

# Electronic Filing Instructions for your 2010 Federal Tax Return

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



Declaration Control Number: 00-320048-23732-1 Accepted: 02/17/2011

Abhinav Singhal

444 washington blvd, Apt. 5527

Jersey city, NJ 07310

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,586.00. Applicable fees were deducted from your original refund amount of \$1,586.00. Your refund is now \$1,452.20. Because you chose to have your TurboTax fees deducted from your refund, you will receive e-mail from the University National Bank of Saint Paul, MN, which handles this transaction. The IRS estimates that you can expect your tax refund to be direct deposited into your account on or around 02/25/2011. This is only an estimate. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
<b>Where's My Refund?</b>	Before you call the Internal Revenue Service with questions about your refund, give them 8 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 Internal Revenue Service directly at 1-800-829-4477. You can also check <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2010 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	88,131.00
	Taxable Income	\$	73,422.00
	Total Tax	\$	14,538.00
	Total Payments/Credits	\$	16,124.00
	Amount to be Refunded	\$	1,586.00
	Effective Tax Rate		16.50%



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.

Many happy returns from TurboTax.

Name, Address, and SSN

See separate instructions.

P R I N T  C L E A R L Y	For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20		OMB No. 1545-0074
	Your first name and initial <b>Abhinav</b>		Last name <b>Singhal</b>
	If a joint return, spouse's first name and initial		Last name
	Home address (number and street). If you have a P.O. box, see instructions. <b>444 washington blvd</b>		Apt. no. <b>5527</b>
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. <b>Jersey city NJ 07310</b>		

Your social security number  
**011-90-4456**  
Spouse's social security number

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

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 . . . . . ☐ You ☐ Spouse

Filing Status

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

Check only one box.

Exemptions

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .				Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ► <b>1</b>
b <input type="checkbox"/> Spouse . . . . .				
c Dependents:				
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see page 15)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed . . . . .				

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

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	7	<b>88,131.</b>
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	<b>0.</b>
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	<b>88,131.</b>

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 page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

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	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 . . . . .	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 31a and 32 through 35 . . . . .	36	
37	Subtract line 36 from line 22. This is your adjusted gross income . . . . .	37	<b>88,131.</b>

**Tax and Credits**

<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	88,131.
<b>39a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1946, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes checked</b> <b>39a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>40</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see instructions)	<b>40</b>	11,059.
<b>41</b>	Subtract line 40 from line 38	<b>41</b>	77,072.
<b>42</b>	<b>Exemptions.</b> Multiply \$3,650 by the number on line 6d.	<b>42</b>	3,650.
<b>43</b>	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	73,422.
<b>44</b>	<b>Tax</b> (see instructions). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972.	<b>44</b>	14,538.
<b>45</b>	<b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
<b>46</b>	Add lines 44 and 45	<b>46</b>	14,538.
<b>47</b>	Foreign tax credit. Attach Form 1116 if required	<b>47</b>	
<b>48</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>48</b>	
<b>49</b>	Education credits from Form 8863, line 23	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see instructions)	<b>51</b>	
<b>52</b>	Residential energy credits. Attach Form 5695	<b>52</b>	
<b>53</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>53</b>	
<b>54</b>	Add lines 47 through 53. These are your <b>total credits</b>	<b>54</b>	
<b>55</b>	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>55</b>	14,538.

**Other Taxes**

<b>56</b>	Self-employment tax. Attach Schedule SE	<b>56</b>	
<b>57</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>57</b>	
<b>58</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>58</b>	
<b>59</b>	<b>a</b> <input type="checkbox"/> Form(s) W-2, box 9 <b>b</b> <input type="checkbox"/> Schedule H <b>c</b> <input type="checkbox"/> Form 5405, line 16	<b>59</b>	
<b>60</b>	Add lines 55 through 59. This is your <b>total tax</b>	<b>60</b>	14,538.

