWRITTEN ENTRIES ON THIS FORM



**Claim for Child and Dependent Care Credit**
New York State • New York City**IT-216**

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your social security number
MAKSIM AND MARINA KUTUZOV	117728738

- 1 Have you already filed your New York State income tax return? Yes ☐ No ☒
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	JACKSON CHILDCARE ACADEMY	21-6000344	3000.00
	B – Number and street City State ZIP code	21 SOUTH HOPE CHAPEL ROAD JACKSON NJ 08527	
2nd Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
			.00
	B – Number and street City State ZIP code		

3 Qualifying persons you are claiming. List in order from youngest to oldest.

(If you are claiming more than four qualifying persons, mark an X in the box and see instructions.) ☐

A First name	MI	B Last name	Suffix	C Qualified expenses paid	D Person with disability (see instr.)	E Social security number	F Date of birth (mmddyyyy)
AIDEN		KUTUZOV		3000.00	<input type="checkbox"/>	156213128	08162009
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		
				.00	<input type="checkbox"/>		

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 3000.00

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes
- ☒
- No
- ☐

5 Enter the **smallest** of:

- line 3a above; **or**
- federal Form 2441, line 3; **or**
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

Whole dollars only

5	3000.00
6	119105.00

7 If your filing status is ② **Married filing joint return**, enter your spouse's earned income;all others, enter the amount from line 6 (see instructions) **7** 34640.008 Enter the smallest of line 5, 6, or 7 **8** 3000.00

9 Enter the amount from: federal Form 1040A, line 22,

or federal Form 1040, line 38 **9** 154797.00

10 Enter the decimal amount that applies to the amount

on line 9 from the *Table for line 10* in the instructions **10** .20

11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12)

11 600.00

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12	Amount from line 11	12	600.00
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		153811.00
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line	13	0.200
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>)	14	120.00

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40	15	.00
	If line 15 is equal to or more than line 14, stop. You do not have excess credit.		
	If line 15 is less than line 14, continue on line 16 below.		
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17	Enter the amount from Form IT-203-ATT, line 29 (<i>If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>)	17	.00
	If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30.		
	If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	19	.00
20	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	20	.00
21	Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000)	21	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year **and** your federal adjusted gross income is \$30,000 or less (*see Note under New York City credit* on page 1 of the instructions) **and** you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	23	.00
IT-201 filers:			
24	Refundable New York City child and dependent care credit (<i>from Worksheet 1, line 7 or line 13</i>)	24	.00
25	Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26	Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-203, line 52	27	.00
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a	28	.00

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 1, line 10	29	.00
30	Enter the amount from Worksheet 1, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

216002173555





Summary of W-2 Statements

New York State • New York City • Yonkers

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

117728738

Box b Employer identification number (EIN)

131624158

Box c Employer's information

Employer's name

THE ROCKEFELLER UNIVERSITY

Employer's address (number and street)

1230 YORK AVENUE

City

NEW YORK

State

NY

ZIP code

10065

Country (if not United States)

Box 1 Wages, tips, other compensation

117062.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

Description

.00

Box 14b Amount

Description

.00

Box 14c Amount

Description

.00

Box 14d Amount

Description

.00

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.

117062.00

Box 17a NYS income tax withheld

6470.00

Other state information:

Box 15b other state

N | J

Box 16b Other state wages, tips, etc.

117062.00

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

Do not detach.

W-2 Record 2

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

079649291

Box b Employer identification number (EIN)

204796011

Box c Employer's information

Employer's name

TENDER SMILES 4 KIDS

Employer's address (number and street)

122 PROFESSIONAL VIEW DR

City

FREEHOLD

State

NJ

ZIP code

07728

Country (if not United States)

Box 1 Wages, tips, other compensation

34640.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

Description

80.00

Box 14b Amount

Description

142.00

Box 14c Amount

Description

.00

Box 14d Amount

Description

.00

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

N | J

Box 16b Other state wages, tips, etc.

34640.00

Box 17b Other state income tax withheld

533.00

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

102001173555



NO HANDWRITTEN ENTRIES ON THIS FORM



Summary of W-2 Statements

New York State • New York City • Yonkers

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

117728738

Box b Employer identification number (EIN)

462250948

Box c Employer's information

Employer's name

FREEHOLD SMILES

Employer's address (number and street)

122 PROFESSIONAL VIEW

City

FREEHOLD

State

NJ

ZIP code

07728

Country (if not United States)

Box 1 Wages, tips, other compensation

2043.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

N | J

Box 16b Other state wages, tips, etc.

