

Electronic Filing Instructions for your 2014 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

Balance Due/Refund	You've chosen to pay for your federal balance due of \$1,203.00 by credit card. Double-check your credit card statement to make sure your payment was received by the IRS. This will help you avoid any possible interest and/or penalties. And since you paid by credit card, you don't need to mail a payment to the Internal Revenue Service.																	
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return																	
2014 Federal Tax Return Summary	Adjusted Gross Income	\$	122,742.00															
	Taxable Income	\$	111,144.00															
	Total Tax	\$	24,296.00															
	Total Payments/Credits	\$	23,093.00															
	Payment Due	\$	1,203.00															
	Effective Tax Rate		19.79%															
Estimated Payments to Make for Next Year's Return	<p>Estimated Payments for 2015 - Do not mail these vouchers with your 2014 income tax return. The estimated vouchers displayed below are used to prepay your 2015 income taxes that will be filed next year. If you expect to owe more than \$1,000 in 2015, 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).</p> <p>Mail payments according to the schedule below:</p> <table><tr><td>Voucher Number</td><td>Due Date</td><td>Amount</td></tr><tr><td>1</td><td>04/15/2015</td><td>\$ 301.00</td></tr><tr><td>2</td><td>06/15/2015</td><td>\$ 301.00</td></tr><tr><td>3</td><td>09/15/2015</td><td>\$ 301.00</td></tr><tr><td>4</td><td>01/15/2016</td><td>\$ 301.00</td></tr></table> <p>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.</p> <p>Mail payments to: Internal Revenue Service P.O. Box 931100 Louisville, KY 40293-1100</p>			Voucher Number	Due Date	Amount	1	04/15/2015	\$ 301.00	2	06/15/2015	\$ 301.00	3	09/15/2015	\$ 301.00	4	01/15/2016	\$ 301.00
Voucher Number	Due Date	Amount																
1	04/15/2015	\$ 301.00																
2	06/15/2015	\$ 301.00																
3	09/15/2015	\$ 301.00																
4	01/15/2016	\$ 301.00																

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

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2015**

2015 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 '2015 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 ▶

301.

REV 10/16/14 INTUIT.CG.CFP.SP

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 201512 430

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

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **06/15/2015**

2015 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 '2015 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 ▶

301.

REV 10/16/14 INTUIT.CG.CFP.SP

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 201512 430

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

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **09/15/2015**

2015 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 '2015 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 ▶

301.

REV 10/16/14 INTUIT.CS.CFP.SP

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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 201512 430

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

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due **01/15/2016**

2015 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 '2015 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 ▶

301.

REV 10/16/14 INTUIT.CS.CFP.SP

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 201512 430

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

, 20

See separate instructions.

Your first name and initial

Last name

Your social security number

Abhinav

Singhal

011-90-4456

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

255 warren street

1101

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

Presidential Election Campaign

Jersey city NJ 07302

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

Boxes checked on 6a and 6b

1

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

1

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

Income

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

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required

b Qualified dividends 9b

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

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐

14 Other gains or (losses). Attach Form 4797

15a IRA distributions 15a

b Taxable amount 15b

16a Pensions and annuities 16a

b Taxable amount 16b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits 20a

b Taxable amount 20b

21 Other income. List type and amount

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

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7 122,301.

8a

9a

10 441.

11

12

13

14

15b

16b

17

18

19

20b

21

22 122,742.

Adjusted Gross Income

23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31a Alimony paid b Recipient's SSN ▶ 31a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37

23

24

25

26

27

28

29

30

31a

32

33

34

35

36

37 122,742.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA

REV 12/31/14 Intuit.cpf.sp

Form 1040 (2014)

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,200
Married filing jointly or Qualifying widow(er), \$12,400
Head of household, \$9,100

38	Amount from line 37 (adjusted gross income)	38	122,742.
39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,648.
41	Subtract line 40 from line 38	41	115,094.
42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	3,950.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	111,144.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	24,296.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	24,296.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	24,296.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	24,296.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	23,093.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	23,093.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75																					
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	76a																					
b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77																					

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	1,203.
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

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

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

Your signature	Date	Your occupation Sr Software engineer	Daytime phone number (551) 697-1994
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶	
Firm's address ▶			Phone no.	

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.
► Attach to Form 1040.

