

Everest Associates LLC
8 Gray St
Jersey City, NJ 07302
(201) 395-0622

02-23-2009

ABHINAV SINGHAL

INSTRUCTIONS FOR FILING 2008 FEDERAL FORM 1040

- .You will receive a refund of \$3,206.00.
 - .You have elected to file your Federal return ELECTRONICALLY.
 - .You must sign FORM 8879.
 - .DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.
-

INSTRUCTIONS FOR FILING 2008 NEW YORK IT-203

- .You will receive a refund of \$153.00.
 - .You have elected to file your State return ELECTRONICALLY.
 - .You must sign NY EF PIN Statement.
 - .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.
-

INSTRUCTIONS FOR FILING 2008 MASSACHUSETTS FORM 1-NR/PY

- .You will receive a refund of \$276.00.
 - .You have elected to file your State return ELECTRONICALLY.
 - .You must sign MA Form M-8453.
 - .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.
-

INSTRUCTIONS FOR FILING 2008 NEW JERSEY FORM NJ-1040

- .You will receive a refund of \$42.00.
- .You have elected to file your State return ELECTRONICALLY.
- .No signature(s) are required.
- .DO NOT MAIL A PAPER COPY OF YOUR STATE RETURN.

BANK ACCOUNT VERIFICATION

ABHINAV SINGHAL

XXX-XX-4456

You have elected to receive your refund via direct deposit (DD) or make payment via electronic funds withdrawal (EFW). The following indicates the bank name, routing number, and account number for each DD or EFW return. Please verify the information and sign at the bottom. If there are changes, please indicate the changes on this form.

FINANCIAL INSTITUTION	ROUTING NUMBER (RTN)	ACCOUNT NUMBER (DAN)	ACCOUNT TYPE
DCU	211391825	13166160	CHECKING

Federal Refund of \$3,206.00 will be deposited.
New York Refund of \$153.00 will be deposited.
Massachusetts Refund of \$276.00 will be deposited.
New Jersey Refund of \$42.00 will be deposited.

Taxpayer's Signature

Date

Spouse's Signature (if filing jointly)

Date

For the year Jan. 1-Dec. 31, 2008, or other tax year beginning , 2008, ending , 20 OMB No. 1545-0074

Label Use the IRS label. Otherwise, please print or type.

ABHINAV SINGHAL

1 RIVER CT APT 1110

JERSEY CITY NJ 07310

Your social security number
011-90-4456

Spouse's social security no.

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☒ **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 inst.) If qualifying person is a child but not your dependent, enter child's name here. ▶

5 ☐ Qualifying widow(er) with dependent child (see inst.)

Check only one box.

Exemptions

If more than four dependents, see instructions.

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

b ☐ **Spouse**

c **Dependents:**

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

d Total number of exemptions claimed 1

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 inst.)
 Dependents on 6c not entered above

Add numbers on lines above ▶ 1

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 74,355

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 (see instructions) 9b

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 151

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 (see inst.) 20b

21 Other income

22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 74,506

Adjusted Gross Income

23 Educator expenses (see instructions) 23

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

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26 1,169

27 One-half of self-employment tax. Attach Schedule SE 27

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

29 Self-employed health insurance deduction (see instructions) 29

30 Penalty on early withdrawal of savings 30

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

32 IRA deduction (see instructions) 32

33 Student loan interest deduction (see instructions) 33

34 Tuition and fees deduction. Attach Form 8917 34

35 Domestic production activities ded. Attach Form 8903 35

36 Add lines 23 through 31a and 32 through 35 1,169

37 Subtract line 36 from line 22. This is your **adjusted gross income** ▶ 73,337

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	73,337
	39a Check <input type="checkbox"/> You were born before January 2, 1944, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1944, <input type="checkbox"/> Blind. checked 39a		
Standard Deduction for -- ● People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dep., see inst. ● All others: Single or Married filing separately, \$5,450 Married filing jointly or Qualifying widow(er), \$10,900 Head of household, \$8,000	b If your spouse itemizes on a separate return or you were a dual-status alien, see inst. and check here 39b c Check if standard deduction includes real estate taxes or disaster loss (see inst.) 39c		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,241
	41 Subtract line 40 from line 38	41	61,096
	42 If line 38 is over \$119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply \$3,500 by the total number of exemptions claimed on line 6d.	42	3,500
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	57,596
	44 Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	10,738
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Add lines 44 and 45	46	10,738
	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child & dependent care expenses. Attach Form 2441	48	
49 Credit for the elderly or the disabled. Attach Schedule R	49		
50 Education credits. Attach Form 8863	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit (see instructions). Attach Form 8901 if required	52		
53 Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 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 47 through 54. These are your total credits	55		
56 Subtract line 55 from line 46. If line 55 is more than line 46, enter -0-	56	10,738	
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	
	60 Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H	60	
	61 Add lines 56 through 60. This is your total tax	61	10,738
Payments If you have a qualifying child, attach Schedule EIC.	62 Federal income tax withheld from Forms W-2 and 1099	62	13,944
	63 2008 estimated tax payments & amt. applied from 2007 return	63	
	64a Earned income credit (EIC)	64a	
	b Nontaxable combat pay election 64b		
	65 Excess social security and tier 1 RRTA tax withheld (see inst.)	65	
	66 Additional child tax credit. Attach Form 8812	66	
	67 Amount paid with request for extension to file (see instructions)	67	
	68 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	68	
	69 First-time homebuyer credit. Attach Form 5405	69	
	70 Recovery rebate credit (see instructions)	70	
71 Add lines 62 through 70. These are your total payments	71	13,944	
Refund Direct deposit? See inst. and fill in 73b, 73c, and 73d, or Form 8888.	72 If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid	72	3,206
	73a Amount of line 72 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	73a	3,206
	b Routing no. 2 1 1 3 9 1 8 2 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account no. 1 3 1 6 6 1 6 0		
74 Amt. of line 72 you want applied to your 2009 estimated tax 74	74		
Amount You Owe	75 Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions 75	75	
76 Estimated tax penalty (see instructions)	76		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No Designee's name _____ Phone no. _____ Personal identification number (PIN) _____		
Sign Here	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.		
Joint return? See instructions. Keep a copy for your records.	Your signature _____ Date _____	Your occupation IT CONSULTANT	Daytime phone number
	Spouse's signature. If a joint return, both must sign. _____ Date _____	Spouse's occupation	
Paid Preparer's Use Only	Preparer's signature _____ Date _____	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00209867
	Firm's name (or yours if self-employed), address, & ZIP code Everest Associates LLC 8 Gray St Jersey City, NJ 07302	EIN 32-0052611 Phone no. (201) 395-0622	

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Schedule A -- Itemized Deductions

OMB No. 1545-0074

2008

Attachment
Sequence No. **07**

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedules A&B (Form 1040).**

Name(s) shown on Form 1040

ABHINAV SINGHAL

Your social security no.

011-90-4456

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions) _____

2 Enter amount from Form 1040, line 38 .. **2** 73,337

3 Multiply line 2 by 7.5% (.075)

4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-

1

3

5,500

4

0

Taxes You Paid

(See instructions.)

5 State and local (check only one box):

a ☒ Income taxes, or

b ☐ General sales taxes

6 Real estate taxes (see instructions)

7 Personal property taxes

8 Other taxes. ▶

9 Add lines 5 through 8

5

4,124

6

7

8

9

4,124

Interest You Paid

(See instructions.)

Note.

Personal interest is not deductible.

10 Home mortgage interest and points reported to you on Form 1098 ..

11 Home mortg. int. not reported to you on Form 1098. If paid to seller, show that person's name, ID no., & addr. ▶

12 Points not reported to you on Fm. 1098. See inst. for special rules ..

13 Qualified mortgage insurance premiums (see instructions)

14 Investment interest. Attach Form 4952 if required. (See instructions.)

15 Add lines 10 through 14

11

0

12

13

14

15

0

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions

SEE DEDUCTION ATTACHMENT

17 Other than by cash or check. If any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500

18 Carryover from prior year

19 Add lines 16 through 18

16

704

17

500

18

19

1,204

Casualty and Theft Losses

20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)

20

0

Job Expenses and Certain Miscellaneous Deductions

(See instructions.)

21 Unreimbursed empl. exp. You **must** attach Form 2106 or 2106-EZ if required

▶ SEE DEDUCTION ATTACHMENT

22 Tax preparation fees

23 Other expenses ▶

24 Add lines 21 through 23

25 Enter amount from Form 1040, line 38. **25** 73,337

26 Multiply line 25 by 2% (.02)

27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

21

8,280

22

100

23

24

8,380

26

1,467

27

6,913

Other Miscellaneous Deductions

28 Other -- from list in instructions. List type and amount ▶

28

Total Itemized Deductions

29 Is Form 1040, line 38, over \$159,950 (over \$79,975 if married filing separately)?

☒ **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.

☐ **Yes.** Your deduction may be limited. See instructions for the amount to enter.