2043.00

Box 17b Other state income tax withheld

19.00

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

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

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

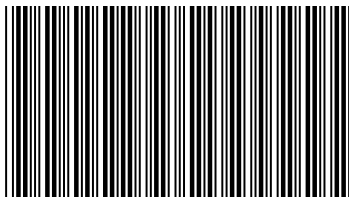
Box 20 Locality name

102001173555



NO HANDWRITTEN ENTRIES ON THIS FORM

NJ-1040
2017
Page 1



040MP01170

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2017 or Other Tax Year
Beginning _____, 20__ Month Ending _____, 20__
On-line Federal Extension Confirmation # _____

KUTUZOV MAKSIM & MARINA

45 PITNEY LANE

JACKSON NJ 08527 1512

1555

117728738 079649291

P00387894 461101717

K95075110009736



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 12)

Paid Preparer's Signature

GENE SLAVIN

Federal Identification Number

P00387894

Firm's Name

BBTS

Federal Employer Identification Number

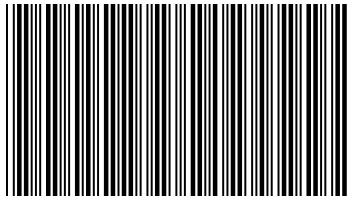
46-1101717

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.



040MP02170

NJ-1040 (2017)

PAGE 2

KUTUZOV MAKSIM & MARINA

117728738

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 TO

FILING STATUS

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

CHECKBOXES FOR EXEMPTIONS

REGULAR	SPOUSE/CU PARTNER X	DOMESTIC PARTNER
AGE 65 OR OLDER	YOURSELF	SPOUSE/CU PARTNER
BLIND OR DISABLED	YOURSELF	SPOUSE/CU PARTNER
VETERAN EXEMPTION	YOURSELF	SPOUSE/CU PARTNER

EXEMPTIONS

- | | |
|---|---|
| 6. REGULAR | 2 |
| 7. AGE 65 OR OVER | |
| 8. BLIND OR DISABLED | |
| 9. NUMBER OF QUALIFIED DEPENDENT CHILDREN | 3 |
| 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) | 3 |
| 12C. VETERAN EXEMPTION | |

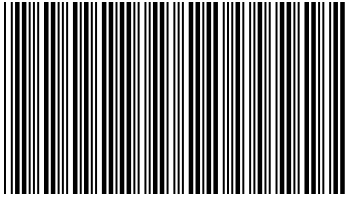
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A. KUTUZOV, GABRIEL	090-90-7766	2001	
B. KUTUZOV, REBECCA	097-92-7463	2003	
C. KUTUZOV, AIDEN	156-21-3128	2009	
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.	153745	.
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.	11	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.		.
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	55	.
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 22)	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 25) (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 25) (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 25)	23.		.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.		.
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25)	25.		.
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	153811	.
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26)	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 28)	28.	153811	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 28 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)	29.	6500	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)	30.	6520	.
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.	13020	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	140791	.



040MP03170

NJ-1040 (2017)

PAGE 3

KUTUZOV MAKSIM & MARINA

117728738

1555

37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)	37A.	10097	.
37B.	BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)	37B.		
37C.	COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)	37C.		
38.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)	38.	10000	.
39.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	130791	.
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	4451	.
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	3388	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32	.
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	1063	.
43.	SHELTERED WORKSHOP TAX CREDIT	43.		.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	1063	.
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	45.	0	.
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	13	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	X	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	1076	.
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	552	.
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)	49.		.
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN	50.		.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.		.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.		.
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.		.
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.		.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.		.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.		.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	552	.
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	56.	524	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.		.
58.	YOUR 2018 TAX	58.		.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.		.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.		.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.		.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.		.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.		.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.		.
64C.	DESIGNATION CODE	64C.		.
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.		.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.		.

DIRECT DEPOSIT INFORMATION

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	
dd3.	FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4.	ROUTING NUMBER	dd4.	
dd5.	ACCOUNT NUMBER	dd5.	
dnm.	DO NOT MAIL INDICATOR	dnm.	
pa.	POWER OF ATTORNEY INDICATOR	pa.	
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	

SCHEDULES

A & B

(Form NJ-1040)

NEW JERSEY GROSS INCOME TAX

2017

Name(s) as shown on Form NJ-1040 KUTUZOV, MAKSIM & MARINA	Your Social Security Number 117-72-8738
--	--

**Schedule A CREDIT FOR INCOME OR WAGE TAXES
PAID TO OTHER JURISDICTION**

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 40.

