

Electronic Filing Instructions for your 2011 Federal Tax Return

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



Abhinav Singhal
444 washington blvd, Apt. 5527
Jersey city, NJ 07310

Balance Due/Refund	Your federal tax return (Form 1040) shows a balance due of \$456.00. Your return shows you have elected to pay your balance due of \$456.00 by Direct Debit using the following information: - Amount Withdrawn: \$456.00 - Account Number: 13166160 - Routing Transit Number: 211391825 - Date of Withdrawal: 03/12/2012		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2011 Federal Tax Return Summary	Adjusted Gross Income	\$	102,486.00
	Taxable Income	\$	90,257.00
	Total Tax	\$	18,894.00
	Total Payments/Credits	\$	18,438.00
	Payment Due	\$	456.00
	Effective Tax Rate		18.44%



Hi Abhinav,

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

With TurboTax Deluxe:

Your Head Start On Next Year:

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

Here's the final wrap up for your 2011 taxes:

Your federal balance due is: \$ 456.00

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

Your itemized deductions for this year: \$8,529.00

Your Guarantee of Accuracy:

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

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

Also included:

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

Many happy returns from TurboTax.

For the year Jan. 1–Dec. 31, 2011, or other tax year beginning , 2011, ending , 20		See separate instructions.
Your first name and initial Abhinav	Last name Singhal	Your social security number 011-90-4456
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 444 washington blvd		Apt. no. 5527
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Jersey city NJ 07310		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/county	

Filing Status

1 ☒ Single

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

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

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

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b ☐ Spouse

Boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you

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

Dependents on 6c not entered above

Add numbers on lines above ▶ 1

c Dependents:

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

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

d Total number of exemptions claimed

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	102,450.		
	8a	Taxable interest. Attach Schedule B if required	8a			
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	36.		
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13			
	14	Other gains or (losses). Attach Form 4797	14			
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	17				
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	102,486.			

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36		
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	102,486.	

Form **1040** (2011)

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**

OMB No. 1545-0074

2011Attachment
Sequence No. **07**▶ **Attach to Form 1040.**▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Abhinav Singhal

Your social security number

011-90-4456

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

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

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

- a** ☒ Income taxes, or } **5** 6,392.
- b** ☐ General sales taxes }

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

9 Add lines 5 through 8 **9** 6,392.**Interest
You Paid****Note.**
Your mortgage
interest
deduction may
be limited (see
instructions).

- 10** Home mortgage interest and points reported to you on Form 1098
- 11** Home mortgage interest not reported to you on Form 1098. If paid
to the person from whom you bought the home, see instructions
and show that person's name, identifying no., and address ▶ **11**
- 12** Points not reported to you on Form 1098. See instructions for
special rules **12**
- 13** Mortgage insurance premiums (see instructions) **13**
- 14** Investment interest. Attach Form 4952 if required. (See instructions.) **14**
- 15** Add lines 10 through 14 **15**

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

- 16** Gifts by cash or check. If you made any gift of \$250 or more,
see instructions. **16** 55.
- 17** Other than by cash or check. If any gift of \$250 or more, see
instructions. You **must** attach Form 8283 if over \$500 **17**
- 18** Carryover from prior year **18**
- 19** Add lines 16 through 18 **19** 55.

**Casualty and
Theft Losses**

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

**Job Expenses
and Certain
Miscellaneous
Deductions**

- 21** Unreimbursed employee expenses—job travel, union dues,
job education, etc. Attach Form 2106 or 2106-EZ if required.
(See instructions.) ▶ Deductible expenses from Form 2106 **21** 4,012.
- 22** Tax preparation fees **22** 120.
- 23** Other expenses—investment, safe deposit box, etc. List type
and amount ▶ **23**
- 24** Add lines 21 through 23 **24** 4,132.
- 25** Enter amount from Form 1040, line 38 **25** 102,486.
- 26** Multiply line 25 by 2% (.02) **26** 2,050.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- **27** 2,082.

