

For the year Jan. 1–Dec. 31, 2012, or other tax year beginning

, 2012, ending

, 20

See separate instructions.

Your first name and initial

Abhinav

Last name

Singhal

**Your social security number**

011-90-4456

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.

444 washington blvd

Apt. no.

5527

▲ 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).

Jersey city NJ 07310

**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.  
☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

**Filing Status**1 ☒ Single2 ☐ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶5 ☐ Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .  
b ☐ **Spouse** . . . . .**c Dependents:**

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

**Boxes checked on 6a and 6b**  
**No. of children on 6c who:**  
 • lived with you  
 • did not live with you due to divorce or separation (see instructions)  
**Dependents on 6c not entered above**  
**Add numbers on lines above ▶** **1**
**Income**

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .
- 8a **Taxable** interest. Attach Schedule B if required . . . . .
- b **Tax-exempt** interest. **Do not** include on line 8a . . . . . 8b
- 9a Ordinary dividends. Attach Schedule B if required . . . . .
- b Qualified dividends . . . . . 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . .
- 11 Alimony received . . . . .
- 12 Business income or (loss). Attach Schedule C or C-EZ . . . . .
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐
- 14 Other gains or (losses). Attach Form 4797 . . . . .
- 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 . . . . .
- 18 Farm income or (loss). Attach Schedule F . . . . .
- 19 Unemployment compensation . . . . .
- 20a Social security benefits . . . . . 20a b Taxable amount . . . . . 20b
- 21 Other income. List type and amount . . . . .
- 22 Combine the amounts in the far right column for lines 7 through 21. This is your **total 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	107,011.
8a	
9a	
10	235.
11	
12	
13	
14	
15b	
16b	
17	
18	
19	
20b	
21	
22	107,246.

**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** ▶

23	
24	
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31a	
32	
33	
34	
35	
36	
37	107,246.



**SCHEDULE A  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions****► Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).**  
**► Attach to Form 1040.**

OMB No. 1545-0074

**2012**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Abhinav Singhal

Your social security number

011-90-4456

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

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040, line 38 **2**
- 3** Multiply line 2 by 7.5% (.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid****5** State and local (**check only one box**):

- a** ☒ Income taxes, or } . . . . . **5** 6,513.
- b** ☐ General sales taxes }

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

**9** Add lines 5 through 8 . . . . . **9** 6,513.**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
- 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**

**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**
- 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**
- 18** Carryover from prior year . . . . . **18**
- 19** Add lines 16 through 18 . . . . . **19**

**Casualty and  
Theft Losses**

- 20** Casualty or theft loss(es). Attach Form 4684. (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.) ► Deductible expenses from Form 2106 **21** 3,215.
- 22** Tax preparation fees . . . . . **22** 120.
- 23** Other expenses—investment, safe deposit box, etc. List type  
and amount ► . . . . . **23**
- 24** Add lines 21 through 23 . . . . . **24** 3,335.
- 25** Enter amount from Form 1040, line 38 **25** 107,246.
- 26** Multiply line 25 by 2% (.02) . . . . . **26** 2,145.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 1,190.

**Other  
Miscellaneous  
Deductions**

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

**Total  
Itemized  
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount  
on Form 1040, line 40 . . . . . **29** 7,703.
- 30** If you elect to itemize deductions even though they are less than your standard  
deduction, check here . . . . . ☐

**Unreimbursed Employee Business Expenses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

Your name

Abhinav Singhal

Occupation in which you incurred expenses

software engineer

Social security number

011-90-4456

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2012.

**Caution:** You can use the standard mileage rate for 2012 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b>	Complete Part II. Multiply line 8a by 55.5¢ (.555). Enter the result here . . . . .	<b>1</b>	
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	800.
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	476.
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	842.
<b>5</b>	Meals and entertainment expenses: \$ <u>2,194.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	1,097.
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	3,215.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

**7** When did you place your vehicle in service for business use? (month, day, year) ▶ .....

**8** Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....

**9** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**

**10** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ **Yes** ☐ **No**

**11a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Abhinav Singhal

Business or activity to which this form relates

Form 2106 software engineer

Identifying number

011-90-4456

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	24.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

