

# Electronic Filing Instructions for your 2015 Federal Tax Return

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



Abhinav Singhal  
255 warren street, Apt. 1101  
Jersey city, NJ 07302

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a balance due of \$1,238.00.		
	Your return shows you have elected to pay your balance due of \$1,238.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$1,238.00	
	- Account Number:	13166160	
	- Routing Transit Number:	211391825	
	- Date of Withdrawal:	04/15/2016	
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2015 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	133,915.00
	Taxable Income	\$	120,805.00
	Total Tax	\$	26,897.00
	Total Payments/Credits	\$	25,659.00
	Payment Due	\$	1,238.00
	Effective Tax Rate		20.09%
<b>Estimated Payments to Make for Next Year's Return</b>	Estimated Payments for 2016 - Do not mail these vouchers with your 2015 income tax return. The estimated vouchers displayed below are used to prepay your 2016 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2016, you may incur underpayment penalties if you do not make these four estimated tax payments. This printout includes your estimated tax vouchers for your federal estimated taxes (Form 1040-ES).		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	04/18/2016	\$ 310.00
	2	06/15/2016	\$ 310.00
	3	09/15/2016	\$ 310.00
	4	01/17/2017	\$ 310.00
	Include a separate check or money order for each payment, payable to "United States Treasury". Write your social security number and "Form 1040-ES" on each check.		
	Mail payments to:		
	Internal Revenue Service		
	P.O. Box 931100		
	Louisville, KY 40293-1100		



Hi Abhinav,

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

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2015 taxes:

Your federal balance due is: \$ 1,238.00

We reviewed over 350 deductions and credits so you can be sure you didn't miss a thing and that you got the maximum refund - guaranteed.  
Your Deductions and Credits:

Your itemized deductions for this year: \$ 9,110.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

----- ▼ Detach Here and Mail With Your Payment ▼ -----

Department of the Treasury  
Internal Revenue Service

Calendar Year —  
Due **04/18/2016**

## 2016 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

310.

REV 12/04/15 TTO

1555

011-90-4456

ABHINAV SINGHAL

255 WARREN STREET APT 1101  
JERSEY CITY NJ 07302

INTERNAL REVENUE SERVICE  
PO BOX 931100  
LOUISVILLE KY 40293-1100

011904456 WA SING 30 0 201612 430

-----▼ Detach Here and Mail With Your Payment ▼-----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **06/15/2016**

## 2016 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

310.

REV 12/04/15 TTO 1555

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LOUISVILLE KY 40293-1100

011904456 WA SING 30 0 201612 430

-----▼ Detach Here and Mail With Your Payment ▼-----

Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due **09/15/2016**

# 2016 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

310.

REV 12/04/15 TTO 1555

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LOUISVILLE KY 40293-1100

011904456 WA SING 30 0 201612 430

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▼ Detach Here and Mail With Your Payment ▼  
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Department of the Treasury  
Internal Revenue Service

Calendar Year—  
Due 01/17/2017

## 2016 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2016 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax  
you are paying by check  
or money order . . . . . ▶

310.

REV 12/04/15 TTO 1555

011-90-4456  
ABHINAV SINGHAL

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PO BOX 931100  
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011904456 WA SING 30 0 201612 430



REV 12/30/15 TTO Form **1040** (2015)



**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/schedulea](http://www.irs.gov/schedulea).**  
**► Attach to Form 1040.**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Abhinav Singhal

Your social security number

011-90-4456

<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
<b>Medical and Dental Expenses</b>	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>	
	<b>2</b> Enter amount from Form 1040, line 38 <b>2</b>		
	<b>3</b> Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	<b>3</b>	
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		<b>4</b>
<b>Taxes You Paid</b>	<b>5</b> State and local ( <b>check only one box</b> ):		
	<b>a</b> <input checked="" type="checkbox"/> Income taxes, or	<b>5</b>	8,579.
	<b>b</b> <input type="checkbox"/> General sales taxes		
	<b>6</b> Real estate taxes (see instructions) . . . . .	<b>6</b>	
	<b>7</b> Personal property taxes . . . . .	<b>7</b>	
	<b>8</b> Other taxes. List type and amount ►	<b>8</b>	
	<b>9</b> Add lines 5 through 8 . . . . .		<b>9</b> 8,579.
	<b>Interest You Paid</b>	<b>10</b> Home mortgage interest and points reported to you on Form 1098	<b>10</b>
<b>11</b> 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 ►		<b>11</b>	
<b>12</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .		<b>12</b>	
<b>13</b> Mortgage insurance premiums (see instructions) . . . . .		<b>13</b>	
<b>14</b> Investment interest. Attach Form 4952 if required. (See instructions.)		<b>14</b>	
<b>15</b> Add lines 10 through 14 . . . . .			<b>15</b>
<b>Gifts to Charity</b>		<b>16</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions. . . . .	<b>16</b>
	<b>17</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>17</b>	
	<b>18</b> Carryover from prior year . . . . .	<b>18</b>	
	<b>19</b> Add lines 16 through 18 . . . . .		<b>19</b> 100.
<b>Casualty and Theft Losses</b>	<b>20</b> Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	<b>20</b>	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	<b>21</b> 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	<b>21</b>	3,109.
	<b>22</b> Tax preparation fees . . . . .	<b>22</b>	
	<b>23</b> Other expenses—investment, safe deposit box, etc. List type and amount ►	<b>23</b>	
	<b>24</b> Add lines 21 through 23 . . . . .	<b>24</b>	3,109.
	<b>25</b> Enter amount from Form 1040, line 38 <b>25</b> 133,915.		
	<b>26</b> Multiply line 25 by 2% (.02) . . . . .	<b>26</b>	2,678.
	<b>27</b> Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		<b>27</b> 431.
<b>Other Miscellaneous Deductions</b>	<b>28</b> Other—from list in instructions. List type and amount ►	<b>28</b>	
<b>Total Itemized Deductions</b>	<b>29</b> Is Form 1040, line 38, over \$154,950?		
	<b>X No.</b> 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. <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	<b>29</b>	9,110.
	<b>30</b> If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . .		

**Additional Taxes on Qualified Plans  
(Including IRAs) and Other Tax-Favored Accounts**

OMB No. 1545-0074

**2015**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **Information about Form 5329 and its separate instructions is at [www.irs.gov/form5329](http://www.irs.gov/form5329).**Attachment  
Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Abhinav Singhal

**Your social security number**

011-90-4456

**Fill in Your Address Only  
If You Are Filing This  
Form by Itself and Not  
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended  
return, check here ▶ ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040, line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Form 1040, line 59, or for Form 1040NR, line 57.**Part I Additional Tax on Early Distributions.** Complete this part if you took a taxable distribution before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions).

<b>1</b>	Early distributions included in income. For Roth IRA distributions, see instructions . . . . .	<b>1</b>	
<b>2</b>	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____ . . . . .	<b>2</b>	
<b>3</b>	Amount subject to additional tax. Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	<b>Additional tax.</b> Enter 10% (.10) of line 3. Include this amount on Form 1040, line 59, or Form 1040NR, line 57. <b>Caution:</b> If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions).	<b>4</b>	

**Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts.** Complete this part if you included an amount in income, on Form 1040 or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

<b>5</b>	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account . . . . .	<b>5</b>	
<b>6</b>	Distributions included on line 5 that are not subject to the additional tax (see instructions) . . . . .	<b>6</b>	
<b>7</b>	Amount subject to additional tax. Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	<b>Additional tax.</b> Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>8</b>	

**Part III Additional Tax on Excess Contributions to Traditional IRAs.** Complete this part if you contributed more to your traditional IRAs for 2015 than is allowable or you had an amount on line 17 of your 2014 Form 5329.