30 If you elect to itemize deductions even though they are less than your standard deduction, check here

29

12,241

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2008

Moving Expenses► **Attach to Form 1040 or Form 1040NR.****2008**Attachment
Sequence No. **62**

Name(s) shown on return

ABHINAV SINGHAL

Your social security number

011-90-4456

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

1 Transportation and storage of household goods and personal effects (see instructions)	1	550
2 Travel (including lodging) from your old home to your new home (see instructions). Do not include the cost of meals	2	619
3 Add lines 1 and 2	3	1,169
4 Enter the total amount your employer paid you for the expenses listed on lines 1 and 2 that is not included in box 1 of your Form W-2 (wages). This amount should be shown in box 12 of your Form W-2 with code P	4	
5 Is line 3 more than line 4? <input type="checkbox"/> No. You cannot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 from line 4 and include the result on Form 1040, line 7, or Form 1040NR, line 8. <input checked="" type="checkbox"/> Yes. Subtract line 4 from line 3. Enter the result here and on Form 1040, line 26, or Form 1040NR, line 26. This is your moving expense deduction	5	1,169

For Paperwork Reduction Act Notice, see instructions.Form **3903** (2008)

1

Form **2106-EZ**Department of the Treasury
Internal Revenue Service (99)**Unreimbursed Employee Business Expenses**▶ **Attach to Form 1040 or Form 1040NR.**

OMB No. 1545-0074

2008Attachment
Sequence No. **129A**

Your name

ABHINAV SINGHAL

Occupation in which you incurred expenses

IT CONSULTANT

Social security number

011-90-4456

You May 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 2008.

Caution: You can use the standard mileage rate for 2008 **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

1 Vehicle expense using the standard mileage rate. Complete Part II and then go to line 1a below.		
a Multiply business miles driven before July 1, 2008, by 50.5¢ (.505)	1a	809
b Multiply business miles driven after June 30, 2008, by 58.5¢ (.585)	1b	
c Add lines 1a and 1b	1c	809
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	2,293
4 Business expenses not included on lines 1c through 3. Do not include meals and entertainment.	4	
5 Meals and entertainment expenses: \$ <u>2,365</u> x 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.)	5	1,183
6 Total expenses. Add lines 1c through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (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.)	6	4,285

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) ▶ 01-01-2007

8 Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:

a Business 1,602 b Commuting (see instructions) 298 c Other 136

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

For Paperwork Reduction Act Notice, see instructions.

Form **2106-EZ** (2008)

IRS e-file Signature AuthorizationDepartment of the Treasury
Internal Revenue Service

- ▶ **Do not send to the IRS. This is not a tax return.**
 ▶ **Keep this form for your records. See instructions.**

2008

Declaration Control Number (DCN)

▶ 00220078903839

Taxpayer's name

ABHINAV SINGHAL

Social security number

011-90-4456

Spouse's name

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2008 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	73,337
2	Total tax (Form 1040, line 61; Form 1040A, line 37; Form 1040EZ, line 11)	2	10,738
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 7)	3	13,944
4	Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 12a; Form 1040-SS, Part I, line 12a)	4	3,206
5	Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 13)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Everest Associates LLC to enter or generate my PIN

ERO firm name

48516

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN

ERO firm name

Enter five numbers, but
do not enter all zeros

as my signature on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶

Date ▶

Practitioner PIN Method Returns Only -- continue below**Part III Certification and Authentication -- Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

22007878678

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶

Date ▶

ERO Must Retain This Form -- See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879** (2008)

2008 WAGES AND SALARIES SUMMARY ATTACHMENT

ABHINAV SINGHAL
011-90-4456

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
SATYAM COMPUTER SERVICES LTD	23-2708334	T	61,816	12,168	3,926	NY	61,816	3,582	
INFOSYS TECHNOLOGIES LIMITED	58-1760235	T	12,539	1,776	777	MA	12,539	542	
TOTAL			74,355	13,944	4,703		74,355	4,124	

2008 FEDERAL TAX WITHHOLDINGS ATTACHMENT

ABHINAV SINGHAL
011-90-4456

W-2	SATYAM COMPUTER SERVICES LTD	12,168
W-2	INFOSYS TECHNOLOGIES LIMITED	1,776
TOTAL TO FORM 1040 LINE 64		13,944

2008 SCHEDULE A - ITEMIZED DEDUCTIONS ATTACHMENT

ABHINAV SINGHAL
011-90-4456

GIFTS BY CASH OR CHECK	
TEMPLE DONATION BOX	596
VARIOUS CHARITABLE	108
TOTAL TO SCHEDULE A LINE 16	704

GIFTS OTHER THAN CASH OR CHECK	
GOODWILL STORES	500
TOTAL TO SCHEDULE A LINE 17	500

UNREIMBURSED EMPLOYEE EXPENSE	
FORM 2106	4,285
LOCAL TRANSPORTATION	1,036
NEWSPAPER& PERIODICAL	208
BOOKS	214
INTERNET CHARGES	469
BUSINESS TELEPHONE	794
UPKEEP BUSINESS SUITS	863
MISCELLANEOUS	301
SEMINARS	110
TOTAL TO SCHEDULE A LINE 21	8,280

2008 SCHEDULE A -- STATE AND LOCAL TAX ATTACHMENT

ABHINAV SINGHAL
011-90-4456

NY STATE W2 W/H FROM SATYAM COMPUTER SERVICE	3,582
MA STATE W2 W/H FROM INFOSYS TECHNOLOGIES LI	542
TOTAL TO SCHEDULE A LINE 5	4,124

2008 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A instructions for line 5b Worksheet)

ABHINAV SINGHAL

011-90-4456

Keep for Your Records

1a.	Available income shown on Form 1040, line 38	1a.	<u>73,337</u>	
b.	Tax-exempt interest income	1b.	_____	
c.	Nontaxable combat pay	1c.	_____	
d.	Nontaxable part of social security and railroad retirement benefits	1d.	_____	
e.	Nontaxable part of IRA, pension, or annuity distributions not including rollovers ...	1e.	_____	
f.	Other adjustments to total available income	1f.	_____	
g.	Total available income. Add lines 1a through 1f	1g.	<u>73,337</u>	
2.	Number of exemptions claimed	2.	<u>1</u>	
3.	Enter your state general sales taxes from the applicable table in the instructions (see instructions) NJ	3.	<u>786</u>	
Next. If, for all of 2008, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, or West Virginia, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.				
4.	Did you live in Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2008?			
<ul style="list-style-type: none">• No. Enter -0-.• Yes. Enter your local general sales taxes from the applicable table in the instructions.				
		4.	<u>0</u>	
5.	Did your locality impose a local general sales tax in 2008? Residents of California and Nevada see instructions.			
<ul style="list-style-type: none">• No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9.• Yes. Enter your local general sales tax rate, but omit percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2008, see instructions. (If you do not know your local general sales tax rate, contact your local government.				
		5.	<u>0.000</u>	
6.	Did you enter -0- on line 4 above?			
<ul style="list-style-type: none">• No. Skip lines 6 and 7 and go to line 8.• Yes. Enter your state general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0				
		6.	<u>0.000</u>	
7.	Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three places)	7.	_____	
8.	Did you enter -0- on line 4 above?			
<ul style="list-style-type: none">• No. Multiply line 4 by line 5.• Yes. Multiply line 3 by line 7. If you lived in more than one locality in the same state during 2008, see instructions above.				
		8.	<u>0</u>	
9.	Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.	_____	
10.	Deduction for general sales taxes. Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check box b on that line	10.	<u>786</u>	

STATE AND LOCAL TAX SUMMARY

1.	Total state and local income taxes	1.	<u>4,124</u>
2.	General sales taxes (as entered or from the worksheet above)	2.	<u>786</u>
3.	Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040), line 5	3.	<u>4,124</u>

2009 CARRYFORWARD INFORMATION

ABHINAV SINGHAL
011-90-4456

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2008 state and local tax refund. (This amount may or may not be taxable in 2009)	471
Charitable contributions carryover to 2009	
Estimated short-term capital loss carryover	
Estimated long-term capital loss carryover	
2008 tax liability (for 2009 Form 2210 purposes)	10,738
Form 8839: 2008 carryover	
Refund amount applied to 2009	
Disallowed investment interest in 2008	
Additional state taxes paid	
Form 8396: Mortgage interest credit from 2006	
Mortgage interest credit from 2007	
Mortgage interest credit from 2008	
Form 8801: Minimum tax credit carryforward	
Potential 2009 IRA contribution from 2008 tax refund	

NOL carryforward:		Regular Tax		AMT Tax	
from 1994	_____	from 2001	_____	from 1994	_____
from 1995	_____	from 2002	_____	from 1995	_____
from 1996	_____	from 2003	_____	from 1996	_____
from 1997	_____	from 2004	_____	from 1997	_____
from 1998	_____	from 2005	_____	from 1998	_____
from 1999	_____	from 2006	_____	from 1999	_____
from 2000	_____	from 2007	_____	from 2000	_____
		from 2008	_____		from 2008 _____
Absorbed in carryback period	_____	Absorbed in carryback period	_____		
Net carryforward from 2008	_____	Net carryforward from 2008	_____		

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
 - Foreign Tax Credit carryforward to 2009
 - General Business Credit carryforward to 2009
- Form 5884, Form 6478, Form 8835, Section B, Form 8844, and Form 8846 are figured in Part II of their separate forms.
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
 - Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2009.