**Payments**

<b>61</b>	Federal income tax withheld from Forms W-2 and 1099	<b>61</b>	15,987.
<b>62</b>	2010 estimated tax payments and amount applied from 2009 return	<b>62</b>	
<b>63</b>	Making work pay credit. Attach Schedule M	<b>63</b>	137.
<b>64a</b>	<b>Earned income credit (EIC)</b>	<b>64a</b>	
<b>b</b>	Nontaxable combat pay election <b>64b</b>		
<b>65</b>	Additional child tax credit. Attach Form 8812	<b>65</b>	
<b>66</b>	American opportunity credit from Form 8863, line 14	<b>66</b>	
<b>67</b>	First-time homebuyer credit from Form 5405, line 10	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file	<b>68</b>	
<b>69</b>	Excess social security and tier 1 RRTA tax withheld	<b>69</b>	
<b>70</b>	Credit for federal tax on fuels. Attach Form 4136	<b>70</b>	
<b>71</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> 8839 <b>c</b> <input type="checkbox"/> 8801 <b>d</b> <input type="checkbox"/> 8885	<b>71</b>	
<b>72</b>	Add lines 61, 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>	<b>72</b>	16,124.

**Refund**

<b>73</b>	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you <b>overpaid</b>	<b>73</b>	1,586.
<b>74a</b>	Amount of line 73 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>74a</b>	1,586.

Direct deposit? See instructions.

<b>b</b>	Routing number	2 1 1 3 9 1 8 2 5	<b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number	1 3 1 6 6 1 6 0	

<b>75</b>	Amount of line 73 you want <b>applied to your 2011 estimated tax</b>	<b>75</b>	
-----------	--	-----------	--

**Amount You Owe**

<b>76</b>	<b>Amount you owe.</b> Subtract line 72 from line 60. For details on how to pay, see instructions	<b>76</b>	
<b>77</b>	Estimated tax penalty (see instructions)	<b>77</b>	

**Third Party Designee**

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

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

**Sign Here**

Joint return? See page 12. Keep a copy for your records.

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

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	Software engineer	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	
<input type="text"/>	<input type="text"/>		

**Paid Preparer Use Only**

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

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

OMB No. 1545-0074

**2010**Attachment  
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
- b** ☐ General sales taxes

**5** 5,193.

- 6** Real estate taxes (see instructions) . . . . . **6**
- 7** New motor vehicle taxes from line 11 of the worksheet on back (for certain vehicles purchased in 2009). Skip this line if you checked box 5b . . . . . **7**
- 8** Other taxes. List type and amount ▶
- 8**

**9** Add lines 5 through 8 . . . . . **9** 5,193.**Interest  
You Paid**

- 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 ▶

**Note.**  
Your mortgage  
interest  
deduction may  
be limited (see  
instructions).

- 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** 704.
- 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** 704.

**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.) ▶ . . . . . **21** 6,875.
- 22** Tax preparation fees . . . . . **22** 50.
- 23** Other expenses—investment, safe deposit box, etc. List type and amount ▶ . . . . . **23**
- 24** Add lines 21 through 23 . . . . . **24** 6,925.
- 25** Enter amount from Form 1040, line 38 **25** 88,131.
- 26** Multiply line 25 by 2% (.02) . . . . . **26** 1,763.
- 27** Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- . . . . . **27** 5,162.

**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** 11,059.
- 30** If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

**Unreimbursed Employee Business Expenses**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.****2010**  
Attachment  
Sequence No. **129A**

Your name <u>Abhinav Singhal</u>	Occupation in which you incurred expenses <u>software engineer</u>	Social security number <u>011-90-4456</u>
-------------------------------------	---	--

**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 2010.

**Caution:** You can use the standard mileage rate for 2010 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b> Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 50¢ (.50) . . . . .	<b>1</b>	
<b>2</b> Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	1,036.
<b>3</b> Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	300.
<b>4</b> Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	4,356.
<b>5</b> Meals and entertainment expenses: \$ <u>2,365.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	1,183.
<b>6 Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 9</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	6,875.