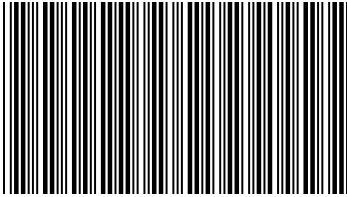
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		24.	7.0 yrs	HY	200 DB	3.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	27.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2012 or Other Tax Year  
Beginning \_\_\_\_\_, 20\_\_ Month Ending \_\_\_\_\_, 20\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

PAGE 1

SINGHAL ABHINAV

444 WASHINGTON BLVD APT 5527

JERSEY CITY NJ 07310 0906

2084 00 0 0

011904456



REV 01/08/13 Intuit.cg.cfp.sp

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 Partners Signature (If filed jointly both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

Paid Preparer's Signature Federal Identification Number

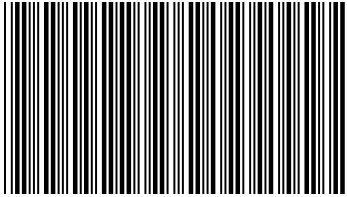
Firm's Name Federal Employer Identification Number

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.



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

X

**EXEMPTIONS**

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

1

1

**CHECKBOXES FOR EXEMPTIONS**

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

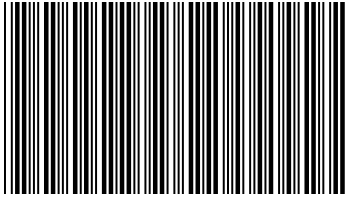
**DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)**

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTH YEAR	HEALTH INS IND
A.			
B.			
C.			
D.			

**GOVERNATORIAL ELECTIONS FUND**

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

14. WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (ENCLOSE W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTRUCTIONS)	107011	.
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)		.
15B. TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A		.
16. DIVIDENDS		.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART I, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)		.
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)		.
19. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 21)		.
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTRUCTION PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)		.
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTRUCTION PAGE 25) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)		.
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)		.
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 25)		.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED		.
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 25)		.
26. TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 25)	107011	.
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 26)		.
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)		.
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)		.
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 28)	107011	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 31 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 7)	1000	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 28)		.
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS		.
32. QUALIFIED CONSERVATION CONTRIBUTION		.
33. HEALTH ENTERPRISE ZONE DEDUCTION		.
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 10)		.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	1000	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	106011	.
37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	1677	.



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37B. FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012		
37C. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)		
38. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	106011	.
39. TAX (FROM TAX TABLES, PAGE 52)	4627	.
40. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	4627	.
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	32	
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	0	.
43. SHELTERED WORKSHOP TAX CREDIT		.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	0	.
45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION PAGE 36) IF NO USE TAX, ENTER ZERO	0	.
46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX		.
46A. FILL IN IF FORM 2210 IS ENCLOSED		
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	0	.
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)		.
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 33)	50	.
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN		.
51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)		.
51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		
51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT		
52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)		.
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)		.
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)		.
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	50	.
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		.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	50	.
58. YOUR 2013 TAX	0	.
59. NEW JERSEY ENDANGERED WILDLIFE FUND		.
60. NEW JERSEY CHILDREN'S TRUST FUND		.
61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND		.
62. NEW JERSEY BREAST CANCER RESEARCH FUND		.
63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND		.
64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 40)		.
64C. DESIGNATION CODE		.
65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)		.
66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	50	.

**DIRECT DEPOSIT INFORMATION**

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)

ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)

FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES

ROUTING NUMBER

ACCOUNT NUMBER

1  
C211391825  
13166160

DO NOT MAIL INDICATOR

POWER OF ATTORNEY INDICATOR

PRESIDENTIAL DISASTER RELIEF INDICATOR



**SCHEDULES**  
**A & B**  
(Form NJ-1040)

**NEW JERSEY GROSS INCOME TAX**

**2012**

Name(s) as shown on Form NJ-1040 Singhal, Abhinav	Your Social Security Number 011-90-4456
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**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 41.