NY State & Local Refund to report on 2010 1040....	153
NY 2008 tax for 2009 underpmt penalty form.....	3,429
MA 2008 tax for 2009 underpayment penalty form....	266
2008 MA Tax Refund.....	276
NJ State & Local Refund to report on 2009 1040....	42

2009 STATE AND LOCAL INCOME TAX REFUND WORKSHEET -- Line 10

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011-90-4456

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Publication 525

1.	2008 state and local income tax refund from Form(s) 1099-G (or similar statement)	1.	471
2.	Amount of state and local income tax paid in 2008 relating to this refund	2.	4,124
3.	Amount of state and local income tax paid in 2009 relating to this refund	3.	0
4.	Total state and local income tax paid relating to line 1 refund. Line 2 plus line 3	4.	4,124
5.	Line 3 divided by line 4. Round to 4 decimal places	5.	
6.	Line 5 multiplied by line 1. This is the portion of the refund relating to 2009 (reduction on Schedule A, line 5)	6.	0
7.	Line 1 less line 6	7.	471
8.	2008 Form 1040, line 41 less line 42. If negative, enter as negative. If positive or filed Form 1040A/EZ in prior year, enter zero	8.	0
9.	Potentially taxable refund before limitations. Combine lines 7 and 8. If line 9 is zero, do not complete the rest of this worksheet. None of the refund is taxable	9.	471

Sales Tax Limitation:

10.	2008 state and local income tax paid in 2007 (amount from line 2)	10.	4,124
11.	2008 state and local general sales tax that could have been deducted on 2008 Form 1040, Schedule A, line 5	11.	786
12.	Sales tax limitation. Line 10 less line 11	12.	3,338

Standard Deduction Limitation:

13.	Taxpayer(s) required to itemize deductions in 2008?	13.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If yes, skip lines 14-17 and enter N/A next to line 18.		
14.	Total allowable itemized deductions from 2007 Schedule A, line 29	14.	12,241
15.	Allowable standard deductions for 2008 based on 2008 filing status * <u>S</u>	15.	5,450
16.	Extra standard deduction for blind/over 65 based on 2008 taxpayer and spouse **	16.	
17.	Add lines 15 and 16	17.	5,450
18.	Standard deductions limitation. Line 14 less line 17, but not less than zero	18.	6,791

Taxable Refund Limitations Based on Limited 2007 Itemized Deductions, Unused Prior Year Credits, or Prior Year AMT:

19.	2008 reduced itemized deductions limitation. Amount from line 30	19.	471
20.	2008 Unused prior year credits limitation. Amount from line 33	20.	N/A
21.	2008 AMT limitation. Amount from line 36	21.	N/A
22.	Taxable refund before other adjustment. Lesser of lines 12, 18, 19, 20, and 21	22.	471
23.	Other adjustment:	23.	
24.	Taxable refund in 2009. Line 22 less line 23	24.	471

* S/MFS = \$5,350; MFJ/QW = \$10,700; HOH = \$7,850

** MFJ/MFS/QW = \$1,050; S/HOH = \$1,300

Disclaimers:

This worksheet only calculates for refunds from the 2008 year received in 2009. The worksheet cannot calculate the taxable portion of state and local income tax refunds received from other tax years or refunds based on amended returns. For these types of refunds, manual calculations and adjustments may be necessary on line 23 of the worksheet.

If multiple credits exist in the return, careful review should be made to ensure an accurate taxable refund calculation. In some cases, manual calculations and adjustments may be necessary on line 23 of the worksheet.

2009 STATE AND LOCAL INCOME TAX REFUND WORKSHEET -- Line 10 (Cont.)

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011-90-4456

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Publication 525

Calculations for Unused Credits, Limited Itemized Deductions, and AMT Limitations

25.	State and local income tax deducted in 2008	25.	<u>4,124</u>
26.	Amount from line 7	26.	<u>471</u>
27.	Line 25 less line 26. This is the net state and local income taxes (see Pub. 525)	27.	<u>3,653</u>

2008 Reduced itemized deductions limitation:

28.	Itemized deductions allowed based on line 25 (actual state and local income tax deducted)	28.	<u>12,241</u>
29.	Itemized deductions allowed based on line 27 (net state and local income tax deduction)	29.	<u>11,770</u>
30.	Line 28 less line 29. This is the limitation based on 2008 reduced itemized deductions. Carry this amount to line 19	30.	<u>471</u>

2008 Unused Credits Limitation

31.	Amount from line 27	31.	_____
32.	Smallest 2008 state and local tax deduction for which there is no tax benefit ³	32.	_____
33.	Line 32 less line 31. This is the limitation based on 2008 unused credits Carry this amount to line 20	33.	_____
No unused credits in 2008			

2008 AMT Limitation:

34.	Amount from line 27	34.	_____
35.	Smallest 2008 state and local tax deduction for which there is no tax benefit ⁴	35.	_____
36.	Line 35 less line 34. This is the limitation based on 2008 AMT. Carry this amount to line 21	36.	_____
No AMT in 2008			

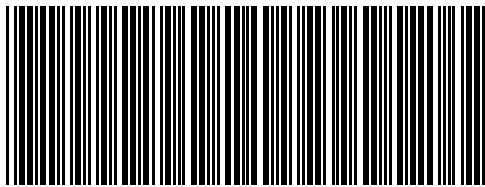
³ This amount comes from multiple re-calculations of the return, each time increasing the line 31 amount by one dollar (\$1) and continuing until there are unused tax credits.

⁴ This amount comes from multiple re-calculations of the return, each time increasing the line 34 amount by one dollar (\$1) and continuing until the regular tax equals or is barely greater than the tentative minimum tax.

Disclaimers:

This worksheet only calculates for refunds from the 2008 year received in 2009. The worksheet cannot calculate the taxable portion of state and local income tax refunds received from other tax years or refunds based on amended returns. For these types of refunds, manual calculations and adjustments may be necessary on line 23 of the worksheet.

If multiple credits exist in the return, careful review should be made to ensure an accurate taxable refund calculation. In some cases, manual calculations and adjustments may be necessary on line 23 of the worksheet.

**2008 Form 1-NR/PY** MA0800611043Massachusetts Nonresident/Part-Year Resident
Income Tax Return

For the year January 1 - December 31, 2008 or other taxable

Year beg.

End.

ABHINAV

SINGHAL

011-90-4456

1 RIVER CT

JERSEY CITY

NJ 07310

Apt. no. 1110

Name/address changed
since 2007Taxpayer
deceased

Spouse deceased

Check one: Nonresident ☒ Part-year resident ☐ Filing as both nonresident and part-year resident ☐ Nonresident composite ☐

Fill in if veteran of U.S. armed forces who served in Operation Enduring Freedom, Iraqi Freedom or Noble Eagle

You ☐ Spouse ☐**State Election Campaign Fund:**

\$1 You \$1 Spouse, if filing jointly TOTAL \$

☐ Fill in if noncustodial parent ☐ Fill in if filing Schedule TDS ☐ Fill in if under age 18 You ☐ Spouse ☐1. **Filing status** (select one only): ☒ Single ☐ Married filing joint rtn. ☐ Married filing separate return
Head of household ☐2. **Part-year residents.** Enter dates as Massachusetts resident: From 01/01/08 To 02/28/08Total days as Massachusetts resident 59 ÷ 365 = . 1616 23. **Total income** 3 745064. **Exemptions:**a. Personal exemptions 4a 4400b. Number of dependents. (Do not include yourself or your spouse.) Enter number 0 x \$1,000 = 4bc. Age 65 or over before 2009 You + Spouse = x \$700 = 4cd. Blindness You + Spouse = x \$2,200 = 4de. 1. Medical/dental 2. Adoption 1 + 2 = 4ef. Total exemptions. Add items 4a through 4e. Enter here and on line 22a 4f 44005. Wages, salaries, tips 5 125396. Taxable pensions and annuities 6**SIGN HERE. Under penalties of perjury, I declare that to best of my knowledge & belief this rtn. & enclosures are true, correct & complete.**

Your signature

Date

Spouse's signature

Date

I do not want preparer to file my return electronically ☐ (this may delay your refund)May the Department of Revenue discuss this return with the preparer shown here? ☐