**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 2010, 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**

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**Form **2106-EZ** (2010)

**SCHEDULE M**  
**(Form 1040A or 1040)**Department of the Treasury  
Internal Revenue Service (99)**Making Work Pay Credit**

OMB No. 1545-0074

**2010**  
Attachment  
Sequence No. **166**▶ **Attach to Form 1040A or 1040.**▶ **See separate instructions.**

Name(s) shown on return

Abhinav Singhal

Your social security number

011-90-4456



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

- 1a** Do you (and your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?
- ☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- ☐ **No.** Enter your earned income (see instructions) . . . . . **1a**

- b** Nontaxable combat pay included on line 1a  
(see instructions) . . . . . **1b**

- 2** Multiply line 1a by 6.2% (.062) . . . . . **2**

- 3** Enter \$400 (\$800 if married filing jointly) . . . . . **3**

- 4** Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) . . . . . **4** 400.

- 5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 . . . . . **5** 88,131.

- 6** Enter \$75,000 (\$150,000 if married filing jointly) . . . . . **6** 75,000.

- 7** Is the amount on line 5 more than the amount on line 6?
- ☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.
- ☒ **Yes.** Subtract line 6 from line 5 . . . . . **7** 13,131.

- 8** Multiply line 7 by 2% (.02) . . . . . **8** 263.

- 9** Subtract line 8 from line 4. If zero or less, enter -0- . . . . . **9** 137.

- 10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010**? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).
- ☒ **No.** Enter -0- on line 10 and go to line 11.
- ☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010**. Do not enter more than \$250 (\$500 if married filing jointly) . . . . . **10** 0.

- 11 Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 . . . . . **11** 137.

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2010**  
Attachment  
Sequence No. **67**

Name(s) shown on return

Abhinav Singhal

Business or activity to which this form relates

Form 2106 software engineer

Identifying number

011-90-4456

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	1,100.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	Computer peripherals	1,100.	1,100.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	1,100.
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	1,100.
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	88,131.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	1,100.
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶	13	0.

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	0.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,100.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



## University National Bank Refund Processing Agreement ('Agreement')

Name: Abhinav Singhal

Social Security No.: 011-90-4456

This Agreement contains important terms, conditions and disclosures about the processing of your refund by University National Bank of Saint Paul, MN, (BANK). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words 'you' and 'your' refer to the applicant or both the applicant and joint applicant if the 2010 federal income tax return is a joint return (individually and collectively, 'Applicant'). The words 'we,' 'us' and 'our' refer to BANK.

### 1. NOTICE: No Requirement To Have BANK Process Your Refund In Order To File Electronically.

YOU UNDERSTAND THAT BANK CHARGES A REFUND PROCESSING SERVICE FEE OF \$ 29.95 TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR TAX REFUND, TO DEDUCT YOUR TURBOTAX FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING SERVICE FEE IS NOT A LOAN; IT IS DUE TO BANK WHETHER OR NOT THE REFUND TRANSFER OCCURS. YOU CAN AVOID THIS FEE AND NOT USE BANK'S REFUND PROCESSING SERVICE BY, INSTEAD, PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2010 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND-PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR TAX REFUND WITHIN 8 TO 15 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN. IF YOU DO NOT USE THE REFUND-PROCESSING SERVICE, BUT DO FILE YOUR TAX RETURN ELECTRONICALLY, AND HAVE YOUR TAX REFUND DIRECTLY DEPOSITED INTO A BANK ACCOUNT, YOU CAN EXPECT TO RECEIVE YOUR REFUND WITHIN 8 TO 15 DAYS FROM WHEN THE IRS ACCEPTS YOUR RETURN. IF YOU ELECT TO RECEIVE YOUR TAX REFUND THROUGH THE MAIL, YOU CAN EXPECT TO RECEIVE YOUR REFUND IN 3 TO 4 WEEKS FROM WHEN THE IRS ACCEPTS YOUR RETURN. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the Internal Revenue Service ("IRS") to disclose any information to BANK related to the funding of your 2010 tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to BANK for use in connection with the refund processing services being provided pursuant to this Agreement and BANK to share your information with Intuit. Neither Intuit nor BANK will disclose or use your tax return information for any other purpose, except as permitted by law. BANK will not use your tax information or contact information for any marketing purpose. For more information concerning our privacy policy please see the disclosures at the end of this Agreement describing how BANK may use or share your personal information.