<b>9</b>	Enter your excess contributions from line 16 of your 2014 Form 5329 (see instructions). If zero, go to line 15	<b>9</b>	
<b>10</b>	If your traditional IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>10</b>	
<b>11</b>	2015 traditional IRA distributions included in income (see instructions) .	<b>11</b>	
<b>12</b>	2015 distributions of prior year excess contributions (see instructions) .	<b>12</b>	
<b>13</b>	Add lines 10, 11, and 12 . . . . .	<b>13</b>	
<b>14</b>	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0- . . . . .	<b>14</b>	
<b>15</b>	Excess contributions for 2015 (see instructions) . . . . .	<b>15</b>	
<b>16</b>	Total excess contributions. Add lines 14 and 15 . . . . .	<b>16</b>	
<b>17</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 16 or the value of your traditional IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57 .	<b>17</b>	

**Part IV Additional Tax on Excess Contributions to Roth IRAs.** Complete this part if you contributed more to your Roth IRAs for 2015 than is allowable or you had an amount on line 25 of your 2014 Form 5329.

<b>18</b>	Enter your excess contributions from line 24 of your 2014 Form 5329 (see instructions). If zero, go to line 23	<b>18</b>	
<b>19</b>	If your Roth IRA contributions for 2015 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0- . . . . .	<b>19</b>	
<b>20</b>	2015 distributions from your Roth IRAs (see instructions) . . . . .	<b>20</b>	
<b>21</b>	Add lines 19 and 20 . . . . .	<b>21</b>	
<b>22</b>	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Excess contributions for 2015 (see instructions) . . . . .	<b>23</b>	
<b>24</b>	Total excess contributions. Add lines 22 and 23 . . . . .	<b>24</b>	
<b>25</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 24 or the value of your Roth IRAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>25</b>	

**Part V Additional Tax on Excess Contributions to Coverdell ESAs.** Complete this part if the contributions to your Coverdell ESAs for 2015 were more than is allowable or you had an amount on line 33 of your 2014 Form 5329.

<b>26</b>	Enter the excess contributions from line 32 of your 2014 Form 5329 (see instructions). If zero, go to line 31	<b>26</b>	
<b>27</b>	If the contributions to your Coverdell ESAs for 2015 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>27</b>	
<b>28</b>	2015 distributions from your Coverdell ESAs (see instructions)	<b>28</b>	
<b>29</b>	Add lines 27 and 28	<b>29</b>	
<b>30</b>	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	<b>30</b>	
<b>31</b>	Excess contributions for 2015 (see instructions)	<b>31</b>	
<b>32</b>	Total excess contributions. Add lines 30 and 31	<b>32</b>	
<b>33</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 32 or the value of your Coverdell ESAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>33</b>	

**Part VI Additional Tax on Excess Contributions to Archer MSAs.** Complete this part if you or your employer contributed more to your Archer MSAs for 2015 than is allowable or you had an amount on line 41 of your 2014 Form 5329.

<b>34</b>	Enter the excess contributions from line 40 of your 2014 Form 5329 (see instructions). If zero, go to line 39	<b>34</b>	
<b>35</b>	If the contributions to your Archer MSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>35</b>	
<b>36</b>	2015 distributions from your Archer MSAs from Form 8853, line 8	<b>36</b>	
<b>37</b>	Add lines 35 and 36	<b>37</b>	
<b>38</b>	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	<b>38</b>	
<b>39</b>	Excess contributions for 2015 (see instructions)	<b>39</b>	
<b>40</b>	Total excess contributions. Add lines 38 and 39	<b>40</b>	
<b>41</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 40 or the value of your Archer MSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>41</b>	

**Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs).** Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2015 than is allowable or you had an amount on line 49 of your 2014 Form 5329.

<b>42</b>	Enter the excess contributions from line 48 of your 2014 Form 5329. If zero, go to line 47	<b>42</b>	0.
<b>43</b>	If the contributions to your HSAs for 2015 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	<b>43</b>	
<b>44</b>	2015 distributions from your HSAs from Form 8889, line 16	<b>44</b>	
<b>45</b>	Add lines 43 and 44	<b>45</b>	
<b>46</b>	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	<b>46</b>	
<b>47</b>	Excess contributions for 2015 (see instructions)	<b>47</b>	750.
<b>48</b>	Total excess contributions. Add lines 46 and 47	<b>48</b>	750.
<b>49</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 48 or the value of your HSAs on December 31, 2015 (including 2015 contributions made in 2016). Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>49</b>	0.

**Part VIII Additional Tax on Excess Contributions to an ABL Account.** Complete this part if contributions to your ABL account for 2015 were more than is allowable.

<b>50</b>	Excess contributions for 2015 (see instructions)	<b>50</b>	
<b>51</b>	<b>Additional tax.</b> Enter 6% (.06) of the <b>smaller</b> of line 50 or the value of your ABL account on December 31, 2015. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>51</b>	

**Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs).** Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

<b>52</b>	Minimum required distribution for 2015 (see instructions)	<b>52</b>	
<b>53</b>	Amount actually distributed to you in 2015	<b>53</b>	
<b>54</b>	Subtract line 53 from line 52. If zero or less, enter -0-	<b>54</b>	
<b>55</b>	<b>Additional tax.</b> Enter 50% (.50) of line 54. Include this amount on Form 1040, line 59, or Form 1040NR, line 57	<b>55</b>	

**Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return**

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

▶ Your signature

▶ Date

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

**Health Savings Accounts (HSAs)**

► **Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).**  
 ► **Attach to Form 1040 or Form 1040NR.**

Name(s) shown on Form 1040 or Form 1040NR

Abhinav Singhal

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ►

011-90-4456

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2015 (see instructions).	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2015 (or those made on your behalf), including those made from January 1, 2016, through April 18, 2016, that were for 2015. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
<b>3</b>	If you were under age 55 at the end of 2015, and on the first day of <b>every</b> month during 2015, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,350 (\$6,650 for family coverage). <b>All others</b> , see the instructions for the amount to enter.	
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2015 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2015, also include any amount contributed to your spouse's Archer MSAs.	
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0-	
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2015, see the instructions for the amount to enter.	
<b>7</b>	If you were age 55 or older at the end of 2015, married, and you or your spouse had family coverage under an HDHP at any time during 2015, enter your additional contribution amount (see instructions).	0.
<b>8</b>	Add lines 6 and 7.	0.
<b>9</b>	Employer contributions made to your HSAs for 2015	750.
<b>10</b>	Qualified HSA funding distributions	
<b>11</b>	Add lines 9 and 10.	750.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0-	0.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2015 from all HSAs (see instructions).	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions).	
<b>c</b>	Subtract line 14b from line 14a.	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions).	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box.	

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. Check box c on Form 1040, line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**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 2015.

**Caution:** You can use the standard mileage rate for 2015 **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 57.5¢ (.575). 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>	
<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>	
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	3,109.
<b>5</b>	Meals and entertainment expenses: \$ _____ × 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>	
<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>	3,109.

**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 2015, 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)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2015**Attachment  
Sequence No. **179**

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	902.
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	0.
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	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Computer peripherals	902.	900.
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	900.
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	900.
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	132,848.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	900.
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	0.