Yes

Print paid preparer's name

Date

Check if self-employed Paid preparer's SSN

☒ P00209867

Paid preparer's signature

Paid preparer's phone

201-395-0622

Paid preparer's EIN

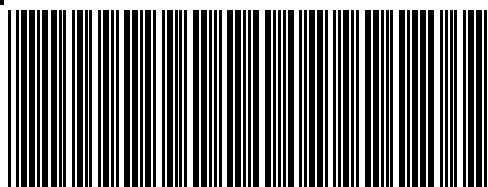
☐ 32-0052611

M. SALEEM

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2/23/2009 9:59:53 AM

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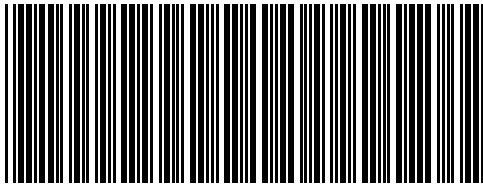
2008 Form 1-NR/PY, pg. 2 MA0800621043

Massachusetts Nonresident/Part-Year Resident Income Tax Return

011-90-4456

7.	Mass. bank interest: a. ▶	-b. exemption	=	7
8.	Business/profession or farm income or loss		▶	8
9.	Rental, royalty and REMIC, partnership, S corp., trust income/loss		▶	9
10a.	Unemployment		▶	10a
10b.	Mass. lottery winnings		▶	10b
11.	Other income		▶	11
12.	TOTAL 5.3% INCOME		12	12539
13.	NONRESIDENT APPORTIONMENT WORKSHEET. You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis: working days miles sales other:			
	Working days (or other basis) outside Massachusetts		13a	
	Working days (or other basis) inside Massachusetts		13b	
	Total working days		13c	
	Nonworking days (holidays, weekends, etc.)		13d	
	Massachusetts ratio		▶ 13e	
	Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		13f	
	Massachusetts income		13g	
14.	NONRESIDENT DEDUCTION AND EXEMPTION RATIO			
	a. Total 5.3% income		14a	
	b. Interest income		14b	
	c. Total capital gain income		14c	
	d. Total income this return		14d	
	e. Non-Massachusetts source income. Not less than ``0"		▶ 14e	
	f. Total income		14f	
	g. Deduction and exemption ratio		14g	
15a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		▶ 15a	959
15b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		▶ 15b	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2008 Form 1-NR/PY, pg. 3 MA0800631043

Massachusetts Nonresident/Part-Year Resident Income Tax Return

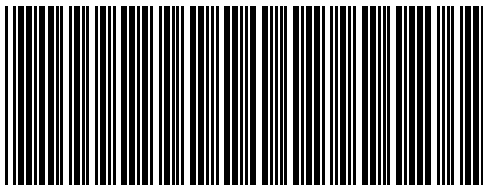
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011-90-4456

16. Child under age 13, or disabled dependent/spouse care expenses	▶ 16	
17. Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/08, or disabled dependent(s)		
Not more than two. a. ▶	x \$3,600 = ▶ 17	
18. Rental deduction. a. ▶ 800	÷ 2 = ▶ 18	400
Nonresidents, during 2008, did you have a family home or any other dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future? <input checked="" type="checkbox"/> Yes No. If "Yes," you do not qualify for this deduction.		
19. Other deductions from Schedule Y, line 16	▶ 19	5454
20. Total deductions. Add lines 15 through 19	▶ 20	6813
21. 5.3% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"	21	5726
22. Exemption amount. a. 4400	▶ 22	711
23. 5.3% INCOME AFTER EXEMPTIONS. Subtract line 22 from line 21. Not less than "0"	23	5015
24. INTEREST AND DIVIDEND INCOME	▶ 24	0
25. TOTAL TAXABLE 5.3% INCOME. Add lines 23 and 24	25	5015
26. TAX ON 5.3% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Sch. D, line 20 by .0585 ▶	26	266
27. 12% INCOME. Not less than "0." a. ▶ 0.00	x .12 = 27	0
28. TAX ON LONG-TERM CAP. GAINS. Not less than "0." Fill in if filing Sch. D-IS ▶	▶ 28	0
Fill in if any excess exemptions were used in calculating lines 24, 27 or 28 ▶		
29. Credit recapture amt. BC EOA LIH HR	▶ 29	
30. If you qualify for No Tax Status, fill in and enter "0" on line 31 ▶		
31. TOTAL INCOME TAX. Add lines 26 through 29	31	266
32. Limited Income Credit	▶ 32	
33. Credits from Sch. Z, line 10	▶ 33	
34. Credits from Sch. Z, line 13	▶ 34	
35. Total credits	35	
36. INCOME TAX AFTER CREDITS. Subtract line 35 from line 31. Not less than "0"	36	266

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2008 Form 1-NR/PY, pg. 4 MA0800641043
Massachusetts Nonresident/Part-Year Resident Income Tax Return
011-90-4456

37. Voluntary contributions

- a. Endangered Wildlife Conservation ▶ **37a**
b. Organ Transplant Fund ▶ **37b**
c. Massachusetts AIDS Fund ▶ **37c**
d. Massachusetts U.S. Olympic Fund ▶ **37d**
e. Massachusetts Military Family Relief Fund ▶ **37e**
Total. Add lines 37a through 37e **37**

38. Use tax due on out-of-state purchases. If no use tax due enter "0" ▶ **38**

39. Health care penalty a. You ▶ b. Spouse ▶ a + b = **39**

40. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 39 **40** 266

41. Massachusetts income tax withheld ▶ **41** 542

42. 2007 overpayment applied to your 2008 estimated tax ▶ **42**

43. 2008 Massachusetts estimated tax payments ▶ **43**

44. Payments made with extension ▶ **44**

45. Earned Income Credit. a. Number of qualifying children ▶ Amount from U.S. return ▶ x .15 = **45**

46. Senior Circuit Breaker Credit ▶ **46**

47. Refundable Film Credit ▶ **47**

48. TOTAL. Add lines 41 through 47 **48** 542

49. Overpayment. Subtract line 40 from line 48 ▶ **49** 276

50. Amount of overpayment you want applied to your 2009 estimated tax ▶ **50**

51. Refund. Subtract line 50 from line 49. Mail to: Massachusetts DOR, PO Box 7001, Boston, MA 02204 ▶ **51** 276

Direct deposit of refund. Type of account ▶ ☒ checking savings

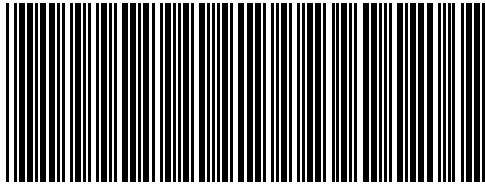
RTN # ▶ 211391825 account # ▶ 13166160

52. Tax due. Mail to: Massachusetts DOR, PO Box 7002, Boston MA 02204 ▶ **52**

Interest ▶ Penalty ▶ M-2210 amt. ▶ ▶

EX enclose
Form M-2210

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



2008 Schedule INC MA08INC11043

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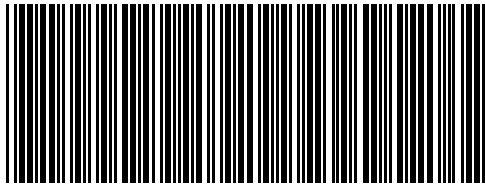
Form W-2 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD
23-2708334	0	0		
58-1760235	542	12539	959	
	0	0		
	0	0		
	0	0		
TOTALS	542	12539	959	

Form 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE INCOME
-------------------------	--------------------------	-----------------

TOTALS



2008 Schedule X & Y MA08XY11043

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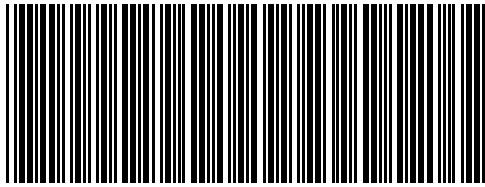
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Schedule X. Other Income

- | | |
|--|-----|
| 1. Alimony received | ▶ 1 |
| 2. Taxable IRA/Keogh and Roth IRA conversion distributions | ▶ 2 |
| 3. Other gambling winnings. Not less than ``0. Gambling losses are not deductible under Mass. law | ▶ 3 |
| 4. Fees and other 5.3% income. Not less than ``0 " | ▶ 4 |
| 5. Total other 5.3% income. Add lines 1 through 4. Not less than ``0 " | ▶ 5 |

Schedule Y. Other Deductions

- | | | |
|--|------|------|
| 1. Allowable employee business expenses | ▶ 1 | 4285 |
| 2. Penalty on early savings withdrawal | ▶ 2 | |
| 3. Alimony paid | ▶ 3 | |
| 4. Amounts excludible under MGL Ch. 41, sec. 111F or U.S. tax treaty incl. in Form 1, line 3 or Form 1-NR/PY, line 5
Income received by a firefighter or police officer incapacitated in the line of duty, per MGL Ch. 41, sec. 111F
Income exempt under U.S. tax treaty | ▶ 4 | |
| 5. Moving expenses | ▶ 5 | 1169 |
| 6. Medical savings account deduction | ▶ 6 | |
| 7. Self-employed health insurance deduction | ▶ 7 | |
| 8. Health care accounts deduction | ▶ 8 | |
| 9. Certain qualified deductions from U.S. Form 1040
Certain business expenses from U.S. Form 1040 | ▶ 9 | |
| 10. Student loan interest | ▶ 10 | |
| 11. College Tuition Deduction | ▶ 11 | |
| 12. Undergraduate student loan interest deduction | ▶ 12 | |
| 13. Deductible amount of qualified contributory pension income from another state or political subdivision
included in Form 1, line 4 or Form 1-NR/PY, line 6 | ▶ 13 | |
| 14. Claim of right deduction | ▶ 14 | |
| 15. Commuter deduction | ▶ 15 | |
| 16. Total other deductions. Add lines 1 through 15 | ▶ 16 | 5454 |



2008 Schedule HC

MA08HC11043

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SINGHAL

011-90-4456

Most Massachusetts residents age 18 and over are required to have health insurance if it is affordable for them or be subject to a penalty. Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

- 1a. Date of birth ▶ 10281981 1b. Spouse's date of birth ▶ 1c. Family size ▶ 1
2. Federal adjusted gross income ▶ 2 73337
3. Did you have health insurance at any point during 2008? ▶ 3 You X Yes No
Spouse Yes No

If you are filing a joint return and one spouse answers Yes but the other spouse answers No or each spouse has different coverage, see instructions.