**Other
Miscellaneous
Deductions**

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

**Total
Itemized
Deductions**

- 29** Add the amounts in the far right column for lines 4 through 28. Also, enter this amount
on Form 1040, line 40 **29** 8,529.
- 30** If you elect to itemize deductions even though they are less than your standard
deduction, check here ☐

Unreimbursed Employee Business Expenses▶ **Attach to Form 1040 or Form 1040NR.**

Your name <u>Abhinav Singhal</u>	Occupation in which you incurred expenses <u>software engineer</u>	Social security number <u>011-90-4456</u>
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

Caution: You can use the standard mileage rate for 2011 **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	Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	1,036.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	455.
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	1,400.
5	Meals and entertainment expenses: \$ <u>2,241.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	1,121.
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (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	4,012.

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

- 7** When did you place your vehicle in service for business use? (month, day, year) ▶
- 8** Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:
- a** Business **b** Commuting (see instructions) **c** Other
- 9** Was your vehicle available for personal use during off-duty hours? ☐ **Yes** ☐ **No**
- 10** Do you (or your spouse) have another vehicle available for personal use? ☐ **Yes** ☐ **No**
- 11a** Do you have evidence to support your deduction? ☐ **Yes** ☐ **No**
- b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

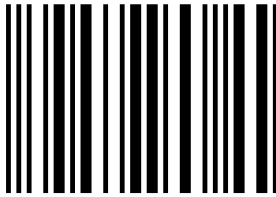
Electronic Filing Instructions for your 2011 New Jersey Tax Return

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



Abhinav Singhal
444 washington blvd, Apt. 5527
Jersey city, NJ 07310

Balance Due/Refund	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$50.00. Your tax refund should be direct deposited into your account within 7 to 14 days after your return is accepted. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
Where's My Refund?	Before you call the New Jersey Division of Revenue with questions about your refund, give them 7 to 14 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New Jersey Division of Revenue directly at 1-609-292-6400. From outside of New Jersey use 1-800-323-4400.		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2011 New Jersey Tax Return Summary	Taxable Income	\$	101,450.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	50.00
	Amount to be Refunded	\$	50.00



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2011 or Other Tax Year

Beginning _____, 2011 ____ Month Ending _____ 20____
On-line Federal Extension Confirmation # _____

SINGHAL ABHINAV

444 WASHINGTON BLVD APT 5527

JERSEY CITY NJ 07310 0906

2084

011904456

REV 11/15/11 TTO

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

> _____
Your Signature Date

Spouse/CU Partner's Signature (If filing jointly, BOTH must sign)

Paid Preparer's Signature

Self Prepared

Firm's Name

Federal Identification Number

Federal Employer Identification Number

Pay amount on line 55 in full. Write Social Security # on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

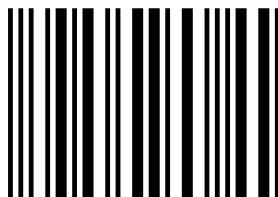
If you have an amount due, enclose your check and NJ-1040-V payment voucher and your return to:

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



600000000013166160

SINGHAL ABHINAV

REV 11/15/11 TTO

001	00	014	102450	040	4336	SS	011904456
EXT	0	15A	0	40A	32	SP	0
FS	1	15B	0	042	0	SS1	000000000
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	000000000
007	0	018	0	046	0	BY2	0
008	0	019	0	047	0	SS3	000000000
009	0	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	000000000
011	0	022	0	050	0	BY4	0
12A	1	023	0	50B	0	DDI	1
12B	0	024	0	50C	0	AT	C
RSF	000000	025	0	051	0	FOR	0
RST	000000	026	102450	052	0	RN	211391825
GEF	0	27A	0	053	0	PID	0
HCA	0	27B	0	054	50	FID	0
HCB	0	27C	0	055	0		
HCC	0	029	1000	056	50		
HCD	0	030	0	057	0		
22C	0	031	0	058	0		
VC	1555	032	0	059	0		
CTY	0906	033	0	060	0		
PDR	0	36A	2845	061	0		
DNM	0	36B	0	062	0		
PA	0	36C	0	063	0		
CDV	6778	037	101450	63C	00		
		038	4336	064	0		
				065	50		

Name SINGHAL ABHINAV	Social Security Number 011-90-4456
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RESIDENCY STATUS If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____

FILING STATUS 1. ☒ Single 2. ☐ Married/CU Couple, filing joint return 3. ☐ Married/CU 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)

If the dependent does not have health insurance including NJ Family Care/Medicare, private or other, check the box. (See instructions)

	LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY #	BIRTH YEAR
a.			
b.			
c.			
d.			