**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	1.
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 2015	17	
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 2015 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		1.	5.0	HY	200 DB	0.
c 7-year property						
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2015 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	901.
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	

**Tax History Report****2015**

► Keep for your records

Name(s) Shown on Return

Abhinav Singhal

	Five Year Tax History:				
	2011	2012	2013	2014	2015
Filing status . . . . .	<u>Single</u>	<u>Single</u>	<u>Single</u>	<u>Single</u>	<u>Single</u>
Total income . . . . .	<u>102,486.</u>	<u>107,246.</u>	<u>125,744.</u>	<u>122,742.</u>	<u>133,915.</u>
Adjustments to income					
Adjusted gross income	<u>102,486.</u>	<u>107,246.</u>	<u>125,744.</u>	<u>122,742.</u>	<u>133,915.</u>
Tax expense . . . . .	<u>6,392.</u>	<u>6,513.</u>	<u>8,041.</u>	<u>7,648.</u>	<u>8,579.</u>
Interest expense . . .					
Contributions . . . . .	<u>55.</u>				<u>100.</u>
Miscellaneous deductions . . . . .	<u>2,082.</u>	<u>1,190.</u>			<u>431.</u>
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	<u>8,529.</u>	<u>7,703.</u>	<u>8,041.</u>	<u>7,648.</u>	<u>9,110.</u>
Exemption amount . .	<u>3,700.</u>	<u>3,800.</u>	<u>3,900.</u>	<u>3,950.</u>	<u>4,000.</u>
Taxable income . . . .	<u>90,257.</u>	<u>95,743.</u>	<u>113,803.</u>	<u>111,144.</u>	<u>120,805.</u>
Tax . . . . .	<u>18,894.</u>	<u>20,264.</u>	<u>25,158.</u>	<u>24,296.</u>	<u>26,897.</u>
Alternative min tax . .					
Total credits . . . . .					
Other taxes . . . . .			<u>0.</u>		<u>0.</u>
Payments . . . . .	<u>18,438.</u>	<u>19,396.</u>	<u>23,738.</u>	<u>23,093.</u>	<u>25,659.</u>
Form 2210 penalty . .					
Amount owed . . . . .	<u>456.</u>	<u>868.</u>	<u>1,420.</u>	<u>1,203.</u>	<u>1,238.</u>
Applied to next year's estimated tax .					
Refund . . . . .					
Effective tax rate % . .	<u>18.44</u>	<u>18.89</u>	<u>20.01</u>	<u>19.79</u>	<u>20.09</u>
**Tax bracket % . . .		<u>28.0</u>	<u>28.0</u>	<u>28.0</u>	<u>28.0</u>

\*\*Tax bracket % is based on Taxable income.



# Healthcare Entry Sheet

► Keep for your records

2015

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

**Yes No/Partial**

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**Health Insurance Coverage for Individuals:** Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

**Note:** The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

**Note:** The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

**Note:** Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap  
Eligible\*  
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	T
1 Abhinav Singhal	011-90-4456	10/28/81	<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	Short gap: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

**Completion checkbox:**

☐ Check this box once you are finished with all the healthcare related entries.

## 2015

Name(s) Shown on Return  
Abhinav Singhal

Social Security Number  
011-90-4456

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/15		04/15/15			04/15/15		
2	06/15/15		06/15/15			06/15/15		
3	09/15/15		09/15/15			09/15/15		
4	01/15/16		01/15/16			01/15/16		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2015 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2015 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				25,659.	8,545.	
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
13	Forms 1099-MISC and 1099-G . . . . .						
14	Schedules K-1 . . . . .						
15	Forms 1099-INT, DIV and OID . . . . .						
16	Social Security and Railroad Benefits . . . . .						
17	Form 1099-B . . . . .	St		Loc			
18 a	Other withholding . . . . .	St		Loc			
b	Other withholding . . . . .	St		Loc			
c	Other withholding . . . . .	St		Loc			
d	Positive Adjustment . . . . .	St		Loc			
e	Negative Adjustment . . . . .	St		Loc			
f	Additional Medicare Tax . . . . .						
19	<b>Total Withholding</b> Lines 10 through 18f . . . . .				25,659.	8,545.	
20	<b>Total Tax Payments for 2015</b> . . . . .				25,659.	8,545.	

Prior Year Taxes Paid In 2015 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2014 extensions . . . . .				
<b>22</b>	2014 estimated tax paid after 12/31/2014 . . . . .				
<b>23</b>	Balance due paid with 2014 return . . . . .	34 .	NJ		
<b>24</b>	Other (amended returns, installment payments, etc) . .				

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2015**

► Keep for your records

Name(s) Shown on Return  
Abhinav Singhal

Social Security Number  
011-90-4456

**State and Local Income Taxes**

<b>State income taxes:</b>		
1 State income tax withheld . . . . .	1	8,545.
2 2015 state estimated taxes paid in 2015 . . . . .	2	
3 2014 state estimated taxes paid in 2015 . . . . .	3	
4 Amount paid with 2014 state application for extension . . . . .	4	
5 Amount paid with 2014 state income tax return . . . . .	5	34.
6 Overpayment on 2014 state income tax return applied to 2015 tax . . . . .	6	
7 Other amounts paid in 2015 (amended returns, installment payments, etc.) . . . .	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	8	
<b>Local income taxes:</b>		
9 Local income tax withheld . . . . .	9	
10 2015 local estimated taxes paid in 2015. . . . .	10	
11 2014 local estimated taxes paid in 2015. . . . .	11	
12 Amount paid with 2014 local application for extension . . . . .	12	
13 Amount paid with 2014 local income tax return . . . . .	13	
14 Overpayment on 2014 local income tax return applied to 2015 tax . . . . .	14	
15 Other amounts paid in 2015 (amended returns, installment payments, etc.) . . . .	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	16	
<b>Other:</b>		
17	17	
18 <b>Total</b> Add lines 1 through 17 . . . . .	18	8,579.
19 State and local refund allocated to 2015. . . . .	19	
20 Nondeductible state income tax from line 28 . . . . .	20	
21 <b>Total reductions</b> Add lines 19 and 20. . . . .	21	
22 <b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	22	8,579.

**Nondeductible State Income Tax (Hawaii Only)**

23 Nontaxable federal employee cost of living allowance . . . . .	23	
24 Adjusted gross income . . . . .	24	
25 Add lines 23 and 24 . . . . .	25	
26 Nondeductible percent. Line 23 divided by line 25 . . . . .	26	%
27 Hawaii state income tax included in line 18 . . . . .	27	
28 Nondeductible Hawaii state income tax. Multiply line 26 by line 27. . . . .	28	

# Charitable Contributions Summary

► Keep for your records

2015

Name(s) Shown on Return  
Abhinav Singhal

Social Security Number  
011-90-4456

## Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
crowdrise	100.	100.		
Totals:	100.	100.		

## Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

## Part III Contribution Carryovers to 2016

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2015 contributions . .	100.		100.			
2 2015 contributions allowed	100.		100.	0.	0.	0.
3 Carryovers from:						
a 2014 tax year . . . .						
b 2013 tax year . . . .						
c 2012 tax year . . . .						
d 2011 tax year . . . .						
e 2010 tax year . . . .						
4 Carryovers allowed in 2015	0.		0.	0.	0.	0.
5 Carryovers disallowed in 2015	0.		0.	0.	0.	0.
6 Carryovers to 2016:						
a From 2015 . . . . .	0.		0.	0.	0.	0.
b From 2014 . . . . .						
c From 2013 . . . . .						
d From 2012 . . . . .						
e From 2011 . . . . .						
f From 2010 . . . . .						

## Part IV Special Situations in Your Return for Current Year Donations

- Was the **entire interest** given for all property donated to all charities? . . . . . ☒ Yes ☐ No
- Were **restrictions** attached to any charities' right to use or dispose of any property donated to any charity? . . . . . ☐ Yes ☒ No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ☐ Yes ☒ No
- Was any charity other than a 50% charity? . . . . . ☐ Yes ☒ No

# Federal Carryover Worksheet

2015

► Keep for your records

Name(s) Shown on Return Abhinav Singhal	Social Security Number 011-90-4456
--	---------------------------------------

## 2014 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NJ				34.		
NY			7,617.		317.	
<b>Totals . .</b>			7,617.	34.	317.	

## Other Tax and Income Information

			2014	2015
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	7,648.	9,110.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	122,742.	133,915.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	24,296.	26,897.
7	Alternative minimum tax . . . . .	7		
8	Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

## Excess Contributions

			2014	2015
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b		

## Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2014	2015
12 a	Short-term capital loss . . . . .	12 a		
b	AMT Short-term capital loss . . . . .	b		
13 a	Long-term capital loss . . . . .	13 a		
b	AMT Long-term capital loss . . . . .	b		
14 a	Net operating loss available to carry forward . . . . .	14 a		
b	AMT Net operating loss available to carry forward . . . . .	b		
15 a	Investment interest expense disallowed . . . . .	15 a		
b	AMT Investment interest expense disallowed . . . . .	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2015 . . . . .	b		
	b 2014 . . . . .	c		
	c 2013 . . . . .	d		
	d 2012 . . . . .	e		
	e 2011 . . . . .	f		
	f 2010 . . . . .			