If you answer No, go to line 6 on page 2. If you answer Yes, follow the instructions below.

If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or "Other" government health coverage at any point during 2008, go to line 5 on page 2. Note: See below if you were enrolled in MassHealth or Commonwealth Care.

Fill in if you were enrolled in MassHealth and/or Commonwealth Care and private insurance. ▶ You MassHealth and/or Commonwealth Care
Also, complete Part A and/or Part B below and then go to line 4. Fill in if you only had ▶ Spouse MassHealth and/or Commonwealth Care
MassHealth and/or Commonwealth Care and go to line 4.

If you were enrolled in private health insurance, complete Part A and/or Part B below, using Form MA 1099-HC (see instructions if you did not receive Form MA 1099-HC from your carrier) and go to line 4.

Note: If you (and/or your spouse if married filing a joint return) had more than two insurance companies, complete Schedule HC-CS, Health Care Continuation Sheet (see instructions) to report the additional insurance company information, and fill in: ▶

Part A. Your Health Insurance

AETNA

06-6033492 146470658

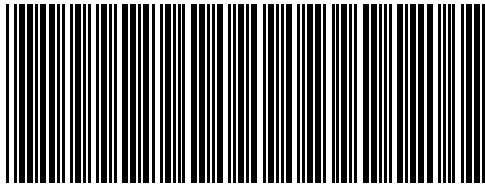
Part B. Spouse's Health Insurance

4. Were you insured for all of 2008? ▶ 4 You X Yes No
Spouse Yes No

If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions. If you answer No, go to line 6. If you answer Yes, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return.

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08 MAHC1 TWF 30985
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2008 Schedule HC, pg. 2
011-90-4456 MA08HC21043

5. If you were enrolled in Medicare, Veterans Administration Program, Tri-Care or "Other" government health coverage at any point during 2008 fill in the plan in which you were enrolled. Skip the remainder of this schedule and continue completing your tax return. See instructions for information regarding "Other" government health coverage.

5a. ▶ You	Medicare	Veterans Administration Program	Tri-Care	Other (enter name of program below)
5b. ▶ Spouse	Medicare	Veterans Administration Program	Tri-Care	Other (enter name of program below)

Uninsured for All or Part of 2008

6. Was your income in 2008 at or below 150% of the federal poverty level? ▶ 6 Yes No

If you answer Yes, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return. If you answer No, go to line 7.

7. Were you uninsured for all of 2008? ▶ 7 You Yes No
Spouse Yes No

If you are filing a joint return and one spouse answers Yes but the other spouse answers No, see instructions. If you answer Yes, go to line 9a. If you answer No, go to line 8.

8. Complete this section only if you, and/or your spouse if married filing jointly, were uninsured for part, but not all of 2008. Fill in the months you were covered, using Form MA 1099-HC. If you did not receive this form, fill in the months you were covered at least 15 days or more.

Months Covered By Health Insurance

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months without health insurance (four or more blank months in a row), go to line 9a. Otherwise, a penalty does not apply to you in 2008. Skip the remainder of this schedule and continue completing your tax return.

Religious Exemption and Certificate of Exemption

- 9a. **Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs? ▶ 9a You Yes No
Spouse Yes No

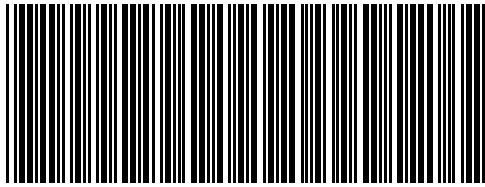
If you answer Yes, go to line 9b. If you answer No, go to line 10.

- 9b. If you are claiming a religious exemption in line 9a, did you receive medical health care during the 2007 tax year? ▶ 9b You Yes No
Spouse Yes No

If you answer No to line 9b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 9b, go to line 10.

10. **Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Commonwealth Health Insurance Connector Authority for the entire 2008 tax year or for the period you were uninsured in 2008? ▶ 10 You Yes No
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 10, go to line 11.



2008 Schedule HC, pg. 3
MA08HC31043

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011-90-4456

Affordability as Determined By State Guidelines

Note: This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2008 tax year.

- | | | | | |
|---|-------------|--------|-----|----|
| 11. Did your employer offer affordable health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | ► 11 | You | Yes | No |
| | | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- | | | | | |
|--|-------------|--------|-----|----|
| 12. Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | ► 12 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, go to line 13. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- | | | | | |
|--|-------------|--------|-----|----|
| 13. Were you able to afford private health insurance as determined by completing the Schedule HC Worksheet for Line 13 in the instructions? | ► 13 | You | Yes | No |
| | | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

Complete Only If You Are Filing An Appeal

You may have grounds to appeal if you were unable to obtain affordable insurance in 2008 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, check the box(es) below. The appeal will be heard by the Commonwealth Health Insurance Connector Authority. By checking the box below, you are authorizing DOR to share information from your tax return, including this schedule, with the Connector Authority for purposes of deciding your appeal.

After you file your return, you will receive a follow-up letter from the Connector Authority asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that form within the time specified will lead to dismissal of your appeal. Once the Connector Authority receives your documentation, it will be reviewed. You may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury. Note: If you are filing an appeal, do not enter a penalty amount on your tax return. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You ☐ I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Spouse ☐ I wish to appeal the penalty. I authorize DOR to share my tax return including this schedule with the Commonwealth Health Insurance Connector Authority for purposes of deciding my appeal.

Note: If you, and your spouse if married filing a joint return, do not complete the section above, your appeal will not be processed, and the Health Care Penalty will be assessed.

Form M-8453
Individual Income Tax Declaration
for Electronic Filing

2008
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1 - December 31, 2008.

Your first name and initial ABHINAV	Last name SINGHAL	Declaration control number 0 0 00220078903839 9
If a joint return, spouse's first name and initial 		Your Social Security number 011-90-4456
Present street address (and apartment number) 1 RIVER CT APT 1110		Spouse's Social Security number
City/Town/Post Office JERSEY CITY	State NJ	Zip 07310
Filing status: <input checked="" type="checkbox"/> Single		<input type="checkbox"/> Married filing jointly
<input type="checkbox"/> Married filing separately		<input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1	Total 5.3% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	12,539
2	Income tax after credits (from Form 1, line 31, or Form 1-NR/PY, line 36)	2	266
3	Massachusetts use tax (from Form 1, line 33, or Form 1-NR/PY, line 38)	3	
4	Massachusetts income tax withheld (from Form 1, line 36, or Form 1-NR/PY, line 41)	4	542
5	Refund amount (from Form 1, line 46, or Form 1-NR/PY, line 51)	5	276
6	Tax due (from Form 1, line 47, or Form 1-NR/PY, line 52)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2008 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date
----------------	------	---	------

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN P00209867	Date	EIN 32-0052611	<input checked="" type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address Everest Associa 8 Gray St	City/Town Jersey Cit	State NJ	Zip 07302
<input checked="" type="checkbox"/> Check if also paid preparer			

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

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

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
Firm name (or yours, if self-employed) and address	City/Town	State	Zip

**2008 MASSACHUSETTS SCHEDULE Y
LINE 1, WORKSHEET**

ABHINAV SINGHAL
011-90-4456

Keep for Your Records

Schedule Y, line 1 - Massachusetts Employee Business Expense Deduction Worksheet

- | | | |
|--|----|-------|
| 1. Enter the amount from U.S. Form 2106, line 10, or 2106-EZ, line 6 | 1. | 4,285 |
| 2. If you are an employee other than an outside salesperson, enter the amount of unreimbursed expenses included in U.S. Form 2106 or 2106-EZ, line 4 | 2. | |
| 3. If you are an employee other than an outside salesperson, enter the amount of unreimbursed meals and entertainment expenses included in U.S. Form 2106, line 9, column B or 2106-EZ, line 5, except for meals incurred while away from home | 3. | |
| 4. If you are an individual with a disability, enter the amount of impairment-related expenses included in line 1 and claimed on line 27 of U.S. Schedule A | 4. | |
| 5. Add lines 2 through 4. Enter the result here | 5. | |
| 6. Subtract line 5 from line 1, and enter the result here | 6. | 4,285 |
| 7. Enter the amount from U.S. Schedule A, line 26 | 7. | 6,913 |
| 8. Enter the smaller amount of line 6 or line 7 here and on Schedule Y, line 1 | 8. | 4,285 |

Be sure to enclose U.S. Form 2106 or 2106-EZ with your return.