### 3. Summary of Terms

Expected Federal Refund. . . . .	\$ 1,586.00
Less BANK Refund Processing Service Fee . . . . .	\$ 29.95
Less TurboTax Fees . . . . .	\$ 103.85
Less Additional Products and Services Purchased . . . . .	\$
<b>Expected Proceeds*.</b> . . . .	<b>\$ 1,452.20</b>

\*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a ten dollar (\$10) BANK handling fee as set forth in paragraphs 4 and 7 below.

**4. Temporary Deposit Account Authorization.** You hereby authorize BANK to establish a temporary deposit account ('Deposit Account') for the purpose of receiving your tax year 2010 federal income tax refund from the IRS. BANK must receive an acknowledgment from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize BANK to deduct from your Deposit Account the following amounts: (i) the BANK refund processing service fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return (Turbo Tax Fees); and, (iii) amounts to pay for additional products and services purchased plus applicable taxes. You also authorize BANK to deduct ten dollars (\$10) as a BANK handling fee, from your Deposit Account in the event that your deposit is returned or you provide incorrect bank account or routing information, as set forth in the Note below paragraph 7 below. You authorize BANK to disburse the balance of the Deposit Account to you after making all authorized deductions or payments.

**5. Acknowledgments.** (a) You understand that: (i) BANK cannot guarantee the amount of your tax year 2010 federal income tax refund or the date it will be issued, and (ii) BANK is not affiliated with the transmitter of the tax return (Intuit) and does not warrant the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by BANK.

**6. Truth in Savings Disclosure.** The Deposit Account is being opened for the purpose of receiving your (both spouses if this is a jointly filed return) tax year 2010 federal tax refund. We will charge the fees set forth in Section 3 for the Account. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. Questions or concerns about the Deposit Account should be directed to: University National Bank, P.O. Box 261059, San Diego, CA 92126, or via the Internet at <http://cisc.sbtpg.com>.

7. **Disbursement Method:** You agree that the disbursement method selected below will be used by BANK to disburse funds to you.

- a) Direct Deposit to Prepaid Debit Card: If you choose this option, you authorize BANK to transfer the balance of your Deposit Account to the financial institution that supports your prepaid debit card, so that the financial institution may deposit the balance of your refund, as directed by you, on the respective prepaid debit card you have selected. **Additional fees will be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. BANK will not be responsible for your funds once they have been deposited with the respective financial institution.**
- b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH Direct Deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

**DIRECT DEPOSIT ACCOUNT TYPE:** ☒ Checking ☐ Savings

**RTN #:** 211391825 **ACCOUNT #:** 13166160

**Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number.** If you or your representative enter your personal bank account information incorrectly and your deposit is returned to BANK, the refund balance minus a \$10 BANK handling fee will be disbursed to you via a cashier's check mailed to the address on your tax return. If the direct deposit is not returned to BANK, you will be responsible for the loss.

8. **Federal Electronic Fund Transfer Act Disclosures:** The Federal Electronic Fund Transfer Act provides you with certain rights and obligations regarding the Federal and state income tax refund that will be electronically deposited into your Account established at BANK for that purpose. If you believe that there is an error or if you have a question about your Account, write to University National Bank, P.O. Box 261059, San Diego, California 92126 or telephone (800) 717-7228 and provide BANK with your name, a description or explanation of the error and the dollar amount of the suspected error. BANK will advise you of the results of its investigation within 10 business days.

9. **Compensation.** In addition to any fees paid directly by you to Intuit, BANK will pay a portion of BANK's refund processing fee to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services.

10. **Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Minnesota.

11. **Arbitration Provision.** You agree that any and all disputes which in any way arise out of or relate to this agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ('AAA') before a single arbitrator in an arbitration commenced as close as possible to where you reside. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fee for you.

12. **USA Patriot Act Disclosure.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When we open an Account for you for the purpose of receiving your IRS refund deposit or if you apply for one of our products, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for your driver's license information or information from other identifying documents of yours.