GUERNATORIAL ELECTIONS FUND Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No

If joint return, does your spouse/CU partner wish to designate \$1? ☐ Yes ☐ No

14. Wages, salaries, tips, and other employee compensation (Enclose W-2) <small>Be sure to use State wages from Box 16 of your W-2(s). See instructions.</small>	14	102,450.
15a. Taxable interest income (See instructions) (Enclose Fed Sch B if over \$1,500)	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 instruction page 24)	19	
20. Distributive Share of Partnership Income (See instruction page 27)	20	
21. Net pro rata share of S Corporation Income (See instruction page 27) (Enclose Schedule)	21	
22. Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	22	
23. Net Gambling Winnings (See Instructions page 27)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (Enclose Schedule) (See instruction page 28)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	102,450.
27a. Pension Exclusion (See instruction page 28)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instr. Page 30)	27b	
27c. Total Exclusion Amount (Add line 27a and Line 27b)	27c	
28. New Jersey Gross Income (Subtract Line 27c from Line 26) See instruction page 30.	28	102,450.
29. Total Exemption Amount - See instruction page 30 (Part Year Residents see instruction page 9.)	29	1,000.
30. Medical Expenses (See Worksheet and instr. page 31)	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	1,000.
35. Taxable Income (Subtract Line 34 from Line 28) If zero or less, MAKE NO ENTRY.	35	101,450.
36a. Total Property Taxes Paid (See instruction page 32)	36a	2,845.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2011 <input type="checkbox"/>		
36c. Property Tax Deduction (See instruction page 35)	36c	0.
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	101,450.
38. Tax (From Tax Tables, page 53)	38	4,336.
39. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
40. Credit For Income Taxes Paid to Other Jurisdictions. Enter other jurisdiction code (See instr.) 32	40	4,336.
41. Balance of Tax (Subtract Line 40 from Line 38)	41	0.
42. Sheltered Workshop Tax Credit	42	
43. Balance of Tax after Credit (Subtract Line 42 from 41)	43	0.
44. Use Tax Due on Out-of-State Purchases (See instruction page 38) 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	0.

NJ-1040 (2011)

PAGE 4

Name		Social Security Number	
SINGHAL ABHINAV		011-90-4456	

47	Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099)	47	
48	Property Tax Credit (See instruction page 35)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2010 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instruction page 40) (Fill in only one) Fill in the box if you had the IRS figure your Federal Earned Income Credit. <input type="checkbox"/> Fill in box if you are a CU couple claiming the NJ Earned Income Tax Credit <input type="checkbox"/>	50	
51	EXCESS New Jersey UI/SF/SWF Withheld (See instr. page 40) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr. page 40) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page 40) (Enclose Form NJ-2450)	53	
54	Total Payments/Credits (Add Lines 47 through 53)	54	50.
55	If Line 54 is LESS THAN Line 46, enter AMOUNT YOU OWE. If you owe tax, you may make a donation by entering an amount on Lines 58, 59, 60, 61, 62 and/or 63 and adding this to your payment amount.	55	
56	If Line 54 is MORE THAN Line 46, enter OVERPAYMENT Deductions from Overpayment on Line 56 which you elect to credit to: Your 2012 tax	56	50.
57		57	0.
58	N.J. Endangered Wildlife Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	58	
59	N.J. Children's Trust Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	59	
60	N.J. Vietnam Veterans' Memorial Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	60	
61	N.J. Breast Cancer Research Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	61	
62	U.S.S. New Jersey Educational Museum Fund <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	62	
63	Other Designated Contribution (See instruction page 41) <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other <input type="checkbox"/>	63	
64	Total Deductions from Overpayment (Add Lines 57 through 63)	64	
65	REFUND (Amount to be sent to you. Subtract Line 64 from Line 56)	65	50.

DIRECT DEPOSIT INFORMATION

'1' for Refund and '4' for no.

Check Routing Number

211391825

Account Number

Type of account ('C' for Checking, 'S' for Savings)

13166160

Fill in check box if refund is going to an account outside the United States ☐

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

REV 11/15/11 TTO

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

CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION

If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 42.