STATE OF NEW JERSEY INCOME TAX -- RESIDENT RETURN
HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

For Privacy Act Notification, See Instructions

For Tax Year Jan. - Dec. 2008 or Other Tax Year

Beginning _____, 2008 Month Ending _____ 200__
On-line Federal Extension Confirmation # _____

1043

SINGHAL ABHINAV

1 RIVER CT APT 1110

JERSEY CITY

NJ 07310-0000

001	12	014	61816	038	1876	SS#	011904456
EXT	0	15a	0	040	1876	SP#	0
FS	1	15b	0	40a	00	SS1	0
DP	0	016	0	042	0	BY1	0
006	1	017	0	044	0	SS2	0
007	0	018	0	045	0	BY2	0
008	0	019	0	046	0	SS3	0
009	0	020	0	047	0	BY3	0
010	0	021	0	048	42	SS4	0
011	0	022	0	049	0	BY4	0
12a	1	023	0	050	0	007	1
12b	0	024	0	051	0	008	3
RSF	030108	025	0	052	0	MS	0
RST	123108	026	61816	053	42	011	61816
GEF	0	27a	0	054	0	013	8000
HCa	0	27b	0	055	42	014	0
HCb	0	27c	0	056	0	015	0
HCC	0	029	833	057	0	15a	0
HCD	0	030	0	058	0	15c	8000
22c	0	031	0	059	0	50b	0
VC	1043	032	0	060	0	50c	0
CTY	0906	033	0	061	0	DNM	0
PDR	0	36a	1440	062	0	PA	0
NAB	2004	36b	0	62c	0	PID	P00209867
CDV	8761	36c	0	063	0	FID	320052611
		037	60983	064	42		



Under the penalties of perjury, I declare that I have examined this income tax return and rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and that I occupied the rental property for which I am applying for the tenant rebate as my principal residence on October 1, 2008. 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 filing jointly, BOTH must sign)

Paid Preparer's Signature

Federal Identification Number

P00209867

Firm's Name Everest Associates LLC
8 Gray St Jersey City, NJ 07302

FEIN
32-0052611

Pay amount on line 54 in full. Write Social Security # on check or money order and make payable to:
STATE OF NEW JERSEY -- TGI
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111
If REFUND: N J Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555

NJ-1040/TR-1040 (2008)

PAGE 2

Name ABHINAV SINGHAL	Social Security Number 011-90-4456
--------------------------------	--

RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the From **03/01/08** To **12/31/08**
 taxable year, give the period of New Jersey residency: MONTH DAY YEAR MONTH DAY YEAR

FILING STATUS 1. ☒ Single 2. ☐ Married/CU Couple, filing joint return 3. ☐ Married/CU Partner, filing separate return 4. ☐ Head of Household 5. ☐ Qualifying Widow(er)/Surviving CU Partner

EXEMPTIONS

6. Regular <input type="checkbox"/>	10. Number of other dependents <input type="checkbox"/>
7. Age 65 or Over <input type="checkbox"/>	11. Dependents attending colleges <input type="checkbox"/>
8. Blind or Disabled <input type="checkbox"/>	12. Totals (Line 12a -- Add Lines 6, 7, 8 and 11) <input type="checkbox"/>
9. Number of qualified dependent children <input type="checkbox"/>	(Line 12b -- Add Lines 9 and 10) <input type="checkbox"/>

13. Dependent's information from Lines 9 and 10. (ATTACH RIDER IF MORE THAN FOUR)

LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR	Does Dependent Have Health Insurance? (see instr.)
a.			<input type="checkbox"/> Yes <input type="checkbox"/> No
b.			<input type="checkbox"/> Yes <input type="checkbox"/> No
c.			<input type="checkbox"/> Yes <input type="checkbox"/> No
d.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

GUBERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund?
 If joint return, does your spouse/CU partner wish to designate \$1?

14. Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	61,816
15a. Taxable interest income (See instructions)	15a	
15b. Tax exempt interest income. DO NOT include on Line 15a	15b	
16. Dividends	16	
17. Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	17	
18. Net gains or income from disposition of property (Schedule B, Line 4)	18	
19. Pensions, Annuities, and IRA Withdrawals (See instructions)	19	
20. Distributive Share of Partnership Income (See instructions)	20	
21. Net pro rata share of S Corporation Income (See instructions)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings	23	
24. Alimony and separate maintenance payments received	24	
25. Other (See instructions)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	61,816
27a. Pension Exclusion (See instructions)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instructions)	27b	
27c. Total Exclusion Amount (Add Line 27a and Line 27b)	27c	
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instructions.	28	61,816
29. Total Exemption Amount -- See instructions (Part Year Residents see instructions.)	29	833
30. Medical Expenses (See Worksheet and instructions)	30	
31. Alimony and Separate Maintenance Payments	31	
32. Qualified Conservation Contribution	32	
33. Health Enterprise Zone Deduction	33	
34. Total Exemptions and Deductions (Add Lines 29, 30, 31, 32 and 33)	34	833
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	60,983
36a. Total Property Taxes Paid	36a	1,440
36b. Check this box if you were a homeowner on October 1, 2008 <input type="checkbox"/>		
36c. Property Tax Deduction (See instructions)	36c	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	60,983
38. Tax (From Tax Tables in instructions)	38	1,876
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	39	
40. Credit For Income Taxes Paid to Other Jurisdictions.	40	1,876
Enter other jurisdiction code (See instructions) 00		
41. Balance of Tax (Subtract Line 40 from Line 38)	41	
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	
44. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO.	44	0
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed. <input type="checkbox"/>	45	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	

NJ-1040/TR-1040 (2008)

PAGE 3

Name ABHINAV SINGHAL		Social Security Number 011-90-4456	
47.	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	
48.	Property Tax Credit (See instructions)	48	42
49.	New Jersey Estimated Tax Payments/Credit from 2007 tax return.	49	
50.	New Jersey Earned Income Tax Credit (See instructions) (Check only one)	50	
Check the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/>			
Check box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>			
51.	EXCESS New Jersey UI/SF/SWF Withheld (See instructions) (Enclose Form NJ-2450)	51	
52.	EXCESS New Jersey Disability Insurance Withheld (See instructions) (Enclose Form NJ-2450)	52	
53.	Total Payments/Credits (Add Lines 47 through 52)	53	42
54.	If Line 53 is LESS THAN Line 46, enter AMOUNT YOU OWE.	54	
If you owe tax, you may make a donation by entering an amount on Lines 57, 58, 59, 60, 61 and/or 62 and adding this to your payment amount.			
55.	If Line 53 is MORE THAN Line 46, enter OVERPAYMENT.	55	42
Deductions from Overpayment on Line 55 which you elect to credit to:			
56.	Your 2009 tax	56	
57.	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	57	
58.	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59.	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60.	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61.	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62.	Other Designated Contribution (See instructions) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	62	
63.	Total Deductions from Overpayment (Add Lines 56 through 62)	63	
64.	REFUND (Amount to be sent to you. Subtract Line 63 from Line 55)	64	42

DIRECT DEPOSIT INFORMATION (ONLY FOR RETURNS WITH 2-D BARCODES)

`1' for Refund only, `2' for FAIR rebate only, `3' for both and `4' for no. ☐ 3 Type of account (`C' for Checking, `S' for Savings) ☐ C

Check Routing Number **211391825** Account Number **13166160**

2008 HOMESTEAD REBATE APPLICATION (FOR TENANTS ONLY)

7. On October 1, 2008, I rented and occupied an apartment or other rental dwelling in New Jersey as my principal residence
☒ Yes ☐ No If "No," STOP. You are not eligible for a rebate as a tenant and you should not file this application. See instructions.

8. On December 31, 2008 I (and/or my spouse/CU partner) was: ☐ Age 65 or older ☐ Blind or disabled ☒ Not 65 or blind or disabled
 Check only **one** box. See inst.

9. Enter the GROSS INCOME you reported on Line 28, Form NJ-1040 or see instructions. **9** **61,816**

10. If your filing status is MARRIED/CU PARTNER, FILING SEPARATE RETURN and you and your spouse/CU partner MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your spouse/CU partner return (Line 28, Form NJ-1040) and check this box ☐ **10**

11. TOTAL GROSS INCOME (Add Line 9 and Line 10) **11** **61,816**

STOP -- IF LINE 11 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A TENANT REBATE.