A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS

1.	Income properly taxed by both New Jersey and other jurisdiction during tax year. See instructions page 40. (Indicate jurisdiction name <u>New York</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	117,062.	
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	153,811.	
3.	Maximum Allowable Credit Percentage 1 <u>117,062.</u> (Divide Line 2 into Line 1) 2 <u>153,811.</u>	3.	76.1077%	
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT, ONLY COMPLETE COLUMN B.				
COLUMN A		COLUMN B		
4.	Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	140,791.	4.
5.	Property Tax Enter in Box 5a the amount from Worksheet G, line 1. See instructions page 34. and Deduction 5a. <u>10,097.</u> Property Tax Deduction. Enter the amount from Worksheet G, line 2. See instructions page 35.	5.	10,000.	5.
6.	New Jersey Taxable Income (Line 4 minus Line 5)	6.	130,791.	6.
7.	Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	4,451.	7.
8.	Allowable Credit (Line 3 times Line 7)	8.	3,388.	8.
9.	Credit for Enter in Box 9a the income or wage Taxes Paid to tax paid to other jurisdiction during Other tax year on income shown on Line 1. Jurisdiction See instructions page 43. 9a. <u>5,470.</u> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).	9.	3,388.	9.

- If you are not eligible for a Property Tax benefit, enter the amount from Line 9, Column B, on Line 41, Form NJ-1040. Make no entry on Lines 38 or 49, Form NJ-1040.
- If you are eligible for a Property Tax benefit, you must complete Worksheet J on page 43 to determine whether you receive a greater benefit by claiming a Property Tax Deduction or taking the Property Tax Credit.

**Schedule B NET GAINS OR INCOME FROM
DISPOSITION OF PROPERTY**

List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.

	a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price	e. Cost or other basis as adjusted (see instructions) and expense of sale	f. Gain or (loss) (d less e)
1.	ETRADE	VARIOUS	12/31/2017	345.	290.	55.
2.	Capital Gains Distributions					2.
3.	Other Net Gains					3.
4.	Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)					4.

UNDERPAYMENT OF ESTIMATED TAX BY INDIVIDUALS, ESTATES OR TRUSTS

2017

Please check the appropriate block on the front of Form NJ-1040 and enclose with your 2017 Gross Income Tax Return.

Name(s) as shown on Form NJ-1040

Social Security Number

KUTUZOV, MAKSIM & MARINA

117-72-8738

PART I FIGURING YOUR UNDERPAYMENT

1. 2017 Tax (Line 44, Form NJ-1040)	1.	1,063.
2. Enter the total of Lines 48, 49, 51, 52, 53, and 54, Form NJ-1040	2.	552.
3. Subtract Line 2 from Line 1 (If less than \$400, do not complete the rest of this form)	3.	511.
4a. Multiply the amount on Line 1 by .80 (80%) (Two-thirds for qualified farmers)	4a.	850.
4b. Enter 2016 tax (From Form NJ-1040, Line 44)	4b.	1,008.

	PAYMENT DUE DATES			
	(A) APRIL 17, 2017	(B) JUNE 15, 2017	(C) SEPT 17, 2017	(D) JAN 15, 2018
5. Use the lesser amount on either line 4a or 4b and divide by four. Enter the result in each column	212.	212.	213.	213.
6. Estimated tax paid and tax withheld per period (see instr.) If each column on Line 6 is greater than the corresponding column on Line 5, do not complete the rest of this form	138.	138.	138.	138.
7. Enter the overpayment (Line 13) from the previous column (Complete Lines 7 through 13 for one column before completing the next column.)				
8. Add Line 6 and Line 7	138.	138.	138.	138.
9. Enter the total underpayment (Line 11 plus Line 12) from the previous column		74.	148.	223.
10. Enter Line 8 minus Line 9. If zero or less, enter zero	138.	64.	0.	0.
11. Remaining underpayment from previous period. If Line 10 is zero, enter Line 9 minus Line 8. Otherwise enter zero .		0.	10.	85.
12. UNDERPAYMENT (If Line 5 is greater than Line 10, enter Line 5 minus Line 10)	74.	148.	213.	213.
13. OVERPAYMENT (If Line 10 is greater than Line 5, enter Line 10 minus Line 5)				

PART II EXCEPTIONS

(See instructions. Complete worksheets for exceptions 2, 3, and 4 and enclose computations for each exception claimed.)

If you meet exception 1 at line 15, do not file this form.**These amounts will be verified by the Division of Taxation.**

	APRIL 17, 2017	JUNE 15, 2017	SEPT 17, 2017	JAN 15, 2018
14. Total amount paid and withheld from January 1 through payment due date shown. (Do not include withholdings after December 31, 2017.) (See instructions)	138.	276.	414.	552.
15. Exception 1 – Enter 2016 tax (Line 44) . \$ 1,008.	25% of 2016 Tax 252.	50% of 2016 Tax 504.	75% of 2016 Tax 756.	100% of 2016 Tax 1,008.
16. Exception 2 – Tax on 2016 gross income using 2017 exemptions and tax rates	25% of Tax 470.	50% of Tax 940.	75% of Tax 1,409.	100% of Tax 1,879.
17. Exception 3 – Tax on annualized 2017 income	20% of Tax	40% of Tax	60% of Tax	
18. Exception 4 – Tax on 2017 income over 3, 5 and 8-month periods	90% of Tax	90% of Tax	90% of Tax	

IF THE AMOUNT OF ANY EXCEPTION IS EQUAL TO OR LESS THAN THE CORRESPONDING AMOUNT
AT LINE 14 INTEREST, WILL **NOT** BE CHARGED FOR THAT PERIOD.