## YOUR AGREEMENT

By selecting the ☒ 'I Agree' button in TurboTax: (i) You authorize BANK to receive your 2010 federal tax refund from the IRS and to make the deductions from your refund described in the Agreement, (ii) You agree to receive all Communications electronically in accordance with the 'Consent to Conduct Business Electronically' section of the License Agreement for Tax Year 2010 TurboTax(R) Software and Services, as the term 'Communications' is defined therein, (iii) You consent to the release of your 2010 refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. You understand that, if you change your tax year 2010 federal tax return information in a way that affects the amount of your refund, you must review and accept the Agreement again. If this is a joint return, selecting ☒ 'I Agree' indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

<b>FACTS</b>	What does University National Bank do with your Personal Information?
<b>Why?</b>	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> <li>• Social Security Number</li> <li>• Income</li> <li>• Account balances</li> <li>• Payment history</li> <li>• Transaction history</li> </ul>
<b>How?</b>	All Financial Companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons Financial Companies can share their customers' personal information; the reasons University National Bank chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	Does University National Bank share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you.	No	We don't share
<b>For joint marketing with other financial companies.</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences.	No	We don't share
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness.	No	We don't share
<b>For our affiliates to market to you.</b>	No	We don't share
<b>For nonaffiliates to market to you.</b>	No	We don't share

<b>Questions?</b>	Toll Free: 800-717-7228.
-------------------	--------------------------

<b>Who we are</b>	
<b>Who is providing this notice?</b>	University National Bank
<b>What we do</b>	
<b>How does University National Bank protect my personal information?</b>	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Your information is accessible only to employees who need the information in order to process your product request, answer your questions or determine the types of additional products or services that we think may interest you. We train our employees on their responsibility to maintain the privacy for your personal information.
<b>How does University National Bank collect my personal information?</b>	We collect your personal information about you when you apply for a tax related product. This includes information in your application and your tax return in each year that you applied for a tax-related bank product, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, other lenders, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
<b>Why can't I limit all sharing?</b>	Federal law gives you the right to limit only: <ul style="list-style-type: none"> <li>• Sharing for affiliates' everyday business purposes — information about your creditworthiness,</li> <li>• Affiliates from using your information to market to you,</li> <li>• Sharing for nonaffiliates to market you.</li> </ul>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	Your choices will apply to everyone on your account.
<b>Definitions</b>	
<b>Affiliates</b>	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>• University Financial Corp. dba Sunrise Community Banks.</li> <li>• Franklin National Bank</li> <li>• Park Midway Bank, NA</li> </ul>
<b>Nonaffiliates</b>	Companies not related by common ownership or control. They can be financial or nonfinancial companies.  University National Bank does not share with nonaffiliates so they can market to you.
<b>Joint marketing</b>	A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.  University National Bank does not jointly market.
<b>Other Important Information</b>	
This notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING  
TAXPAYER: Abhinav Singhal  
PRIMARY SSN: 011-90-4456

FEDERAL RETURN SUBMITTED: February 06, 2011 09:05 AM PST  
FEDERAL RETURN ACCEPTANCE DATE: 02/17/2011

---

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

There are two important aspects of the Intuit Electronic Postmark:

#### 1. THE INTUIT ELECTRONIC POSTMARK.

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

#### TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2011. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 18, 2011, your Intuit electronic postmark will indicate April 18, 2011, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2011, and a corrected return is submitted and accepted before April 22, 2011. If your return is submitted after April 22, 2011, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2011. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2011, and the corrected return is submitted and accepted by October 20, 2011.