12. Enter the address of the rental property in New Jersey that was your principal residence on October 1, 2008

Street Address **1 RIVER CT APT 1110** Municipality **JERSEY CITY**

13. Enter the total rent you (and your spouse/CU partner) paid during 2008 for the rental property indicated at Line 12. **13** **8,000**

14. Enter no. of days during 2008 that you (and your spouse/CU partner) occupied rental property indicated at Line 12) (If you lived there for all of 2008, enter 365) **14**

15. Did anyone, other than your spouse/CU partner, occupy and share rent with you for the rental property indicated at Line 12? ☐ Yes ☒ No
 (If yes, you must complete Lines 15a, b and c)

15a. Enter the total number of tenants (including yourself) who shared the rent during the period indicated at Line 14. (For this purpose, husband and wife/CU couple are considered one tenant.) **15a**

15b. Enter the name(s) and social security number(s) of all other tenants (other than your spouse/CU partner) who shared the rent.

Name	_____	SS#	_____
Name	_____	SS#	_____
Name	_____	SS#	_____

15c. Enter the total rent paid by all tenants during the period indicated at Line 14. **15c** **8,000**

I authorize the Division of Taxation to discuss my return and enclosures with my preparer ☐

Name(s) as shown on Form NJ-1040 ABHINAV SINGHAL						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.			
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>MASSACHUSETTS</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.	7,085
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)						2.	61,816
3. Maximum Allowable Credit Percentage 1 <u>7,085</u> (Divide Line 2 into Line 1) 2 <u>61,816</u>						3.	11.46 %
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 35, Form NJ-1040				4.	60,983	4.	60,983
5. Property Tax and Deduction Enter property taxes or 18% of rent due and paid in 2008 from Line 36a, Form NJ-1040. See instructions. <div style="display: flex; justify-content: space-between; align-items: center;"> 5a. 1,440 </div> Eligible amount (Box 5a or \$10,000, whichever is less) See instructions.				5.	1,440	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)				6.	59,543	6.	60,983
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)				7.	1,796	7.	1,876
8. Allowable Credit (Line 3 times Line 7)				8.	206	8.	215
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. <div style="display: flex; justify-content: space-between; align-items: center;"> 9a. 266 </div> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).				9.	206	9.	215
<ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet F in instructions 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 adj. (see inst.) 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 & make no entry on Line 18)						4.	0
Schedule C		NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.			
1. a. Kind of Property		b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights		
2. Totals		b.	c.	d.	e.		
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)						3.	0

Name(s) as shown on Form NJ-1040 ABHINAV SINGHAL						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.			
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.	61,816
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040)						2.	61,816
3. Maximum Allowable Credit Percentage 1 <u>61,816</u> (Divide Line 2 into Line 1) 2 <u>61,816</u>						3.	100.00 %
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 35, Form NJ-1040				4.	60,983	4.	60,983
5. Property Tax and Deduction Enter property taxes or 18% of rent due and paid in 2008 from Line 36a, Form NJ-1040. See instructions. <div style="border: 1px solid black; display: inline-block; padding: 2px;">5a.</div> <u>1,440</u> Eligible amount (Box 5a or \$10,000, whichever is less) See instructions.				5.	1,440	5.	- 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)				6.	59,543	6.	60,983
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)				7.	1,796	7.	1,876
8. Allowable Credit (Line 3 times Line 7)				8.	1,796	8.	1,876
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. <div style="border: 1px solid black; display: inline-block; padding: 2px;">9a.</div> <u>3,429</u> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).				9.	1,796	9.	1,876
<ul style="list-style-type: none"> If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 40, Form NJ-1040. Make no entry on Lines 36c or 48, Form NJ-1040. If you are eligible for a property tax benefit, you must complete Worksheet F in instructions 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 adj. (see inst.) 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 & make no entry on Line 18)						4.	
Schedule C		NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.			
1. a. Kind of Property		b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents	e. Net Income From Copyrights		
2. Totals		b.	c.	d.	e.		
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)						3.	

2008 DIRECT DEPOSIT / ELECTRONIC FUNDS WITHDRAWAL INFORMATION

ABHINAV SINGHAL
011-90-4456

A Direct Deposit of Refund in the amount of: \$42.00
has been requested to go to this Checking Account:

Routing Number..... 211391825
Account Number..... 13166160

NJ-8879

NJ e-file Signature Authorization

Department of the Treasury
Division of Revenue

► Do not send to New Jersey. Keep for your records.
► See instructions.

2008

00220078903839

Taxpayer's name ABHINAV SINGHAL	Social security number 011-90-4456
Spouse's name or Civil Union Prtnr's	Spouse's SSN or Civil Union Prtnr's

Part I	Tax Return Information -- Tax Year Ending December 31, 2008 (Whole Dollars Only)	
1	New Jersey Taxable income	60,983
2	Total tax	
3	New Jersey income tax withheld	
4	Refund	42
5	Amount you owe	

Part II	Declaration and Signature Authorization of Taxpayer
---------	---

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2008 and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Everest Associates LLC to enter my PIN 48516 as my signature
ERO firm name do not enter all zeros
on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only
(or Civil Union Prtnr's PIN)

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
on my tax year 2008 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2008 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature or Civil Union Prtnr's ► _____ Date ► _____

Practitioner PIN Method Returns Only -- continue below

Part III	Certification and Authentication -- Practitioner PIN Method
----------	---

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 22007878678
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the tax year 2008 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form -- See Instructions
Do Not Submit This Form to New Jersey Unless Requested To Do So

Form NJ-8879 2008

2008 SCHEDULE A - PROPERTY TAX BENEFIT WORKSHEET F

ABHINAV SINGHAL
011-90-4456

Keep for Your Records

	COLUMN A	COLUMN B
1. Tax. Enter amounts from Line 7, Schedule A, Columns A and B here	1. <u>1,796</u>	1. <u>1,876</u>
2. Credit for Taxes Paid to Other Jurisdictions. Enter amounts from Line 9, Schedule A, Columns A and B here. If you completed more than one Schedule A, enter the total of all Line 9 amounts (Columns A and B) in the corresponding column	2. <u>2,002</u>	2. <u>2,091</u>
3. Balance of Tax Due. Subtract line 2 from line 1 in each column	3. _____	3. _____
4. Subtract line 3, Column A from line 3, Column B and enter result here		4. _____

5. Is the line 4 amount \$50 or more (\$25 if filing status is married, filing separate return and you maintain the same residence as your spouse)?

☐ Yes You receive a greater tax benefit by taking the Property Tax Deduction. Make the following entries on Form NJ-1040.

Form NJ-1040

Enter amount from:

Line 36	Line 5, Column A, Schedule A
Line 37	Line 6, Column A, Schedule A
Line 38	Line 7, Column A, Schedule A
Line 39	Line 2, Column A, Worksheet F
Line 46	Make no entry

☒ No You receive a greater tax benefit from the Property Tax Credit. (Part-year residents, see instructions on page 11 before answering "No.") Make the following entries on Form NJ-1040.

Form NJ-1040

Enter amount from:

Line 36	Make no entry
Line 37	Line 6, Column B, Schedule A
Line 38	Line 7, Column B, Schedule A
Line 39	Line 2, Column B, Worksheet F
Line 46	\$50 (\$25 if filing status is married, filing separate return and you maintain the same residence as your spouse). Part-year residents, see instructions on pg 17.

Nonresident and Part-Year Resident**Income Tax Return** New York State • New York City • Yonkers

For the year January 1, 2008, through December 31, 2008, or fiscal year beginning .

Important: You **must** enter your social security number(s) in the boxes to the right.

and ending . .

P
R
I
N
T**Your** first name and middle initialYour last name (for a **joint return**, enter spouse's name on line below)

▼ Your social security number

ABHINAV

SINGHAL

011-90-4456

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's SSN

O
R
T
Y
P
EMailing address (**see inst.**) (number and street or rural route)

Apartment number

New York State county of residence

1 RIVER CT

1110

• NR

City, village, or post office

State

ZIP code

School district name

JERSEY CITY

NJ

07310

• NR

Permanent home address (see inst.)(number and street or rural route)

Apartment number

School district
code number

City, village, or post office

State

ZIP code

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

- (D)** Have you unreported your tax due on past returns?
To correct this without penalty, visit us at **www.nystax.gov**.

(E) New York City part-year residents only

(see instructions)

- (1) Number of months **you** lived in NY City in 2008 •
- (2) Number of months **your spouse** lived
in NY City in 2008 •

- (B) Did you itemize** your deductions on
your 2008 federal income tax return? Yes ☒ No

- (F)** Enter your **2 digit special condition code**
if applicable (see instructions) •
- If applicable**, also enter your **second 2 digit**
special condition code •

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

Federal income and adjustments

Enter federal amounts in the left column and NYS amounts in the right column. See inst. Part-year residents: complete worksheet first.