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

1. Income actually taxed by other jurisdiction during tax year (indicate 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.	107,011.	2.	107,011.	3.	100 %
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	107,011.				
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 <u>107,011.</u> 2 <u>107,011.</u>						
<b>IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.</b>			<b>COLUMN A</b>		<b>COLUMN B</b>	
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	106,011.	4.	106,011.		
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 34.  5a. <u>1,677.</u>  Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 35.			5.	1,677.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	104,334.	6.	106,011.		
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	4,520.	7.	4,627.		
8. Allowable Credit (Line 3 times Line 7)	8.	4,520.	8.	4,627.		
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43.  9a. <u>6,216.</u>  Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 39).			9.	4,520.	9.	4,627.

- 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 37c or 49, Form NJ-1040.
- If you are eligible for a property tax benefit, you must complete Worksheet I on page 44 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.

1.	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)
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.

**NOTE:** For tax year 2012 and after, Schedule C, Net Gains or Income From Rents, Royalties, Patents, and Copyrights, has been eliminated from this page. Use Part IV of Schedule NJ-BUS-1 (Form NJ-1040) to report that income.

**Unreimbursed Employee Business Expenses**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at [www.irs.gov/form2106](http://www.irs.gov/form2106).

Your name

Abhinav Singhal

Occupation in which you incurred expenses

software engineer

Social security number

011-90-4456

**You Can Use This Form Only if All of the Following Apply.**

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2012.

**Caution:** You can use the standard mileage rate for 2012 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b>	Complete Part II. Multiply line 8a by 55.5¢ (.555). Enter the result here . . . . .	<b>1</b>	
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	800.
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	476.
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	842.
<b>5</b>	Meals and entertainment expenses: \$ <u>2,194.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	1,097.
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	3,215.

**Part II Information on Your Vehicle.** Complete this part **only** if you are claiming vehicle expense on line 1.

**7** When did you place your vehicle in service for business use? (month, day, year) ▶ .....

**8** Of the total number of miles you drove your vehicle during 2012, enter the number of miles you used your vehicle for:

**a** Business ..... **b** Commuting (see instructions) ..... **c** Other .....

**9** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**

**10** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ **Yes** ☐ **No**

**11a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

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

New York State • New York City • Yonkers

**IT-203**

For the year January 1, 2012, through December 31, 2012, or fiscal year beginning .....

**12**

and ending .....

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

<b>Your first name and middle initial</b> ABHINAV		<b>Your last name (for a joint return, enter spouse's name on line below)</b> SINGHAL		<b>Your date of birth (mm-dd-yyyy)</b> 10-28-1981		<b>Your social security number</b> 011-90-4456	
<b>Spouse's first name and middle initial</b>		<b>Spouse's last name</b>		<b>Spouse's date of birth (mm-dd-yyyy)</b>		<b>Spouse's social security number</b>	
<b>Mailing address (see instructions, page 13) (number and street or rural route)</b> 444 WASHINGTON BLVD				<b>Apartment number</b> 5527		<b>New York State county of residence</b> NR	
<b>City, village, or post office</b> JERSEY CITY		<b>State</b> NJ	<b>ZIP code</b> 07310	<b>Country (if not United States)</b>		<b>School district name</b> NR	
<b>Permanent home address (see instr., pg. 13) (no. and street or rural route)</b>				<b>Apartment no.</b>	<b>City, village, or post office</b>		<b>School district code number</b>
<b>State</b>		<b>ZIP code</b>		<b>Country (if not United States)</b>		<b>Decedent information</b>	<b>Taxpayer's date of death</b>
							<b>Spouse's date of death</b>

**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 2012 federal income tax return? ..... Yes ☒ No ☐**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D Did you have a financial account** located in a foreign country? (see pg. 14) ..... Yes ☐ No ☒**E New York City part-year residents only** (see page 14)

- (1) Number of months **you** lived in NY City in 2012 .....
- (2) Number of months **your spouse** lived in NY City in 2012 .....