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.	102,450.	
2.	Income subject to tax by New Jersey (From Line 28, Form NJ-1040)	2.	102,450.	
3.	Maximum Allowable Credit Percentage 1 <u>102,450.</u> (Divide Line 2 into Line 1) 2 <u>102,450.</u>	3.	100.0000 %	
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.				
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4.	101,450.	4.
5.	Property Tax Enter in Box 5a the amount from Worksheet F and Deduction line 1. See instructions page 37. Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 37.	5.	2,845.	5.
6. New Jersey Taxable Income (Line 4 minus Line 5)		6.	98,605.	6.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7.	4,156.	7.
8. Allowable Credit (Line 3 times Line 7)		8.	4,156.	8.
9.	Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 46. Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).	9.	4,156.	9.

- 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 H on page 45 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

Schedule B

NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY

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

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

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.

Unreimbursed Employee Business Expenses▶ **Attach to Form 1040 or Form 1040NR.**

Your name

Abhinav Singhal

Occupation in which you incurred expenses

software engineer

Social security number

011-90-4456

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

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.
- You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2011.

Caution: You can use the standard mileage rate for 2011 **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	Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven before July 1, 2011, and by 55.5¢ (.555) for miles driven after June 30, 2011. Add the amounts, then enter the result here . . .	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	1,036.
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	455.
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	1,400.
5	Meals and entertainment expenses: \$ <u>2,241.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	1,121.
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (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	4,012.

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

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

8 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

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

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

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

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

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

Electronic Filing Instructions for your 2011 New York Tax Return

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



ABHINAV SINGHAL
444 WASHINGTON BLVD 5527
Jersey city, NJ 07310

Balance Due/Refund	Your New York state tax return (Form IT-203) shows a refund due to you in the amount of \$235.00. Your tax refund should be direct deposited into your account within 30 business days after your return is accepted. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 30 business days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at http://www.nystax.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2011 New York Tax Return Summary	Taxable Income	\$	94,950.00
	Total Tax	\$	6,126.00
	Total Payments/Credits	\$	6,361.00
	Amount to be Refunded	\$	235.00

Nonresident and Part-Year Resident Income Tax Return

2011

IT-203

New York State • New York City • Yonkers
For the year January 1, 2011, through December 31, 2011, or fiscal year beginning**Important:** You **must** enter your date(s) of birth and social security number(s) below.**and ending**

Your first name and middle initial Your last name (for a **joint return**, enter spouse's name on line below) Your date of birth (MMDDYYYY) ▼ Your social security number
 ABHINAV SINGHAL 10-28-1981 011-90-4456
 Spouse's first name and middle initial Spouse's last name Spouse's date of birth (MMDDYYYY) ▼ Spouse's social security number

Mailing address (see instructions, page 13) (number and street or rural route) Apartment number New York State county of residence
 444 WASHINGTON BLVD 5527 ● NR
 City, village, or post office State ZIP code Country (if not United States) School district name
 JERSEY CITY NJ 07310 ● NR
 Permanent home address (see instr., pg 13) (no. and street or rural route) Apartment no. City, village, or post office School district
 State ZIP code Country (if not United States) Taxpayer's date of death code number
 Decedent information ● 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) E-file this return. Most taxpayers **must** now e-file (see page 12).**(E) New York City part-year residents only**
(see page 15)

- (1) Number of months **you** lived in NY City in 2011 ●
- (2) Number of months **your spouse** lived in NY City in 2011 ●

(B) Did you itemize your deductions on your 2011 federal income tax return? Yes ☒ No**(F)** Enter your **2-character special condition code if applicable** (see page 15) ●**(C) Can you be claimed** as a dependent on another taxpayer's federal return? Yes No ☒**If applicable**, also enter your **second** 2-character special condition code ●**Federal income and adjustments**Enter federal amounts in the left column and NYS amounts in the right column.
See instructions, page 17. Part-year residents: complete page 18 worksheet first.

	Federal amount	New York State amount
	Dollars	Dollars
1 Wages, salaries, tips, etc.	1. 102,450.	1. 102,450.
2 Taxable interest income	2.	2.
3 Ordinary dividends	3.	3.
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 24)	4. 36.	4.
5 Alimony received	5.	5.
6 Business income or loss (attach a copy of federal Sch. C or C-EZ, Form 1040)	6.	6.
7 Capital gain or loss (if required, attach a copy of federal Sch. D, Form 1040)	7.	7.
8 Other gains or losses (attach a copy of federal Form 4797)	8.	8.
9 Taxable amount of IRA distributions. Beneficiaries: mark X in box	9.	9.
10 Taxable amount of pensions/annuities. Beneficiaries: mark X in box	10.	10.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach a copy of federal Schedule E, Form 1040)	11.	11.
12 Farm income or loss (attach a copy of federal Sch. F, Form 1040)	12.	12.
13 Unemployment compensation	13.	13.
14 Taxable amount of social security benefits (also enter on line 26)	14.	14.
15 Other income (see page 23) Identify:	15.	15.
16 Add lines 1 through 15	16. 102,486.	16. 102,450.
17 Total federal adjustments to income (see page 23) Identify:	17.	17.
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 102,486.	18. 102,450.