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Abhinav Singhal

Your social security number

011-90-4456

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1		
2	Enter amount from Form 1040, line 38 2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid		5 State and local (check only one box):		
a	<input checked="" type="checkbox"/> Income taxes, or	5	7,648.	
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6		
7	Personal property taxes	7		
8	Other taxes. List type and amount ►	8		
9	Add lines 5 through 8	9		7,648.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098	10	
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
		12 Points not reported to you on Form 1098. See instructions for special rules	12	
		13 Mortgage insurance premiums (see instructions)	13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)	14	
		15 Add lines 10 through 14	15	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
		18 Carryover from prior year	18	
		19 Add lines 16 through 18	19	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► Deductible expenses from Form 2106	21	1,678.
		22 Tax preparation fees	22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23	
		24 Add lines 21 through 23	24	1,678.
		25 Enter amount from Form 1040, line 38 25 122,742.	25	
		26 Multiply line 25 by 2% (.02)	26	2,455.
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►	28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$152,525? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	7,648.
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

Health Savings Accounts (HSAs)

► Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014Attachment
Sequence No. **53**

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.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions).	<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	0.
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others , see the instructions for the amount to enter.	3,300.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	3,300.
6	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 2014, see the instructions for the amount to enter.	3,300.
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).	0.
8	Add lines 6 and 7.	3,300.
9	Employer contributions made to your HSAs for 2014	750.
10	Qualified HSA funding distributions	
11	Add lines 9 and 10.	750.
12	Subtract line 11 from line 8. If zero or less, enter -0-	2,550.
13	HSA deduction. Enter the smaller 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.

14a	Total distributions you received in 2014 from all HSAs (see instructions).	
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).	
c	Subtract line 14b from line 14a.	
15	Qualified medical expenses paid using HSA distributions (see instructions).	
16	Taxable HSA distributions. 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.	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here <input type="checkbox"/>	
b	Additional 20% tax (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. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.	

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.

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

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Abhinav Singhal

Primary SSN: 011-90-4456

Federal Return Submitted: March 08, 2015 08:26 AM PDT

Federal Return Acceptance Date:

Your return was electronically transmitted on 03/08/2015

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2015. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2015, your Intuit electronic postmark will indicate April 15, 2015, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2015, and a corrected return is submitted and accepted before April 20, 2015. If your return is submitted after April 20, 2015, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2015. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2015, and the corrected return is submitted and accepted by October 20, 2015.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2014 New Jersey Tax Return

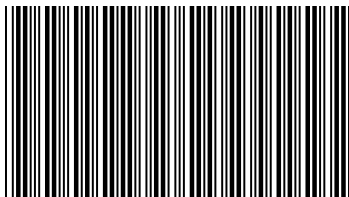
Important: Your taxes are not finished until all required steps are completed.



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

Balance Due/Refund	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$16.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
Where's My Refund?	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.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2014 New Jersey Tax Return Summary	Taxable Income	\$	122,051.00
	Total Tax	\$	34.00
	Total Payments/Credits	\$	50.00
	Amount to be Refunded	\$	16.00

NJ-1040
2014
Page 1



040MP01140

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. – Dec. 2014 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

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X



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

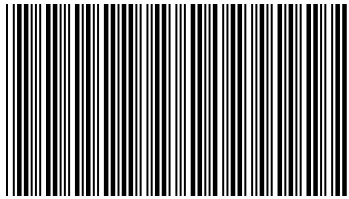
Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

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.



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Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY
FROM TO

FILING STATUS

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

X

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

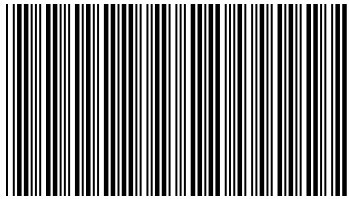
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

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.	123051	.
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.	123051	.
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.	123051	.
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.	122051	.



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NJ-1040 (2014)

PAGE 3

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37A.	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	180 .
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.	122051 .
40.	TAX (FROM TAX TABLES, PAGE 52)	40.	5648 .
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	5614 .
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	32
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)	42.	34 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	34 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) 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.	34 .
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 2013 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	.
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	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.	16 .
58.	YOUR 2015 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	16 .

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

2014

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 40.

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

1. Income actually taxed by other jurisdiction during tax year (indicate name <u>New York</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)	1.	122,301.	2.	123,051.	3.	99.3905 %
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	123,051.				
3. Maximum Allowable Credit Percentage (Divide Line 2 into Line 1) 1 <u>122,301.</u> 2 <u>123,051.</u>						
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.			COLUMN A		COLUMN B	
4. Taxable Income (after Exemptions and Deductions) from Line 36, Form NJ-1040	4.	122,051.	4.	122,051.		
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; width: 100px; float: right; text-align: center;">5a. 180.</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 33.			5.	180.	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)	6.	121,871.	6.	122,051.		
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)	7.	5,637.	7.	5,648.		
8. Allowable Credit (Line 3 times Line 7)	8.	5,603.	8.	5,614.		
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 43. <div style="border: 1px solid black; width: 100px; float: right; text-align: center;">9a. 7,300.</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 40).			9.	5,603.	9.	5,614.

- 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.