Abhinav Singhal

011-90-4456

Loss and Expense Carryovers (cont'd)						2014	2015
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2015 . . .	17 a			
		b	2014 . . .	b			
		c	2013 . . .	c			
		d	2012 . . .	d			
		e	2011 . . .	e			
		f	2010 . . .	f			
<b>Credit Carryovers</b>						<b>2014</b>	<b>2015</b>
18	General business credit . . . . .			18			
19	Adoption credit from:	a	2015 . . . . .	19 a			
		b	2014 . . . . .	b			
		c	2013 . . . . .	c			
		d	2012 . . . . .	d			
20	Mortgage interest credit from:	a	2015 . . . . .	20 a			
		b	2014 . . . . .	b			
		c	2013 . . . . .	c			
		d	2012 . . . . .	d			
21	Credit for prior year minimum tax . . . . .			21			
22	District of Columbia first-time homebuyer credit . . . . .			22			
23	Residential energy efficient property credit . . . . .			23			
<b>Other Carryovers</b>						<b>2014</b>	<b>2015</b>
24	Section 179 expense deduction disallowed . . . . .			24		0 .	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a			
		b	Taxpayer (Form 2555, line 48) . . . . .	b			
		c	Spouse (Form 2555, line 46) . . . . .	c			
		d	Spouse (Form 2555, line 48) . . . . .	d			

**Charitable Contribution Carryovers**

26 2014 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014 . . . . .				
b	2013 . . . . .				
c	2012 . . . . .				
d	2011 . . . . .				
e	2010 . . . . .				
27 2015 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2015 . . . . .				
b	2014 . . . . .				
c	2013 . . . . .				
d	2012 . . . . .				
e	2011 . . . . .				
28 Amount overpaid less earned income credit . . . . . 0 .					

**2014 State Capital Loss Carryovers** (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

# Employee Home Office Worksheet

► Keep for your records

2015

Copy 1

Your name  
Abhinav Singhal

Social Security Number  
011-90-4456

Occupation in Which You Incurred Expenses . . . software engineer

Description of this Home Office . . . . . 255 WARREN STREET APT 1101

Date you began using this home office for this occupation . . . . . 01/01/2015

## Part I Simplified Method

Simplified method election for Home Office expenses:

Do you elect to use the simplified method in **2015**? . . . . .

☒ Yes ☐ No

Do you elect to use the simplified method in **2014**? . . . . .

☐ Yes ☒ No

<b>A</b>	Enter the square footage of your office . . . . .	<b>A</b>	180
<b>B</b>	The lesser of the square footage of your office or 300 . . . . .	<b>B</b>	180
<b>C</b>	Number of months in 2015 this home office was used at least 15 days during the month . . . . .	<b>C</b>	12
<b>D</b>	Business percentage for daycare facilities (if applicable from line 8 of Part II below, 100.00 if not applicable)	<b>D</b>	100.00 %
<b>E</b>	Line B times line C divided by 12 times \$5.00 . . . . .	<b>E</b>	900.
<b>F</b>	Business income limitation . . . . .	<b>F</b>	4,433.
<b>G</b>	Allowable Simple Method deduction. Enter the lesser of line E or line F . . . . .	<b>G</b>	900.

## Part II Actual Expenses: Part of Your Home Used for Business

<b>1</b>	Area used regularly and exclusively for business, regularly and exclusively for daycare, or regularly for inventory storage . . . . .	<b>1</b>	180
<b>2</b>	Total area of home. . . . .	<b>2</b>	750
<b>3</b>	Divide line 1 by line 2. Enter result as a percentage . . . . .	<b>3</b>	24.00 %
<b>• For daycare facilities not used exclusively for business, also complete lines 4 - 9.</b> <b>• All others, skip lines 4 - 9 and enter the amount from line 3 on line 10.</b>			
<b>4</b>	Area used only partly for daycare . . . . .	<b>4</b>	
<b>5</b>	Divide line 4 by line 2. Enter the result as a percentage . . . . .	<b>5</b>	%
<b>6</b>	Multiply days used for daycare during year by hours used per day . . . . .	<b>6</b>	hr
<b>7</b>	Total hours available for use during the year (365 x 24 hours). . . . .	<b>7</b>	hr
<b>8</b>	Divide line 6 by line 7. Enter result as a decimal amount. . . . .	<b>8</b>	
<b>9</b>	Multiply line 8 by line 5 . . . . .	<b>9</b>	%
<b>10</b>	Business percentage. For daycare facilities not used exclusively for business, add line 3 and line 9. All others, enter the amount from line 3 . . . . .	<b>10</b>	24.00 %

## Part III Actual Expenses: Figure Your Allowable Deduction

<b>11</b>	Total wages from this business . . . . .	<b>11</b>	132,848.
<b>12</b>	Percent of wages from the business use of this home . . . . .	<b>12</b>	5.00 %
<b>13</b>	Wages from the business use of home. Multiply line 11 by line 12 . . . . .	<b>13</b>	6,642.
<b>14</b>	Gain from business use of home shown on Schedule D or Form 4797 . . . . .	<b>14</b>	
<b>15</b>	Gross income from wages, Sch D and Form 4797. Add line 13 and line 14 . . . .	<b>15</b>	6,642.
<b>16 a</b>	Total employee expenses (excluding home office) . . . . .	<b>16 a</b>	2,209.
<b>b</b>	If there is more than one home office for this business, enter the amount of expenses from line 16a allocable to this home office. . . . .	<b>b</b>	
<b>17</b>	Any losses from this business not derived from the business use of your home and shown on Schedule D or Form 4797. . . . .	<b>17</b>	
<b>18</b>	Net income from business use of home. Line 15 less line 16 and line 17. . . . .	<b>18</b>	4,433.

See instructions for columns (a) and (b) before completing lines 19 - 29		(a) Direct expenses	(b) Indirect expenses
<b>19</b>	Casualty losses . . . . .		

See instructions for columns (a) and (b) before completing lines 19 - 29		(a) Direct expenses	(b) Indirect expenses
20	Deductible mortgage interest . . . . .		
21	Real estate taxes . . . . .		
22	Add lines 19, 20, and 21 . . . . .		
23	Multiply line 22, column (b) by line 10 . . . .		
24	Add line 22, column (a) and line 23 . . . . .		
25	Subtract line 24 from line 18. If zero or less, enter -0- . . . . .		
26	Insurance . . . . .		
27	Rent . . . . .		
28	Repairs and maintenance . . . . .		
29	Utilities . . . . .		
30	Other expenses . . . . .		
31	Add lines 26 through 30 . . . . .		

32	Multiply line 31, column (b) by line 10 . . . . .	
33	Carryover of operating expenses from 2014. . . . .	

34	Add line 31, column (a), line 32, and line 33. . . . .	34
35	Allowable operating expenses. Enter the <b>smaller</b> of line 25 or line 34 . . . . .	35
36	Limit on excess casualty losses and depreciation. Subtract line 35 from line 25. . . . .	36
37	Excess casualty losses . . . . .	37
38	Depreciation of your home from Part III . . . . .	38
39	Carryover of excess casualty losses and depreciation from 2014 . . . . .	39
40	Add lines 37 through 39 . . . . .	40
41	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 36 or line 40 . . . . .	41
42	Add lines 24, 35, and 41 . . . . .	42
43	Casualty loss portion, if any, from lines 24 and 41. Carry amount to <b>Form 4684</b> , Section B. . . . .	43
44	Allowable expenses for business use of your home. Subtract line 43 from line 42. . . . .	44
45	Less deductible mortgage interest, mortgage insurance and real estate taxes reported on Sch A . . . . .	45
46	Form 2106 home office expenses. Carries to Form 2106 Adj Wks, line 3 . . . . .	46