#### 2. THE ACCEPTANCE DATE.

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

# Electronic Filing Instructions for your 2010 New Jersey Tax Return

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



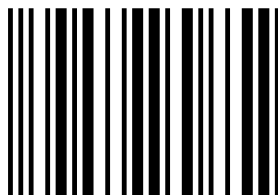
Declaration Control Number: 00-320006-05252-1 Accepted: 02/07/2011

Abhinav Singhal

444 washington blvd, Apt. 5527

Jersey city, NJ 07310

<b>Balance Due/Refund</b>	Your New Jersey state tax return (Form NJ-1040) shows a refund due to you in the amount of \$50.00. Your tax refund should be direct deposited into your account within 8 to 14 days after your return is accepted. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
<b>Where's My Refund?</b>	Before you call the New Jersey Division of Revenue with questions about your refund, give them 8 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.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2010 New Jersey Tax Return Summary</b>	Taxable Income	\$	87,131.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	50.00
	Amount to be Refunded	\$	50.00



STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

PAGE 1

For Privacy Act Notification, See Instructions  
For Tax Year Jan. - Dec. 2010 or Other Tax Year  
Beginning \_\_\_\_\_, 2010 \_\_\_\_ Month Ending \_\_\_\_\_ 20\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

SINGHAL ABHINAV

444 WASHINGTON BLVD APT 5527

JERSEY CITY NJ 07310 0906

2084

011904456

REV 04/11/11 TURBOTAX ONLINE

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, 2010. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

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:

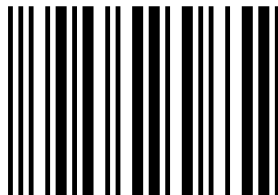
N J Division of Taxation, Revenue Processing Center,

PO Box 111, Trenton, NJ 08645-0111

If REFUND: N J Division of Taxation,

Revenue Processing Center, PO Box 555,  
Trenton, NJ 08647-0555

> _____ Your Signature Date Spouse/CU Partner's Signature(If filing jointly, BOTH must sign)		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
Paid Preparer's Signature <u>Self Prepared</u> Firm's Name		
Federal Identification Number		
Federal Employer Identification Number		



600000000013166160

SINGHAL ABHINAV

REV 04/11/11 TURBOTAX ONLINE

001	00	014	88131	040	3424	SS	011904456
EXT	0	15A	0	40A	32	SP	0
FS	1	15B	0	042	0	SS1	0
DP	0	016	0	044	0	BY1	0
006	1	017	0	045	0	SS2	0
007	0	018	0	046	0	BY2	0
008	0	019	0	047	0	SS3	0
009	0	020	0	048	50	BY3	0
010	0	021	0	049	0	SS4	0
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	88131	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	360	061	0		
DNM	0	36B	0	062	0		
PA	0	36C	0	063	0		
CDV	6344	037	87131	63C	00		
		038	3424	064	0		
				065	50		



Name <b>SINGHAL ABHINAV</b>	Social Security Number <b>011-90-4456</b>
--------------------------------	--

**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

**Domestic Partner Ind**

EXEMPTIONS 6. Regular ☐ 10. Number of other dependents ☐

7. Age 65 or Over ☐ 11. Dependents attending colleges ☐

8. Blind or Disabled ☐ 12. Totals (Line 12a - Add Lines 6, 7, 8 and 11) ☐ 1

9. Number of qualified dependent children ☐ (Line 12b - Add Lines 9 and 10) ☐

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)	14	88,131.
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 23)	19	
20. Distributive Share of Partnership Income (See instruction page 26)	20	
21. Net pro rata share of S Corporation Income (See instruction page 26) (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 25)	23	
24. Alimony and separate maintenance payments received	24	
25. Other (See instruction page 26)	25	
26. Total income (Add Lines 14, 15a, 16 through 25)	26	88,131.
27a. Pension Exclusion (See instruction page 27)	27a	
27b. Other Retirement Income Exclusion (See Worksheet and instr. page 27)	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 29.	28	88,131.
29. Total Exemption Amount - See instruction page 29 (Part Year Residents see instruction page 9.)	29	1,000.
30. Medical Expenses (See Worksheet and instr. page 29)	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	87,131.
36a. Total Property Taxes Paid	36a	360.
36b. Fill in oval if you were a New Jersey homeowner on October 1, 2010	<input type="checkbox"/>	
36c. Property Tax Deduction (See instruction page 30)	36c	0.
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36c from Line 35) If zero or less, MAKE NO ENTRY.	37	87,131.
38. Tax (From Tax Tables, page 53)	38	3,424.
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	3,424.
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 36) If no Use Tax, enter ZERO.	44	0.
45. Penalty for Underpayment of Estimated Tax Check if Form 2210 enclosed.	<input type="checkbox"/>	
46. Total Tax and Penalty (Add Lines 43, 44 and 45)	46	0.