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

Statement for Wages, Salaries, and Tips

2014

Name Singhal, Abhinav		Social Security No. 011-90-4456	
<p>Not applicable if a part-year nonresident with NJ source income.</p>		Income from all sources	Income attributed to New Jersey (part-year resident or non- resident only)
1	Wages, from Form W-2	122,301.	
	Deductions from wages: Complete the following if included on line 1 above and meet all requirements (see help)		
a	Meals and lodging		
b	Employee business expenses		
c	Moving expenses		
d	Compensation for injuries or sickness		
e	Commuter transportation benefits		
f	Total deductions from wages		
g	Taxable wages	122,301.	
2	Miscellaneous income, Form 8919		
3	Excess employee business expense reimbursement		
4	Taxable tips, from Form 4137		
5	Excess moving expense reimbursement		
6	Wages earned as a household employee (if less than \$1,500 and without a Form W-2)		
7	Wages from a foreign source		
8	Ordinary income from ESPP stock sale and incentive stock options		
9	Military spouses residency relief act (see New Jersey instructions) . .		
10	Other: MOODYS S -W-Employer contribution to HSA	750.	
11	Total wages, salaries, tips, etc	123,051.	

File by Mail Instructions for your 2014 New York Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

ABHINAV SINGHAL
255 WARREN STREET 1101
Jersey city, NJ 07302

Balance Due/Refund	Your New York state tax return (Form IT-203) shows you are due a refund of \$317.00 Your refund will be direct deposited into the following account: Account Number: 13166160, Routing Transit Number: 211391825.		
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach copies of federal Form(s) W-2 to your tax return.</p> <p>Mail your return and attachments to: State Processing Center PO Box 61000 Albany, NY 12261-0001</p> <p>Deadline: Postmarked by April 15, 2015</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2014 New York Tax Return Summary	Taxable Income	\$	114,501.00
	Total Tax	\$	7,300.00
	Total Payments/Credits	\$	7,617.00
	Amount to be Refunded	\$	317.00
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.		
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.		



New York State requires this income tax return to be filed electronically.

New York State law requires income tax returns prepared using software to be e-filed. Because this New York State tax return was prepared using software, you **MUST** file it electronically.

Besides being the law, e-filing has many advantages:

- Taxpayers using e-file get their New York State refunds **twice** as fast as paper filers.
- E-filing is fast, easy, and secure.
- There are no additional costs for e-filing. Once you've paid for your New York State tax preparation software, you're entitled to FREE e-filing of your New York State return.

90% of New Yorkers enjoy the benefits of e-filing.

Questions?

Visit our Web site for more information about New York's e-file mandate.

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

New York State • New York City • Yonkers

For the year January 1, 2014, through December 31, 2014, or fiscal year beginning

IT-203**14**

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 (mm-dd-yyyy) 10-28-1981	Your social security number 011-90-4456
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (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) NR	
Taxpayer's permanent home address (see instr., pg. 13) (no. and street or rural route)				Apartment no.	City, village, or post office
				School district code number	
State		ZIP code		Country (if not United States)	
				Decedent information	Taxpayer's date of death
					Spouse's date of death

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

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

B Did you itemize your deductions on your 2014 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 pg. 14) Yes ☒ No ☐**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax freeze credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the amount00

D3 Did you receive a family tax relief credit? (see page 14) Yes ☐ No ☒**I Dependent exemption information** (see page 15)

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

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

REV 11/17/14 INTUIT.CG.CFP.SP

203001141555



For office use only

Enter your social security number

011-90-4456

Federal income and adjustments (see page 16)**Federal amount**
Whole dollars only**New York State amount**
Whole dollars only

1 Wages, salaries, tips, etc.	SEE STMT.	1	122,301 .00	1	122,301 .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	441 .00	4	441 .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 X in box <input type="checkbox"/>		9	.00	9	.00
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box <input type="checkbox"/>		10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit a copy of federal Schedule E, Form 1040)		11	.00	11	.00
12 Rental real estate included in line 11 (federal amount) 12	.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 22) Identify:		16	.00	16	.00
17 Add lines 1 through 11 and 13 through 16		17	122,742 .00	17	122,742 .00
18 Total federal adjustments to income (see page 22) Identify:		18	.00	18	.00
19 Federal adjusted gross income (subtract line 18 from line 17)		19	122,742 .00	19	122,742 .00

New York additions (see page 23)

20 Interest income on state and local bonds (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	122,742 .00	23	122,742 .00

New York subtractions (see page 24)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)		24	441 .00	24	441 .00
25 Pensions of NYS and local governments and the federal government (see page 24)		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	441 .00	30	441 .00
31 New York adjusted gross income (subtract line 30 from line 23)		31	122,301 .00	31	122,301 .00