**Part IV Actual Expenses: Depreciation of Your Home**

47	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .	47
48	Value of land included on line 47 . . . . .	48
49	Basis of building. Subtract line 48 from line 47 . . . . .	49
50	Business basis of building. Multiply line 49 by line 10 . . . . .	50
51	Depreciation percentage . . . . .	51
52	Depreciation attributable to business use of home. Multiply line 50 by line 51 . . . .	52
53	Depreciation for additions and improvements attributable to business use of home . . . . .	53
54	Total allowable depreciation. Add line 52 and line 53. Enter here and on line 38 . . . . .	54

**Part V Actual Expenses: Carryover of Unallowed Expenses to 2016**

55	Operating expenses. Subtract line 35 from line 34. If less than zero, enter -0- . . . . .	55
56	Excess casualty losses and depreciation. Subtract line 41 from line 40. If less than zero, enter -0- . . . . .	56



Tax Year 2015

- Keep for your records

Abhinav Singhal

Form 2106 - software engineer

011-90-4456

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

## Form 4562

## Alternative Minimum Tax Depreciation Report

Tax Year 2015

- Keep for your records

## 2015

Abhinav Singhal

Form 2106 - software engineer

011-90-4456

[illegible]

\* Code: S = Sold, A = Auto, L = Listed, H = Home Office

# Electronic Filing Instructions for your 2015 New Jersey Tax Return

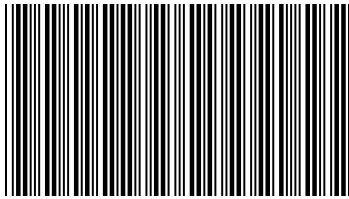
Important: Your taxes are not finished until all required steps are completed.



Abhinav Singhal  
255 warren street, Apt. 1101  
Jersey city, NJ 07302

<b>Balance Due/Refund</b>	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$50.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
<b>Where's My Refund?</b>	Before you call the New Jersey Division of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New Jersey Division of Revenue directly at 1-609-292-6400. From outside of New Jersey use 1-800-323-4400.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2015 New Jersey Tax Return Summary</b>	Taxable Income	\$	132,598.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	50.00
	Amount to be Refunded	\$	50.00

NJ-1040  
2015  
Page 1



040MP01150

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

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

SINGHAL ABHINAV

255 WARREN STREET APT 1101

JERSEY CITY NJ 07302 0906

1555

011904456



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

> \_\_\_\_\_  
Your Signature Date

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

Fill in if NJ-1040-O is enclosed

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

Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

**SELF PREPARED**

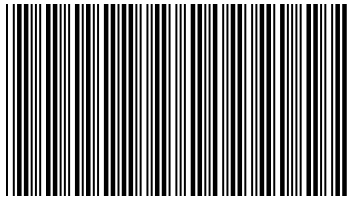
Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

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.



SINGHAL ABHINAV

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040MP02150

**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

**CHECKBOXES FOR EXEMPTIONS**

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

**EXEMPTIONS**

6. REGULAR  
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

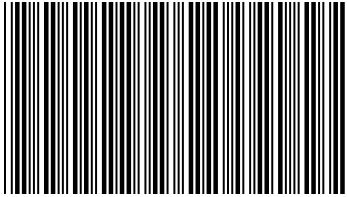
**DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)**

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 (ENCL W-2) BE SURE TO USE STATE WAGES FROM BOX 16 OF YOUR W-2(S) (SEE INSTR.)	14.	133598	.
15A. TAXABLE INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE FEDERAL SCHEDULE B IF OVER \$1,500)	15A.	.	.
15B. TAX EXEMPT INTEREST INCOME (SEE INSTRUCTIONS) (ENCLOSE SCHEDULE) DO NOT INCLUDE ON LINE 15A	15B.	.	.
16. DIVIDENDS	16.	.	.
17. NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE 4) (ENCLOSE COPY OF FEDERAL SCHEDULE C, FORM 1040)	17.	.	.
18. NET GAINS FROM DISPOSITION OF PROPERTY (SCHEDULE B, LINE 4)	18.	.	.
19A. PENSIONS, ANNUITIES, AND IRA WITHDRAWALS (SEE INSTRUCTION PAGE 20)	19A.	.	.
19B. EXCLUDABLE PENSIONS, ANNUITIES, AND IRA WITHDRAWALS	19B.	.	.
20. DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PART II, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)	20.	.	.
21. NET PRO RATA SHARE OF S CORPORATION INCOME (SCH. NJ-BUS-1, PART III, LINE 4) (SEE INSTR. PAGE 24) (ENCLOSE SCH. NJ-K-1 OR FEDERAL SCH. K-1)	21.	.	.
22. NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS & COPYRIGHTS (SCHEDULE NJ-BUS-1, PART IV, LINE 4)	22.	.	.
23. NET GAMBLING WINNINGS (SEE INSTRUCTION PAGE 24)	23.	.	.
24. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS RECEIVED	24.	.	.
25. OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTION PAGE 24)	25.	.	.
26. TOTAL INCOME (ADD LINES 14, 15A, 16, 17, 18, 19A, AND 20 THROUGH 25)	26.	133598	.
27A. PENSION EXCLUSION (SEE INSTRUCTION PAGE 25)	27A.	.	.
27B. OTHER RETIREMENT INCOME EXCLUSIONS (SEE WORKSHEET AND INSTRUCTION PAGE 26)	27B.	.	.
27C. TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LINE 27B)	27C.	.	.
28. NEW JERSEY GROSS INCOME (SUBTRACT LINE 27C FROM LINE 26) (SEE INSTRUCTION PAGE 27)	28.	133598	.
29. TOTAL EXEMPTION AMOUNT (SEE INSTRUCTION PAGE 27 TO CALCULATE AMOUNT) (PART YEAR RESIDENTS SEE INSTRUCTION PAGE 6)	29.	1000	.
30. MEDICAL EXPENSES (SEE WORKSHEET AND INSTRUCTION PAGE 27)	30.	.	.
31. ALIMONY AND SEPARATE MAINTENANCE PAYMENTS	31.	.	.
32. QUALIFIED CONSERVATION CONTRIBUTION	32.	.	.
33. HEALTH ENTERPRISE ZONE DEDUCTION	33.	.	.
34. ALTERNATIVE BUSINESS CALCULATION ADJUSTMENT (SCHEDULE NJ-BUS-2, LINE 11)	34.	.	.
35. TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES 29 THROUGH 34)	35.	1000	.
36. TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 28) IF ZERO OR LESS, MAKE NO ENTRY	36.	132598	.



040MP03150

NJ-1040 (2015)

PAGE 3

SINGHAL ABHINAV

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1555

37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	2916 .
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 32)	38.	.
39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	39.	132598 .
40. TAX (FROM TAX TABLES, PAGE 53)	40.	6320 .
41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	6320 .
41A. JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32 .
42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	0 .
43. SHELTERED WORKSHOP TAX CREDIT	43.	.
44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	.
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.	.
46A. FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	0 .
48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	.
49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	50 .
50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2014 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 39) (ENCLOSE FORM NJ-2450)	52.	.
53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	53.	.
54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 39) (ENCLOSE FORM NJ-2450)	54.	.
55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	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 AMOUNT	56.	.
57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	50 .
58. YOUR 2016 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 40)	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.	50 .

## DIRECT DEPOSIT INFORMATION

dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	1
dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	C
dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	
dd4. ROUTING NUMBER	dd4.	211391825
dd5. ACCOUNT NUMBER	dd5.	13166160
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

**2015**

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

**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 properly taxed by <b>both</b> New Jersey and other jurisdiction during tax year. See instructions page 41. (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.	133,598.	2.	133,598.	3.	100%
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....	2.	133,598.				
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 <u>133,598.</u> 2 <u>133,598.</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.	132,598.	4.	132,598.		
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F, line 1. See instructions page 33. <div style="border: 1px solid black; padding: 2px; display: inline-block;">5a. <u>2,916.</u></div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.			5.	2,916.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	129,682.	6.	132,598.		
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	6,134.	7.	6,320.		
8. Allowable Credit (Line 3 times Line 7)	8.	6,134.	8.	6,320.		
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 44. <div style="border: 1px solid black; padding: 2px; display: inline-block;">9a. <u>8,136.</u></div> Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 40).</b>			9.	6,134.	9.	6,320.