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Federal amount

New York State amount

Dollars

Dollars

19 Federal adjusted gross income (from line 18 on front page) **19.** 102,486. **19.** 102,450.

New York additions (see page 25)

20 Interest income on state and local bonds (but not those of New York State or its localities) **20.** **20.**

21 Public employee 414(h) retirement contributions **21.** **21.**

22 Other (see page 27) Identify: **22.** **22.**

23 Add lines 19 through 22 **23.** 102,486. **23.** 102,450.

New York subtractions (see page 30)

24 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) **24.** 36. **24.**

25 Pensions of NYS and local governments and the federal government (see page 30) **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 page 31) Identify: **29.** **29.**

30 Add lines 24 through 29 **30.** 36. **30.**

31 New York adjusted gross income (subtract line 30 from line 23) **31.** 102,450. **31.** 102,450.

32 Enter the amount from line 31, **Federal amount** column **32.** 102,450.

33 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an **X** in the appropriate box : • **X** **Standard** or • **Itemized** **33.** 7,500.

34 Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank) **34.** 94,950.

35 Dependent exemptions (not the same as total federal exemptions; see page 38) **35.**

36 New York taxable income (subtract line 35 from line 34) **36.** 94,950.

◀ or ▶

**New York State
standard deduction table**

Filing status (from the front page)	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 (federal Sch. A, line 4)	a.
b Taxes you paid (federal Sch. A, line 9)	b. 6,392.
c Interest you paid (federal Sch. A, line 15)	c.
d Gifts to charity (federal Sch. A, line 19)	d. 55.
e Casualty and theft losses (federal Sch. A, line 20)	e.
f Job expenses/misc. deductions (federal Sch. A, line 27)	f. 2,082.
g Other misc. deductions (federal Sch. A, line 28)	g.
h Enter amount from federal Schedule A, line 29	h. 8,529.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see page 36)	i. 6,392.
j Subtract line i from line h	j. 2,137.
k College tuition itemized deduction (see page 37)	k.
l Addition adjustments (see page 37)	l.
m Add lines j, k, and l	m. 2,137.
n Itemized deduction adjustment (see page 38)	n. 26.
o New York State itemized deduction (subtract line n from m; enter on line 33 above)	o. 2,111.



ABHINAV SINGHAL

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Tax computation, credits, and other taxes (see page 39)

Dollars

37	New York taxable income (from line 36 on page 2)	37.	94,950.
38	New York State tax on line 37 amount (see page 39 and Tax computation on pages 72 and 73)	38.	6,126.
39	New York State household credit (from table 1, 2, or 3 on page 39)	39.	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40.	6,126.
41	New York State child and dependent care credit (attach Form IT-216; see page 40)	41.	
42	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	42.	6,126.
43	New York State earned income credit (attach Form IT-215; see page 40)	43.	
44	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	44.	6,126.

45	Income percentage (see page 40)	New York State amount from line 31	Federal amount from line 31	Round result to 4 decimal places
		102,450.	÷ 102,450.	= 45. 1.0000
46	Allocated New York State tax (multiply line 44 by the decimal on line 45)	46.		6,126.
47	New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)	47.		
48	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	48.		6,126.
49	Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)	49.		
50	Total New York State taxes (add lines 48 and 49)	50.		6,126.

New York City and Yonkers taxes and credits

51	Part-year New York City resident tax (attach Form IT-360.1)	51.	See instructions on pages 40 and 41 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 on page 42. Do not leave line 56 blank.)	56.	0.

Voluntary contributions (whole dollar amounts only; see page 43)

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 page 43)	57e.	
57f	Prostate Cancer Research Fund	57f.	
57g	9/11 Memorial	57g.	
57h	Volunteer Firefighting & EMS Recruitment Fund	57h.	
57	Total voluntary contributions (add lines 57a through 57h)	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.	6,126.