		Federal amount Dollars		New York State amount Dollars
1	Wages, salaries, tips, etc.	74,355.	1.	61,816.
2	Taxable interest income		2.	
3	Ordinary dividends		3.	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	151.	4.	
5	Alimony received		5.	
6	Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)		6.	
7	Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)		7.	
8	Other gains or losses (attach a copy of federal Form 4797)		8.	
9	Taxable amount of IRA distributions. Beneficiaries: mark X in box		9.	
10	Taxable amount of pensions/annuities. Beneficiaries: mark X in box		10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)		11.	
12	Farm income or loss (attach a copy of federal Sch. F, Form 1040)		12.	
13	Unemployment compensation		13.	
14	Taxable amount of social security benefits (also enter on line 26)		14.	
15	Other income (see inst.) Identify:		15.	
16	Add lines 1 through 15	74,506.	16.	61,816.
17	Total federal adjustments to income (see instructions) Identify:	1,169.	17.	
18	Federal adjusted gross income (subtract line 17 from line 16).	73,337.	18.	61,816.



011-90-4456

Dollars

Dollars

19 Federal adjusted gross income (from line 18 on page 1) 19. 73,337. 19. 61,816.

New York additions (see instructions)

20 Interest income on state and local bonds (but not those of New York State or its localities) 20. 20.
 21 Public employee 414(h) retirement contributions 21. 21.
 22 Other (see instructions) Identify: 22. 22.
 23 Add lines 19 through 22 23. 73,337. 23. 61,816.

New York subtractions (see instructions)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) 24. 151. 24.
 25 Pensions of NYS and local governments and the federal government (see instructions) 25. 25.
 26 Taxable amount of social security benefits (from line 14) 26. 26.
 27 Interest income on U.S. government bonds 27. 27.
 28 Pension and annuity income exclusion 28. 28.
 29 Other (see instructions) Identify: 29. 29.
 30 Add lines 24 through 29 30. 151. 30.
 31 New York adjusted gross income (subtract line 30 from line 23) 31. 73,186. 31. 61,816.

32 Enter the amount from line 31, Federal amount column 32. 73,186.

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: ● **Standard** or ● **X Itemized** 33. 8,117.

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) 34. 65,069.

35 Dependent exemptions (not the same as total federal exemptions; see instructions) 35. 65,069.

36 New York taxable income (subtract line 35 from line 34) 36. 65,069.

or

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

New York State itemized deduction worksheet	
a Medical and dental expenses (from federal Schedule A, line 4)	a.
b Taxes you paid (from federal Schedule A, line 9)	b. 4,124.
c Interest you paid (from federal Schedule A, line 15)	c.
d Gifts to charity (from federal Schedule A, line 19)	d. 1,204.
e Casualty and theft losses (from federal Schedule A, line 20)	e.
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)	f. 6,913.
g Other miscellaneous deductions (from federal Schedule A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h. 12,241.
i State, local, and foreign income taxes and other subtraction adjustments (see instructions)	i. 4,124.
j Subtract line i from line h	j. 8,117.
k College tuition itemized deduction (see instructions)	k.
l Addition adjustments (see instructions)	l.
m Add lines j, k, and l	m. 8,117.
n Itemized deduction adjustment (see instructions)	n.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. 8,117.



Tax computation, credits, and other taxes (see instructions)

Dollars

37 New York taxable income (from line 36 on page 2)	37.	65,069.
38 New York State tax on line 37 amount (see Tax computation in the instructions)	38.	4,060.
39 New York State household credit (from table 1, 2, or 3 in the instructions)	39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	4,060.
41 New York State child and dependent care credit (attach Form IT-216; see instructions)	41.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	4,060.
43 New York State earned income credit (attach Form IT-215; see instructions)	43.	
44 Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.	4,060.
45 Income percentage (see insts.)	New York State amount from line 31 61,816.	Federal amount from line 31 73,186.
	÷	=
	45.	0.8446
46 Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.	3,429.
47 New York State nonrefundable credits (from Form IT-203-ATT, line 8)	47.	
48 Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.	3,429.
49 Net other New York State taxes (from Form IT-203-ATT, line 33)	49.	
50 Total New York State taxes (add lines 48 and 49)	50.	3,429.

New York City and Yonkers taxes and credits

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

Voluntary contributions (whole dollar amounts only; see the instructions)

57a Return a Gift to Wildlife	57a.	
57b Missing/Exploited Children Fund	57b.	
57c Breast Cancer Research Fund	57c.	
57d Alzheimer's Fund	57d.	
57e Olympic Fund (\$2 or \$4; see instructions)	57e.	
57f Prostate Cancer Research Fund	57f.	
57g National 9/11 Memorial	57g.	
57 Total voluntary contributions (add lines 57a through 57g)	57.	
58 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 50, 55, 56, and 57)	58.	3,429.

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011-90-4456

59 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 58 on page 3) 59. Dollars 3,429.

Payments and refundable credits

60 Part-year NYC school tax credit (also complete (E) on page 1; see inst.) 60.
61 Other refundable credits (from Form IT-203-ATT, line 17) 61.
62 Total New York State tax withheld 62. 3,582.
63 Total New York City tax withheld 63.
64 Total Yonkers tax withheld 64.
65 Total estimated tax payments/amount paid with Form IT-370 65.
66 Total payments and refundable credits (add lines 60 through 65) 66. 3,582.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R. Staple them, and any other applicable forms, to the top of this page 4. See instructions for the proper assembly of your return and attachments.

Refund / amount overpaid

67 Amount overpaid (if line 66 is more than line 59, subtract line 59 from line 66) 67. 153.
68 Amount of line 67 that you want refunded to you. Complete line 72. Refund 68. 153.
69 Amount of line 67 that you want applied to your 2009 estimated tax. (see instructions) 69.

Amount you owe

70 If line 66 is less than line 59, subtract line 66 from line 59. Complete line 72 Owe 70.
71 Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see instructions.) 71.

72 Account information (see instructions) Mark one: ● X Refund -- Direct deposit or ● Owe -- Electronic funds withdrawal

72a Routing number ● 211391825 Electronic funds withdrawal effective date

72b Account number ● 13166160 72c Account type ● X Checking ● Savings

Additional information

73 Part-year residents only: If you were a NYS resident for only part of the year, enter date of last move (mm-dd-yyyy) ►
Mark an X in the box that describes your situation on the last day of the tax year:

73a Moved into New York State 73a.
73b Moved out of New York State; received income from NYS sources during nonresident period 73b.
73c Moved out of New York State; received no income from NYS sources during nonresident period 73c.

74 Nonresidents: Did you or your spouse maintain living quarters in NYS in 2008? ▼ ▼
(If Yes, complete Form IT-203-B, Schedule B, and attach form.) Yes No X

Third-party Print designee's name Designee's phone number Personal identification number (PIN)
designee? (see inst.)

Yes No X E-mail:

▼ Paid preparer's use only ▼

▼ Taxpayer(s) sign here ▼

Preparer's signature

Your signature

▼ SSN or PTIN:
P00209867

● Employer identification number

Your occupation

Firm's name (or yours, if self-employed)
Everest Associates LLC
Address
8 Gray St
Jersey City, NJ 07302
E-mail:

32-0052611
Mark an X if
self employed X
Date

● IT CONSULTANT
Spouse's signature and occupation (if joint return)

▼ Daytime phone number

Date
E-mail:

Mail your completed return and any attachments to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.
For information about private delivery services, see instructions.

2034081043



New York State E-File Signature Authorization for Tax Year 2008 For Forms IT-150, IT-201, and IT-203

Electronic return originators (EROs): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: ABHINAV SINGHAL

Spouse's name: _____
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-150, Resident Income Tax Return (short form); IT-201, Resident Income Tax Return (long form); or IT-203, Nonresident and Part-Year Resident Income Tax Return.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-150, IT-201, and IT-203).

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Return Preparers. Go to our Web site at www.nystax.gov and click on the Publications and Bulletins link to find this document.

Do not mail Form TR-579-IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

This form is not required for electronically filed Form IT-370, Application for Automatic Six-Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2008 Form IT-370.

Part A -- Tax return information

1	Federal adjusted gross income (from Form IT-150, line 11; IT-201, line 18; or IT-203, line 18)	1.	<u>73,337.</u>
2	Refund (from Form IT-150, line 52; IT-201, line 78; or IT-203, line 68)	2.	<u>153.</u>
3	Amount you owe (from Form IT-150, line 54; IT-201, line 80; or IT-203, line 70)	3.	

Part B -- Declaration of taxpayer and authorizations for Forms IT-150, IT-201, and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2008 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct and complete. The ERO has my consent to send my 2008 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2008 electronic return, and I authorize my financial institution to withdraw the amount from my account.

Taxpayer's signature: _____ Date: _____

Spouse's signature: _____ Date: _____
(jointly filed return only)

Part C -- Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2008 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2008 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2008 New York State electronic return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2008 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature: _____ Date: _____

Print name: Everest Associates LLC

Paid preparer's signature: _____ Date: _____

Print name: _____

2008 DEPOSIT/DEBIT ACCOUNT INFORMATION

ABHINAV SINGHAL
011-90-4456

Keep for Your Records

A Direct Deposit of Refund in the amount of: \$153.00
has been requested to go to this Checking Account:

Routing Number.... 211391825
Account Number.... 13166160