- 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 I 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.

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.

## Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

Name	Social Security Number/FEIN
------	-----------------------------

For tax years beginning on or after January 1, 2004, use this worksheet to calculate the New Jersey depreciation adjustment required for assets placed in service on or after January 1, 2004 and for which any of the following criteria apply:

- Federal Section 179 expense was deducted
- Federal 50% Special Depreciation Allowance was deducted
- Federal income includes Section 179 recapture income
- Federal income includes a gain or loss from disposition of an asset for which a NJ depreciation adjustment was previously required.

### **PART I      Complete Parts II, III and IV as required and enter results on this worksheet**

1	Total federal depreciation from Part II, Column C	1.	
2	Total NJ Section 179 deduction allowable from Part II, Column E; total can not exceed \$25,000 unless Liberty Zone Property is included	2.	
3	Total NJ depreciation allowable from Part II, Column K	3.	
4	Subtotal (Subtract Lines 2 and 3 from Line 1)	4.	
5	Total NJ adjustment to federal 179 recapture income from Part III, Column E	5.	
6	Total NJ adjustment to federal gain (loss) on disposition of asset(s) from Part IV, Column F	6.	
7	New Jersey Depreciation Adjustment (total of Lines 4, 5, and 6)	7.	

**Enter the New Jersey Depreciation Adjustment, as a positive or negative amount, on the applicable form, schedule or worksheet.**

For adjustment to S corporation income enter on:

CBT 100S Schedule K or Schedule K, Liquidated, Part II, Line 7  
Bulletin GIT-9S, Worksheet B or Worksheet B, Liquidated, Part I, Line 7

For adjustment to partnership income on:

NJ-1065 - If a net addition include on Line 13b; if a net subtraction include on Line 15g.  
Bulletin GIT-9P, Worksheet A, - If a net addition include on Line 14b; if a net subtraction include on Line 16e.

For adjustment to net profits from business enter on :

A schedule detailing the calculation of NJ net profits from business and attach to forms 1040, 1040NR, 1041

For adjustment to income from rents, royalties, patents and copyrights

Enter the total adjustments to income from lines 4 and 5 on:

NJ 1040, Schedule C  
NJ 1040NR, Part II  
NJ 1041, Schedule C

Enter the adjustment to federal gain or loss on disposition from line 6 on:

NJ 1040, Schedule B  
NJ 1040NR, Part I  
NJ 1041, Schedule B



Name	Social Security Number/FEIN
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## Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP

### PART II Calculation of New Jersey Depreciation

For tax years beginning on or after January 1, 2004, use this section to calculate the NJ basis for depreciation and the NJ depreciation allowable for assets placed in service on or after January 1, 2004 and for which Section 179 expense or federal 50% special depreciation allowance were deducted.

A	B	C	D	E	F	G	H	I	J	K
Description of Property	Date placed in Service	Current Year Federal Depreciation/179 Deducted	Federal Basis For Depreciation	NJ Section 179 Deduction	NJ Basis	Prior Year New Jersey Depreciation	NJ Current Year Basis	Federal Method of Depreciation	Life or Rate	New Jersey Depreciation Allowable
Computer peripherals	04/15/2015	901.	1,128.	700.	120.		120.	200DB	5.0	36.
					120.					
<b>TOTALS</b>		901.	1,128.	700.	120.		120.			36.

- Instructions:
- Column A Classify consistent with Internal Revenue Code
  - Column B Clearly segregate property placed in service during each year
  - Column C Enter the total special depreciation allowance, 179 expense and depreciation deducted for federal purposes for this year.
  - Column D Enter federal basis for depreciation prior to special depreciation allowance, 179 expense or depreciation deduction.
  - Column E For the year placed in service enter the NJ allowable section 179 deduction, limited to a maximum of \$25,000 for all assets unless Liberty Zone Property is included.
  - Column F Column D less Column E.
  - Column G Enter amounts from prior years' worksheets.
  - Column H For the year placed in service, enter the amount from Column F. For subsequent years, subtract Column G from Column D.
  - Column I Use the same method that was used for federal purposes.
  - Column J Use the same life that was used for federal purposes.
  - Column K Calculate the NJ depreciation. The 30% special depreciation allowance is allowed only if it was taken for federal tax purposes.

The 50% special depreciation allowance is not permitted.

Enter the total of Column C on Part I, Line 1

Enter the total of Column E on Part I, Line 2; total cannot exceed \$25,000 unless Liberty Zone Property is included.

Enter the total of Column K on Part I, Line 3

Name	Social Security Number/FEIN
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**Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP**

**PART III Calculation of Adjustment to Federal 179 Recapture Income**

For tax years beginning on or after January 1, 2004, if reported income includes the recapture of Section 179 expense on property placed in service on or after January 1, 2004, use this section to calculate the New Jersey adjustment to federal recapture income. A separate adjustment must be calculated for each asset on which there was recapture income.

A	B	C	D	E
Asset	.Date Placed In Service	NJ Section 179 Recapture Income	Federal Section 179 Recapture Income	New Jersey Adjustment to Federal Recapture Income
<b>TOTALS</b>				

Instructions:

- Column A Identify the asset for which the federal recapture income was required.
- Column B Enter date the asset was placed in service.
- Column C Based on federal rules, calculate NJ Section 179 recapture income using amounts allowable for NJ tax purposes.
- Column D Enter the federal Section 179 recapture income which is included in income reported to NJ.
- Column E Subtract Column D from Column C. This is the NJ recapture income adjustment.

Enter the total of Column E, as either a negative or positive, on Part I, Line 5

Name				Social Security Number/FEIN	
<b>Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP</b> <b>PART IV Calculation of Adjustment to Federal Gain or Loss on Disposition of Asset</b> For tax years beginning on or after January 1, 2004, use this section to calculate the NJ adjustment to federal gain or loss on disposition of an asset placed in service on or after January 1, 2004 for which Section 179 expense or federal 50% Special Depreciation Allowance were deducted.					
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
Asset	Date Placed in Service	Date of Disposition	Total NJ Depreciation Deducted	Total Federal Depreciation Deducted	Adjustment to Federal Gain (Loss)
<b>TOTALS</b>					

Instructions:

- Column A     Identify the asset disposed of.
- Column B     Enter date the asset was placed in service.
- Column C     Enter date of disposition
- Column D     Enter the total federal Section 179 expense, special allowance and depreciation deducted for NJ tax purposes.
- Column E     Enter the total federal Section 179 expense, special allowance and depreciation deducted for Federal tax purposes.
- Column F     Subtract Column E from Column D. This is the NJ adjustment to the federal gain (loss) included in income.

Enter the total of Column F, as either a negative or positive, on Part I, Line 6

## Statement for Wages, Salaries, and Tips

2015

Name <u>Singhal, Abhinav</u>		Social Security No. <u>011-90-4456</u>
<p><b>Not applicable if a part-year nonresident with NJ source income.</b></p> <p><b>1</b> Wages, from Form W-2 . . . . .</p> <p><b>Deductions from wages:</b> Complete the following if included on line 1 above and meet all requirements (see help)</p> <p><b>a</b> Meals and lodging . . . . .</p> <p><b>b</b> Employee business expenses . . . . .</p> <p><b>c</b> Moving expenses . . . . .</p> <p><b>d</b> Compensation for injuries or sickness . . . . .</p> <p><b>e</b> Commuter transportation benefits . . . . .</p> <p><b>f</b> Total deductions from wages . . . . .</p> <p><b>g</b> Taxable wages . . . . .</p> <p><b>2</b> Miscellaneous income, Form 8919 . . . . .</p> <p><b>3</b> Excess employee business expense reimbursement . . . . .</p> <p><b>4</b> Taxable tips, from Form 4137 . . . . .</p> <p><b>5</b> Excess moving expense reimbursement . . . . .</p> <p><b>6</b> Wages earned as a household employee (if less than \$1,500 and without a Form W-2) . . . . .</p> <p><b>7</b> Wages from a foreign source . . . . .</p> <p><b>8</b> Ordinary income from ESPP stock sale and incentive stock options . . . . .</p> <p><b>9</b> Military spouses residency relief act (see New Jersey instructions) . . . . .</p> <p><b>10</b> Other:</p> <p><u>MOODY'S -W-Employer contribution to HSA</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>11</b> <b>Total wages, salaries, tips, etc</b> . . . . .</p>	<p><b>Income from all sources</b></p> <p><u>132,848.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>132,848.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>750.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>133,598.</u></p>	<p><b>Income attributed to New Jersey (part-year resident or non-resident only)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## New Jersey