32 Enter the amount from line 31, **Federal amount** column **32** 122,301 .00

Standard deduction or itemized deduction (see page 26)33 Enter your **standard deduction** (table on page 26) or your **itemized deduction** (from Form IT-203-D).Mark an **X** in the appropriate box: ... ☒ **Standard** – or – ☐ **Itemized**

33	7,800 .00	33	7,800 .00
34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)		34	114,501 .00
35 Dependent exemptions (enter the number of dependents listed in Item I; see page 26)		35	000.00
36 New York taxable income (subtract line 35 from line 34)		36	114,501 .00

203002141555



Name(s) as shown on page 1 ABHINAV SINGHAL	Enter your social security number 011-90-4456
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Tax computation, credits, and other taxes (see page 26)

37 New York taxable income (from line 36 on page 2).....	37	114,501.00
38 New York State tax on line 37 amount (see page 27 and Tax computation on pages 60,61, and 62)	38	7,300.00
39 New York State household credit (page 27, table 1, 2, or 3).....	39	.00
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	7,300.00
41 New York State child and dependent care credit (see page 28)	41	.00
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42	7,300.00
43 New York State earned income credit (see page 28)	43	.00

44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44	7,300.00
--	-----------	----------

45 Income percentage (see page 28) <input type="text"/> New York State amount from line 31 <input type="text"/> 122,301.00 ÷ Federal amount from line 31 <input type="text"/> 122,301.00 = 45 <input type="text"/> 1.0000 Round result to 4 decimal places
--

46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46	7,300.00
47 New York State nonrefundable credits (Form IT-203-ATT, line 8)	47	.00
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48	7,300.00
49 Net other New York State taxes (Form IT-203-ATT, line 33)	49	.00
50 Total New York State taxes (add lines 48 and 49)	50	7,300.00

New York City and Yonkers taxes and credits

51 Part-year New York City resident tax (Form IT-360.1)	51	.00
52 Part-year resident nonrefundable New York City child and dependent care credit	52	.00
52a Subtract line 52 from line 51	52a	.00
53 Yonkers nonresident earnings tax (Form Y-203)	53	.00
54 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	54	.00
55 Total New York City and Yonkers taxes (add lines 52a, 53, and 54)	55	.00
56 Sales or use tax (See the instructions on page 29. Do not leave line 56 blank.)	56	0.00

See instructions on pages 28 and 29 to compute New York City and Yonkers taxes, credits, and surcharges.

Voluntary contributions (see page 30)

57a Return a Gift to Wildlife	57a	.00
57b Missing/Exploited Children Fund	57b	.00
57c Breast Cancer Research Fund	57c	.00
57d Alzheimer's Fund	57d	.00
57e Olympic Fund (\$2 or \$4)	57e	.00
57f Prostate and Testicular Cancer Research and Education Fund ...	57f	.00
57g 9/11 Memorial	57g	.00
57h Volunteer Firefighting & EMS Recruitment Fund	57h	.00
57i Teen Health Education	57i	.00
57j Veterans Remembrance	57j	.00
57 Total voluntary contributions (add lines 57a through 57j)	57	.00
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58	7,300.00



Enter your social security number

011-90-4456

59 Enter amount from line 58 **59** 7,300.00**Payments and refundable credits** (see page 31)

60 Part-year NYC school tax credit (also complete E on front; see page 31) ...	60	.00
61 Other refundable credits (Form IT-203-ATT, line 17)	61	.00
62 Total New York State tax withheld	62	7,617.00
63 Total New York City tax withheld	63	.00
64 Total Yonkers tax withheld	64	.00
65 Total estimated tax payments/amount paid with Form IT-370 ..	65	.00
66 Total payments and refundable credits (add lines 60 through 65)	66	7,617.00

Submit your wage and tax statements with your return (see page 31).

Your refund, amount you owe, and account information (see pages 32 through 35)**67** Amount overpaid (if line 66 is **more than** line 59, subtract line 59 from line 66) **67** 317.00

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** 317.00

69 Amount of line 67 that you want applied to your **2015** 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 33) **71** .00**72** Other penalties and interest (see page 33) **72** .00

See pages 32 and 33 for information about your three refund choices.

See page 33 for payment options.

See page 36 for the proper assembly of your return.

73 Account information for direct deposit or electronic funds withdrawal (see page 34).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. 34) ☐**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 34) Date Amount00

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

▼ Paid preparer must complete (see instr.) ▼		Date
Preparer's signature	Preparer's NYTPRIN	
Firm's name (or yours, if self-employed) SELF-PREPARED	Preparer's PTIN or SSN	
Address	Employer identification number	
	NYTPRIN excl. code	
E-mail:		

▼ Taxpayer(s) must sign here ▼	
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.

203004141555



Additional information from your 2014 New York Tax Return

IT-203: Nonresident/Part Year Income Tax Return

Line 1

Explanation Statement

Income Allocation Based On Volume
DAY JOB IN NEW YORK