Name SINGHAL ABHINAV

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 instruction page 30)	48	50.
49	New Jersey Estimated Tax Payments/Credit from 2009 tax return.	49	
50	New Jersey Earned Income Tax Credit (See instruction page 37) (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 38) (Enclose Form NJ-2450)	51	
52	EXCESS New Jersey Disability Insurance Withheld (See instr. page 38) (Enclose Form NJ-2450)	52	
53	EXCESS New Jersey Family Leave Withheld (See instr. Page XX) (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 2011 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 39) <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

1

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

C

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 04/11/11 TURBOTAX\_ONLINE

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

<b>Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION</b>	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 43.
--	--

**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.	88,131.	
2. Income subject to tax by New Jersey (From Line 28, Form NJ-1040) .....		2.	88,131.	
3. Maximum Allowable Credit Percentage <span style="float: right;">1 88,131.</span> (Divide Line 2 into Line 1) <span style="float: right;">2 88,131.</span>		3.	100.0000 %	
<b>IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.</b>		<b>COLUMN A</b>		<b>COLUMN B</b>
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4.	87,131.	4. 87,131.
5. Property Tax and Deduction Enter in Box 5a the amount from Worksheet F line 1. See instructions page 34. <div style="border: 1px solid black; width: 100px; float: right; padding: 2px;">5a. 360.</div> Property tax deduction. Enter the amount from Worksheet F, line 2. See instructions page 34.		5.	360.	5. - 0 -
6. New Jersey Taxable Income (Line 4 minus Line 5)		6.	86,771.	6. 87,131.
7. Tax on Line 6 amount (From Tax Table or Tax Rate Schedules)		7.	3,401.	7. 3,424.
8. Allowable Credit (Line 3 times Line 7)		8.	3,401.	8. 3,424.
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. <div style="border: 1px solid black; width: 100px; float: right; padding: 2px;">9a. 5,126.</div> Credit allowed. (Enter lesser of Line 8 or Box 9a). <b>(The credit may not exceed your New Jersey tax on Line 38).</b>		9.	3,401.	9. 3,424.

- 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 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.

<b>Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY</b>	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.

<b>Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS</b>	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 2010.

**Caution:** You can use the standard mileage rate for 2010 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

**Part I Figure Your Expenses**

<b>1</b>	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 50¢ (.50) . . . . .	<b>1</b>	
<b>2</b>	Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel or commuting to and from work . . . . .	<b>2</b>	1,036.
<b>3</b>	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	<b>3</b>	300.
<b>4</b>	Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment . . . . .	<b>4</b>	4,356.
<b>5</b>	Meals and entertainment expenses: \$ <u>2,365.</u> × 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	<b>5</b>	1,183.
<b>6</b>	<b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 9</b> ). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.) . . . . .	<b>6</b>	6,875.

**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 2010, 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**

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA**Form **2106-EZ** (2010)

# Electronic Filing Instructions for your 2010 New York Tax Return

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



Declaration Control Number: 00-320006-05251-1 Accepted: 02/07/2011

ABHINAV SINGHAL

444 WASHINGTON BLVD 5527

Jersey city, NJ 07310

<b>Balance Due/Refund</b>	Your New York state tax return (Form IT-203) shows a refund due to you in the amount of \$36.00. Your tax refund should be direct deposited into your account within 8 to 14 days after your return is accepted. The account information you entered - Account Number: 13166160 Routing Transit Number: 211391825.		
<b>Where's My Refund?</b>	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them 8 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 York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at <a href="http://www.nystax.gov/">http://www.nystax.gov/</a> .		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2010 New York Tax Return Summary</b>	Taxable Income	\$	80,631.00
	Total Tax	\$	5,126.00
	Total Payments/Credits	\$	5,162.00
	Amount to be Refunded	\$	36.00

**Cover Sheet for Form IT-203****Nonresident and Part-Year Resident Income Tax Return**

New York State • New York City • Yonkers

This is the cover sheet of your return. For your return to be complete, you **must** include this cover sheet with all four pages of Form IT-203 and all required attachments.