**F Enter your 2-character special condition code** if applicable (see page 14) ..... If applicable, also enter your **second** 2-character special condition code ..... **G New York State part-year residents** (see page 15)Enter the date you moved into or out of NYS (mm-dd-yyyy) ..... 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 2012? ..... Yes ☐ No ☒  
(if Yes, complete Form IT-203-B)**I Dependent exemption information** (see page 15)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

203001121555

If more than 7 dependents, mark an **X** in the box. ☐

Enter your social security number

011-90-4456

**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	107,011.	1	107,011.
2 Taxable interest income .....	2		2	
3 Ordinary dividends .....	3		3	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....	4	235.	4	
5 Alimony received .....	5		5	
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....	6		6	
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....	7		7	
8 Other gains or losses (submit a copy of federal Form 4797) ..	8		8	
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	9		9	
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>	10		10	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040) ..	11		11	
12 Rental real estate included in line 11 (federal amount) <b>12</b>				
13 Farm income or loss (submit a copy of federal Sch. F, Form 1040) ..	13		13	
14 Unemployment compensation .....	14		14	
15 Taxable amount of social security benefits (also enter on line 26) ..	15		15	
16 Other income (see page 22) Identify: .....	16		16	
17 Add lines 1 through 11 and 13 through 16 .....	17	107,246.	17	107,011.
18 Total federal adjustments to income (see page 22) Identify: .....	18		18	
19 Federal adjusted gross income (subtract line 18 from line 17) ..	19	107,246.	19	107,011.

**New York additions** (see page 24)

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 24) Identify: .....	22		22	
23 Add lines 19 through 22 .....	23	107,246.	23	107,011.

**New York subtractions** (see page 27)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	24	235.	24	
25 Pensions of NYS and local governments and the federal government (see page 27) .....	25		25	
26 Taxable amount of social security benefits (from line 15) ..	26		26	
27 Interest income on U.S. government bonds .....	27		27	
28 Pension and annuity income exclusion .....	28		28	
29 Other (see page 29) Identify: .....	29		29	
30 Add lines 24 through 29 .....	30	235.	30	
31 New York adjusted gross income (subtract line 30 from line 23) ..	31	107,011.	31	107,011.

32 Enter the amount from line 31, **Federal amount** column ..... **32** 107,011.

**Standard deduction or itemized deduction** (see page 33)

33 Enter your **standard deduction** (table on page 33) or your **itemized deduction** (from Form IT-203-D).

Mark an **X** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**

33	7,500.	
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....	34	99,511.
35 Dependent exemptions (not the same as total federal exemptions; see page 33) .....	35	
36 New York taxable income (subtract line 35 from line 34) .....	36	99,511.

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Name(s) as shown on page 1 ABHINAV SINGHAL	Enter your social security number 011-90-4456
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**Tax computation, credits, and other taxes** (see page 34)

<b>37</b> New York taxable income (from line 36 on page 2) .....	<b>37</b>	99,511.
<b>38</b> New York State tax on line 37 amount (see page 34 and Tax computation on pages 66,67, and 68) ....	<b>38</b>	6,216.
<b>39</b> New York State household credit (page 34, table 1, 2, or 3) .....	<b>39</b>	
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) .....	<b>40</b>	6,216.
<b>41</b> New York State child and dependent care credit (see page 35) .....	<b>41</b>	
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) .....	<b>42</b>	6,216.
<b>43</b> New York State earned income credit (see page 35) .....	<b>43</b>	

<b>44</b> Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) .....	<b>44</b>	6,216.
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<b>45</b> Income percentage (see page 35) <input type="text"/> New York State amount from line 31 <input type="text"/> 107,011. ÷ Federal amount from line 31 <input type="text"/> 107,011. = <b>45</b> <input type="text"/> 1.0000 Round result to 4 decimal places
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<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	6,216.
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>	
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	6,216.
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	6,216.

**New York City and Yonkers taxes and credits**

<b>51</b> Part-year New York City resident tax (Form IT-360.1) .....	<b>51</b>	
<b>52</b> New York City minimum income tax (Form IT-220) .....	<b>52</b>	
<b>52a</b> Add lines 51 and 52 .....	<b>52a</b>	
<b>52b</b> Part-year resident nonrefundable New York City child and dependent care credit .....	<b>52b</b>	
<b>52c</b> Subtract line 52b from 52a .....	<b>52c</b>	
<b>53</b> Yonkers nonresident earnings tax (Form Y-203) .....	<b>53</b>	
<b>54</b> Part-year Yonkers resident income tax surcharge (Form IT-360.1) .....	<b>54</b>	
<b>55</b> Total New York City and Yonkers taxes (add lines 52c, 53, and 54) .....	<b>55</b>	

See instructions on pages 35 and 36 to compute New York City and Yonkers taxes, credits, and surcharges.