## Two-Year Comparison

2015

Name as Shown on Return SINGHAL, ABHINAV			Social Security No. 011-90-4456	
	2014	2015	Difference	%
<b>Income</b>	NJ-1040	NJ-1040		
Wages . . . . .	123,051.	133,598.	10,547.	8.57
Interest . . . . .				
Dividends . . . . .				
Net profits from business . . . . .				
Disposition of property . . . . .				
Pensions, annuities and IRA withdrwls . . . . .				
Partnership income . . . . .				
S corporation income . . . . .				
Income from rents, royalties, etc . . . . .				
Gambling winnings . . . . .				
Alimony & separate maint pmt received . . . . .				
Other income . . . . .				
<b>Total income</b> . . . . .	123,051.	133,598.	10,547.	8.57
Pension exclusion . . . . .				
Other retirement income exclusion . . . . .				
<b>Total NJ gross income</b> . . . . .	123,051.	133,598.	10,547.	8.57
Exemption amount . . . . .	1,000.	1,000.	0.	0.00
Medical expenses . . . . .				
Alimony payments . . . . .				
Qual cons cntrib/HEZ deduct/Alt bus adj . . . . .				
<b>Total exemptions and deductions</b> . . . . .	1,000.	1,000.	0.	0.00
<b>Taxable income</b> . . . . .	122,051.	132,598.	10,547.	8.64
Property tax deduction . . . . .				
<b>New Jersey taxable income</b> . . . . .	122,051.	132,598.	10,547.	8.64
Nonresident tax on total taxable inc . . . . .				
Nonresident New Jersey income % . . . . .				
New Jersey tax . . . . .	5,648.	6,320.	672.	11.90
Cr for taxes paid to other jurisdictions . . . . .	5,614.	6,320.	706.	12.58
Sheltered Workshop Tax credit . . . . .				
<b>Balance of tax after credits</b> . . . . .	34.	0.	-34.	-100.00
Use tax . . . . .	0.	0.	0.	
Underpayment penalty . . . . .				
<b>Total tax and penalty</b> . . . . .	34.	0.	-34.	-100.00
Withholding . . . . .				
Estimated tax payments, amount applied from prior year return . . . . .				
Refundable credits . . . . .	50.	50.	0.	0.00
<b>Total payments and refundable credits</b> . . . . .	50.	50.	0.	0.00
Applied to next year's estimated tax . . . . .				
Voluntary gifts/contributions . . . . .				
<b>Refund</b> . . . . .	16.	50.	34.	212.50
<b>Balance Due</b> . . . . .				

**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 2015.

**Caution:** You can use the standard mileage rate for 2015 **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 57.5¢ (.575). 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>	
<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>	
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	3,109.
<b>5</b>	Meals and entertainment expenses: \$ _____ × 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>	
<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>	3,109.

**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 2015, 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**

# Electronic Filing Instructions for your 2015 New York Tax Return

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



ABHINAV SINGHAL  
255 WARREN STREET 1101  
Jersey city, NJ 07302

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-203) shows a refund due to you in the amount of \$409.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
<b>Where's My Refund?</b>	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at <a href="http://www.nystax.gov/">http://www.nystax.gov/</a> .		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2015 New York Tax Return Summary</b>	Taxable Income	\$	125,698.00
	Total Tax	\$	8,136.00
	Total Payments/Credits	\$	8,545.00
	Amount to be Refunded	\$	409.00



Department of Taxation and Finance

# Nonresident and Part-Year Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

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

IT-203

15

and ending .....

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

Your first name and middle initial ABHINAV		Your last name (for a joint return, enter spouse's name on line below) SINGHAL		Your date of birth (mmddyyyy) 10281981		Your social security number 011-90-4456	
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 14) (number and street or PO box) 255 WARREN STREET				Apartment number 1101		New York State county of residence NR	
City, village, or post office JERSEY CITY		State NJ	ZIP code 07302	Country (if not United States)		School district name NR	
Taxpayer's permanent home address (see instr., pg. 14) (no. and street or rural route)				Apartment no.		City, village, or post office	
						School district code number	
State		ZIP code		Country (if not United States)		Decedent information	
						Taxpayer's date of death	
						Spouse's date of death	

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

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

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

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

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

## D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax freeze credit? (see page 15) ..... Yes ☐ No ☐
- (2) If Yes, enter the amount .....  .00

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

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

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

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

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

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

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

1) Lived in NYS ..... ☐

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

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

## H New York State nonresidents (see page 16)

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



## I Dependent exemption information (see page 16)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

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

203001151555



For office use only



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. ....	SEE STMT..	1	132848 .00	1	132848 .00
2 Taxable interest income .....		2	.00	2	.00
3 Ordinary dividends .....		3	.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24) .....		4	317 .00	4	317 .00
5 Alimony received .....		5	.00	5	.00
6 Business income or loss (submit a copy of federal Sch. C or C-EZ, Form 1040) .....		6	.00	6	.00
7 Capital gain or loss (if required, submit a copy of federal Sch. D, Form 1040) .....		7	.00	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) ..		8	.00	8	.00
9 Taxable amount of IRA distributions. Beneficiaries: mark <b>X</b> in box <input type="checkbox"/>		9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark <b>X</b> 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) <b>12</b>	.00				
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: FM8889 HLTH SAV		16	750 .00	16	750 .00
17 Add lines 1 through 11 and 13 through 16 .....		17	133915 .00	17	133915 .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	133915 .00	19	133915 .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	133915 .00	23	133915 .00

**New York subtractions** (see page 26)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....		24	317 .00	24	317 .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	317 .00	30	317 .00
31 New York adjusted gross income (subtract line 30 from line 23)		31	133598 .00	31	133598 .00

32 Enter the amount from line 31, **Federal amount** column ..... **32** 133598 .00

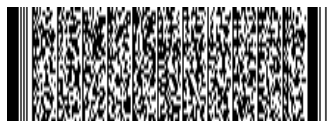
**Standard deduction or itemized deduction** (see page 28)

33 Enter your **standard deduction** (table on page 28) or your **itemized deduction** (from Form IT-203-D).

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

33	7900 .00	33	7900 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) .....		34	125698 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 28) .....		35	000.00
36 New York taxable income (subtract line 35 from line 34) .....		36	125698 .00

203002151555



Name(s) as shown on page 1  
ABHINAV SINGHAL

Enter your social security number  
011-90-4456

**Tax computation, credits, and other taxes**

<b>37</b> New York taxable income (from line 36 on page 2) .....	<b>37</b>	125698 .00
<b>38</b> New York State tax on line 37 amount (see page 29) .....	<b>38</b>	8136 .00
<b>39</b> New York State household credit (page 29, table 1, 2, or 3) .....	<b>39</b>	.00
<b>40</b> Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank) .....	<b>40</b>	8136 .00
<b>41</b> New York State child and dependent care credit (see page 30) .....	<b>41</b>	.00
<b>42</b> Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank) .....	<b>42</b>	8136 .00
<b>43</b> New York State earned income credit (see page 30) .....	<b>43</b>	.00

**44** Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank) ..... **44** 8136 .00

**45** Income percentage (see page 30)  New York State amount from line 31  133598 .00 ÷ Federal amount from line 31  133598 .00 = **45** Round result to 4 decimal places  1.0000