19. TOTAL INTEREST	See 2210 Wks	\$ 13.
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(Include this amount on Line 46, Form NJ-1040).

WORKSHEETS

EXCEPTION II Tax on 2016 Gross Income using 2017 exemptions and tax rates

1. Enter 2016 NJ Gross Income (Line 28, 2016 NJ-1040)	1.	152,059.
2. Enter 2017 Total Exemptions (Line 29, 2017 NJ-1040)	2.	6,500.
3. Subtract Line 2 from Line 1	3.	145,559.
4. Compute Tax on Line 3 (2017 tax rates)	4.	5,267.
5. Enter Credit for Income Taxes Paid to Other Jurisdictions (Line 41, 2017 NJ-1040)	5.	3,388.
6. Subtract Line 5 from Line 4. Enter the applicable percentage of this amount on Line 16, Part II of this form	6.	1,879.

EXCEPTION III Tax on 2017 Annualized Income (attach computations)

Estates and trusts, **do not** use the period ending dates shown, instead use the following ending dates:
2/28/17, 4/30/17, and 7/31/17. Also, estates and trusts cannot use the annualization amounts shown on
Line 2 and must use 6, 3, and 1.7143, respectively.

		1/1/17 – 3/31/17	1/1/17 – 5/31/17	1/1/17 – 8/31/17
1. Enter the portion of NJ Gross Income (Line 28, NJ-1040) that is applicable to each period shown	1.			
2. Annualization amounts	2.	4	2.4	1.5
3. Annualized Income (multiply Line 1 by Line 2)	3.			
4. Enter Total Exemptions (Line 29, NJ-1040)	4.			
5. Subtract Line 4 from Line 3	5.			
6. Compute Tax on Line 5	6.			
7. Enter the portion of the Credit for Income Taxes Paid to Other Jurisdictions (Line 41, NJ-1040) that is applicable to each period	7.			
8. Subtract Line 7 from Line 6. Enter the applicable percentage of this amount on Line 17, Part II of this form	8.			

EXCEPTION IV Tax on Actual 2017 Taxable Income over 3, 5 and 8-month periods. (Attach computations)

		1/1/17 – 3/31/17	1/1/17 – 5/31/17	1/1/17 – 8/31/17
1. Enter the actual amount of NJ Taxable Income (Line 39, NJ-1040) that is applicable to each period shown	1.			
2. Compute Tax on Line 1	2.			
3. Enter the portion of the credit for income taxes paid to other jurisdictions (Line 41, NJ-1040) that is applicable to each period shown.	3.			
4. Subtract Line 3 from Line 2. Enter 90% of this amount on Line 18, Part II of this form	4.			

NJ-2210
Line 19

Interest Computation Worksheet
Attach to Form NJ-2210

2017

Name as Shown on Return

KUTUZOV, MAKSIM & MARINA

Social Security No.

117-72-8738

Option 1

Period	A	B	C	D	E	F	G
	Amount Due (line 5, NJ-2210)	Balance Due Previous Quarter (column E)	Total Due (A + B)	Total Paid (line 6, NJ-2210)	Balance (C - D)	Multi- plier	Interest (E x F)
1 4/16 - 6/15	212.		212.	138.	74.	.010	1.
2 6/16 - 9/15	212.	74.	286.	138.	148.	.015	2.
3 9/16 - 1/15	213.	148.	361.	138.	223.	.021	5.
4 1/16 - 4/15	213.	223.	436.	138.	298.	.016	5.
5 Total interest for Option 1						5	13.

Option 2

Payment due dates	(a) 4/18/2016	(b) 6/15/2016	(c) 9/15/2016	(d) 1/16/2017
1 Payment date	_____	_____	_____	_____
2 Amount due	_____	_____	_____	_____
3 Balance from previous quarter	_____	_____	_____	_____
4 Balance due	_____	_____	_____	_____
5 a Number of months from due date to payment date or next quarter due date, whichever is earlier	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0650
6 Late payment interest. (Line 4 times line 5a times line 5b divided by 12.)	_____	_____	_____	_____
If line 1 is blank, skip lines 7 through 10.	_____	_____	_____	_____
7 Payment amount	_____	_____	_____	_____
8 Underpayment amount	_____	_____	_____	_____
9 a Number of months from payment date to next quarter due date	_____	_____	_____	_____
b Interest rate0625	.0625	.0625	.0650
10 Underpayment interest. (Line 8 times line 9a times line 9b divided by 12.)	_____	_____	_____	_____
11 Total interest for Option 2. Add lines 6 and 10, columns (a) through (d)				11