<b>56</b> Sales or use tax (See the instructions on page 36. Do not leave line 56 blank.) .....	<b>56</b>	0.
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**Voluntary contributions** (see page 37)

<b>57a</b> Return a Gift to Wildlife .....	<b>57a</b>	
<b>57b</b> Missing/Exploited Children Fund .....	<b>57b</b>	
<b>57c</b> Breast Cancer Research Fund .....	<b>57c</b>	
<b>57d</b> Alzheimer's Fund .....	<b>57d</b>	
<b>57e</b> Olympic Fund (\$2 or \$4; see page 37) .....	<b>57e</b>	
<b>57f</b> Prostate Cancer Research Fund .....	<b>57f</b>	
<b>57g</b> 9/11 Memorial .....	<b>57g</b>	
<b>57h</b> Volunteer Firefighting & EMS Recruitment Fund .....	<b>57h</b>	

<b>57</b> Total voluntary contributions (add lines 57a through 57h) .....	<b>57</b>	
<b>58</b> Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57) .....	<b>58</b>	6,216.



Enter your social security number

011-90-4456

59 Enter amount from line 58 ..... 59 6,216.

**Payments and refundable credits** (see page 38)

60 Part-year NYC school tax credit (also complete E on front; see page 38) ...	60	
61 Other refundable credits (Form IT-203-ATT, line 17) .....	61	
62 Total <b>New York State</b> tax withheld .....	62	6,482.
63 Total <b>New York City</b> tax withheld .....	63	
64 Total <b>Yonkers</b> 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) .....	66	6,482.

Submit your wage and tax statements with your return (see page 38).

**Your refund, amount you owe, and account information** (see pages 39 through 42)67 Amount overpaid (if line 66 is **more than** line 59, subtract line 59 from line 66) ..... 67 266.

68 Amount of line 67 to be refunded

Mark one refund choice: ☒ direct deposit (fill in line 73) - or - ☐ debit card - or - ☐ paper check ... 68 266.

69 Amount of line 67 that you want applied to your **2013** estimated tax (see instructions) ..... 69

See pages 39 and 40 for information about your three refund choices.

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 lines 73 and 74 ..... 70

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 40) ..... 71

See page 43 for the proper assembly of your return.

72 Other penalties and interest (see page 40) ..... 72

73 Account information for direct deposit or electronic funds withdrawal (see page 41).

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. 41) ☐73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 211391825 73c Account number 13166160

74 Electronic funds withdrawal (see page 41) ..... Date ..... Amount .....

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

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed) SELF-PREPARED	Preparer's PTIN or SSN	
Address	Employer identification number	
	Mark an <b>X</b> if self-employed <input type="checkbox"/>	
E-mail:		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (551) 697-1994
E-mail: ABHINAV1SINGHAL@GMAIL.COM	

See instructions for where to mail your return.

203004121555





# 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 ABHINAV SINGHAL	Your social security number 011-90-4456
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	Whole dollars only
1 Medical and dental expenses (federal Schedule A, line 4) .....	1
2 Taxes you paid (federal Schedule A, line 9) .....	2 6,513.
3 Interest you paid (federal Schedule A, line 15) .....	3
4 Gifts to charity (federal Schedule A, line 19) .....	4
5 Casualty and theft losses (federal Schedule A, line 20) .....	5
6 Job expenses/miscellaneous deductions (federal Schedule A, line 27) .....	6 1,190.
7 Other miscellaneous deductions (federal Schedule A, line 28) .....	7
8 Enter amount from federal Schedule A, line 29 .....	8 7,703.
9 State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) .....	9 6,513.
10 Subtract line 9 from line 8 .....	10 1,190.
11 College tuition itemized deduction (Form IT-203-B, line 2; see instructions) .....	11
12 Addition adjustments (see instructions) .....	12
13 Add lines 10, 11, and 12 .....	13 1,190.
14 Itemized deduction adjustment (see instructions) .....	14 42.
15 New York State itemized deduction (subtract line 14 from line 13; enter on Form IT-203, line 33) ....	15 1,148.