<b>46</b> Allocated New York State tax (multiply line 44 by the decimal on line 45) .....	<b>46</b>	8136 .00
<b>47</b> New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	<b>47</b>	.00
<b>48</b> Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank) .....	<b>48</b>	8136 .00
<b>49</b> Net other New York State taxes (Form IT-203-ATT, line 33) .....	<b>49</b>	.00
<b>50</b> Total New York State taxes (add lines 48 and 49) .....	<b>50</b>	8136 .00

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

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

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

<b>57</b> Total voluntary contributions (add lines 57a through 57m) .....	<b>57</b>	.00
<b>58</b> Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 50, 55, 56, and 57) .....	<b>58</b>	8136 .00

203003151555



Enter your social security number

011-90-4456

59 Enter amount from line 58 ..... **59** 8136 .00**Payments and refundable credits** (see page 34)

60 Part-year NYC school tax credit (also complete E on front; see page 34) ...	<b>60</b>	.00
61 Other refundable credits (Form IT-203-ATT, line 17) .....	<b>61</b>	.00
62 Total <b>New York State</b> tax withheld .....	<b>62</b>	8545 .00
63 Total <b>New York City</b> tax withheld .....	<b>63</b>	.00
64 Total <b>Yonkers</b> tax withheld .....	<b>64</b>	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	<b>65</b>	.00
66 Total payments and refundable credits (add lines 60 through 65) .....	<b>66</b>	8545 .00

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

**Your refund, amount you owe, and account information** (see pages 36 through 38)67 Amount overpaid (if line 66 is **more than** line 59, subtract line 59 from line 66) ..... **67** 409 .00

68 Amount of line 67 to be refunded

Mark one refund choice: ☒ direct deposit (fill in line 73) - or - ☐ debit card - or - ☐ paper check ... **68** 409 .00

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

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

71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 37) ..... **71** .0072 Other penalties and interest (see page 37) ..... **72** .00

See page 36 for information about your three refund choices.

See page 37 for payment options.

See page 40 for the proper assembly of your return.

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

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 38) ☐73a Account type: ☒ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

73b Routing number 211391825 73c Account number 13166160

74 Electronic funds withdrawal (see page 38) ..... Date ..... Amount .....00

<b>Third-party designee?</b> (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name		Designee's phone number ( )		Personal identification number (PIN)
	E-mail:				
<b>▼ Paid preparer must complete ▼</b> (see instructions)					
Preparer's signature		Preparer's NYTPRIN			
		NYTPRIN excl. code			
Preparer's printed name					
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN			
SELF-PREPARED					
Address		Employer identification number			
		Date			
E-mail:					
<b>▼ Taxpayer(s) must sign here ▼</b>					
Your signature					
Your occupation					
SR 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.

203004151555



Additional information from your IT-203: Nonresident/Part Year Income Tax Return

IT-203: Nonresident/Part Year Income Tax Return

Line 1

Explanation Statement

Income Allocation Based On Volume
WORK OFFICE IS IN NEW YORK



Department of Taxation and Finance

# Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

## W-2 Record 1

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

011-90-4456

Box b Employer identification number (EIN)

27-3263953

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

MOODYS SHARED SERVICES INC

7 WTC @ 250 GREENWICH ST

NEW YORK

NY 10007

Box 1 Wages, tips, other compensation

132848 00

Box 12a Amount

5946 00

Code

D D

Box 14a Amount

31 00

Description

SDI

Box 8 Allocated tips

00

Box 12b Amount

750 00

Code

W

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

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

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

132848 00

Box 17a NYS income tax withheld

8545 00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

00

Locality b

00

Box 19 Local income tax withheld

Locality a

00

Locality b

00

Box 20 Locality name

Locality a

Locality b

## W-2 Record 2

Do not detach.

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

Box b Employer identification number (EIN)

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

Box 1 Wages, tips, other compensation

00

Box 12a Amount

00

Code

Box 14a Amount

00

Description

Box 8 Allocated tips

00

Box 12b Amount

00

Code

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

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

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

00

Box 17a NYS income tax withheld

00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

00

Locality b

00

Box 19 Local income tax withheld

Locality a

00

Locality b

00

Box 20 Locality name

Locality a

Locality b

102001151555



# Part-Year Resident/Nonresident Allocation Worksheet

2015

► Keep for your records

Name(s) as Shown on Return  
ABHINAV SINGHAL

Your Social Security No.  
011-90-4456

☐ Check this box if you used Form 203-F to allocate your wages between multiple years.

	Federal Amount	New York State Resident Period (part-year residents only)	Nonresident Period (nonresidents and part-year residents)	
	Column A Income from federal return	Column B Income from column A for this period	Column C Income from column A for this period	Column D Income from Column C from New York State Sources
<b>Income</b>				
1 Wages, salaries, tips, etc. . . . .	132,848.		132,848.	132,848.
2 Federally taxable interest income . .				
3 Dividends. . . . .				
4 State/local tax refunds . . . . .	317.		317.	317.
5 Alimony received . . . . .				
6 Business income or loss . . . . .				
7 Capital gain or loss . . . . .				
8 Other gains and losses . . . . .				
9 Taxable IRA distribution. . . . .				
10 Taxable pension and annuities . . .				
11 Rentals, royalties, p'ship, etc. . . .				
12 Rental real estate included in ln 11 (federal amount) . . .				
13 Farm income or loss. . . . .				
14 Unemployment compensation . . . .				
15 Taxable social security benefits . . .				
16 Other income . . . . .	750.		750.	750.
17 <b>Total income.</b> Add lines 1-11, 13-16	133,915.		133,915.	133,915.
<b>Adjustments to Income</b>				
a Educator expenses . . . . .				
b Certain business expenses . . . . .				
c Health savings account . . . . .				
d Moving expenses . . . . .				
e Self-employment tax deduction. . . .				
f Self-employed SEP, SIMPLE. . . . .				
g Self-employed health insurance . . .				
h Early withdrawal penalty . . . . .				
i Alimony paid . . . . .				
j IRA deduction . . . . .				
k Student loan interest deduction . . .				
l Tuition and fees deduction . . . . .				
m Domestic production activities . . . .				
n Total other adjustments . . . . .				
18 <b>Total adjustments</b> . . . . .				
19 <b>Adjusted gross income</b> . . . . .	133,915.	*	133,915.	133,915.

\* Enter this amount on IT-215, line 23 or IT-216, line 19, if applicable. See tax help for more information



## Two-Year Comparison

2015

Name as Shown on Return  
ABHINAV SINGHAL

Social Security No.  
011-90-4456

	2014	2015	Difference	%
<b>Federal Adjusted Gross Income</b>	122,742.	133,915.	11,173.	9.10
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .				
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .				
<b>New York Subtractions</b>				
State tax refund . . . . .	441.	317.	-124.	-28.12
Government pension exclusion . . . . .				
Taxable social security benefits . . . . .				
U.S. government interest income . . . . .				
Pension and annuity income exclusion . . . . .				
New York's 529 college savings program deductions/earnings . . . . .				
Other New York subtractions . . . . .				
<b>Total New York Subtractions</b> . . . . .	441.	317.	-124.	-28.12
<b>New York Adjusted Gross Income</b> . . . . .	122,301.	133,598.	11,297.	9.24
Standard or Itemized Deduction . . . . .	7,800.	7,900.	100.	1.28
Dependent exemptions . . . . .				
<b>New York Taxable Income</b> . . . . .	114,501.	125,698.	11,197.	9.78
New York State tax . . . . .	7,300.	8,136.	836.	11.45
New York State nonrefundable credits . . . . .				
Other New York State taxes . . . . .				
<b>Total New York State taxes</b> . . . . .	7,300.	8,136.	836.	11.45
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	7,300.	8,136.	836.	11.45
Withholding . . . . .	7,617.	8,545.	928.	12.18
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .				
Refundable credits . . . . .				
<b>Total payments and refundable credits</b> . . . . .	7,617.	8,545.	928.	12.18
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	317.	409.	92.	29.02
<b>Balance Due</b> . . . . .				