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

Dollars

59. 6,126.**Payments and refundable credits****60** Part-year NYC school tax credit (also complete (E) on front; see page 44) **60.****61** Other refundable credits (from Form IT-203-ATT, line 17) **61.****62** Total **New York State** tax withheld **62.** 6,361.**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.** 6,361.

If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 44).

Staple them (and any other applicable forms) to the top of this page 4.

See Step 12 on page 50 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.** 235.**68** Amount of line 67 to be refunded **68.** 235.
Mark one refund choice: ☒ direct deposit (fill in line 72) - or - ☐ debit card - or - ☐ paper check**69** Amount of line 67 that you want applied to your 2012 estimated tax. (see instruction.) **69.** See page 74 for information about your three refund choices.**Amount you owe****70** Amount you owe (if line 66 is less than line 59, subtract line 66 from line 59) **70.**
To pay by electronic funds withdrawal, mark this box and fill in line 72**71** Estimated tax penalty (include this amount on line 70, or reduce the overpayment on line 67; see page 46) **71.****Account information****72** Account information for direct deposit or electronic funds withdrawal (see page 47).If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 47) •**72a** Routing number • 211391825 Electronic funds withdrawal effective date**72b** Account number • 13166160 **72c** Account type • ☒ 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 2011? (see instructions) ▼ ▼
(If Yes, complete Form IT-203-B, Schedule B, and attach form.) **Yes** **No** **X****Third-party designee?** (see instr.) Print designee's name Designee's phone number Personal identification number (PIN)
Yes **No** E-mail:▼ **Paid preparer must complete** (see instructions) ▼

Preparer's signature

Date

▶ Preparer's NYTPRIN

Your signature

▶

Firm's name (or yours, if self-employed)

▼ Preparer's PTIN or SSN:

Your occupation • SOFTWARE ENGINEER

SELF-PREPARED

Spouse's signature and occupation (if joint return)

Address

• Employer identification number

Mark an **X** if
self-employed

▼ Daytime phone number

Date

551-697-1994

E-mail:

E-mail: ABHINAV1SINGHAL@GMAIL.COM

See instructions for where to mail your return.

Summary of W-2 Statements

New York State • New York City • Yonkers

2011

IT-2

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

Taxpayer's first name and middle initial Taxpayer's last name

▼ Your social security number

ABHINAV

SINGHAL

011-90-4456

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

W-2
Record 1

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

MOODYS SHARED SERVICES INC
7 WTC @ 250 GREENWICH ST

NEW YORK

NY 10007

Box b Employer identification number (EIN)

27-3263953

This W-2 record is for

(mark an X in one box):

Taxpayer ☒ Spouse

Box 1 Wages, tips, other compensation

102,450.

Box 8 Allocated tips

Box 12a Amount

▼ Code

Box 15 State

Box 16 State wages, tips, etc. (for NYS)

NY

102,450.

Box 17 New York State income tax withheld

6,361.

Box 18 Local wages, tips, etc. (see instr.)

Box 19 Local income tax withheld

Box 12c Amount

▼ Code

Box 12d Amount

▼ Code

Locality a

Locality b

Box 13 Statutory employee

Box 14 a Amount

▼ Description

Box 20 Locality name

Box 10 Dependent care benefits

Box 14 b Amount

▼ Description

Locality a

Locality b

Box 11 Nonqualified plans

Box 14 c Amount

▼ Description

Corrected (W-2c)

Do not detach.

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

W-2
Record 2

Box b Employer identification number (EIN)

This W-2 record is for

(mark an X in one box):

Taxpayer ☐ Spouse

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 12a Amount

▼ Code

Box 15 State

Box 16 State wages, tips, etc. (for NYS)

Box 12b Amount

▼ Code

Box 17 New York State income tax withheld

Box 12c Amount

▼ Code

Box 18 Local wages, tips, etc. (see instr.)

Locality a

Locality b

Box 19 Local income tax withheld

Box 13 Statutory employee

Box 14 a Amount

▼ Description

Box 20 Locality name

Box 10 Dependent care benefits

Box 14 b Amount

▼ Description

Locality a

Locality b

Box 11 Nonqualified plans

Box 14 c Amount

▼ Description

Corrected (W-2c)