<b>Taxpayer name and address</b>		Software vendor code 1555	
Your social security number 011-90-4456		Spouse's social security number	
Your first name and middle initial ABHINAV		Your last name SINGHAL	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or rural route) 444 WASHINGTON BLVD		Apartment number 5527	
City, village or post office JERSEY CITY		State NJ	ZIP code 07310
Country (if not United States)			
<b>Summary of return data</b>			
Federal AGI (NYS amount column) .....		88,131.	
Total NYS AGI (NYS amount column).....		88,131.	
Total New York State tax withheld .....		5,162.	
Total New York City tax withheld .....			
Total Yonkers tax withheld .....			
Amount to be refunded to you .....		36.	
Amount you owe .....			



REV 11/17/10 TURBOTAX\_ONLINE

Staple check or  
money order  
here.



0741101555



**File this original scannable cover sheet  
with all four pages of your tax return.**

# Nonresident and Part-Year Resident Income Tax Return

2010

IT-203

New York State • New York City • Yonkers

For the year January 1, 2010, through December 31, 2010, or fiscal year beginning

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

and ending

Your first name and middle initial

Your 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 social security number

Print or type

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

School district

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) Choose direct deposit to avoid paper check refund delays.

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

- (1) Number of months **you** lived in NY City in 2010 ●
- (2) Number of months **your spouse** lived in NY City in 2010 ●

(B) Did you itemize your deductions on your 2010 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.	SEE STMT3	1. 88,131.	1.	88,131.
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.	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. 88,131.	16.	88,131.
17	Total federal adjustments to income (see page 23) Identify:		17.	17.	
18	Federal adjusted gross income (subtract line 17 from line 16)		18. 88,131.	18.	88,131.



011-90-4456

## Federal amount

Dollars

## New York State amount

Dollars

<b>19 Federal adjusted gross income</b> (from line 18 on front page)	<b>19.</b>	88,131.	<b>19.</b>	88,131.
<b>New York additions</b> (see page 25)				
<b>20</b> Interest income on state and local bonds (but not those of New York State or its localities)	<b>20.</b>		<b>20.</b>	
<b>21</b> Public employee 414(h) retirement contributions	<b>21.</b>		<b>21.</b>	
<b>22</b> Other (see page 27) Identify:	<b>22.</b>		<b>22.</b>	
<b>23</b> Add lines <b>19</b> through <b>22</b>	<b>23.</b>	88,131.	<b>23.</b>	88,131.
<b>New York subtractions</b> (see page 30)				
<b>24</b> Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	<b>24.</b>		<b>24.</b>	
<b>25</b> Pensions of NYS and local governments and the federal government (see page 30)	<b>25.</b>		<b>25.</b>	
<b>26</b> Taxable amount of social security benefits (from line 14)	<b>26.</b>		<b>26.</b>	
<b>27</b> Interest income on U.S. government bonds	<b>27.</b>		<b>27.</b>	
<b>28</b> Pension and annuity income exclusion	<b>28.</b>		<b>28.</b>	
<b>29</b> Other (see page 31) Identify:	<b>29.</b>		<b>29.</b>	
<b>30</b> Add lines 24 through 29	<b>30.</b>		<b>30.</b>	
<b>31 New York adjusted gross income</b> (subtract line 30 from line 23)	<b>31.</b>	88,131.	<b>31.</b>	88,131.
<b>32</b> Enter the amount from line 31, <b>Federal amount</b> column			<b>32.</b>	88,131.
<b>33</b> Enter your <b>standard deduction</b> (from table below) or your <b>itemized deduction</b> (from worksheet below). Mark an <b>X</b> in the appropriate box:      • <b>X</b> <b>Standard</b> or      • <b>Itemized</b>			<b>33.</b>	7,500.
<b>34</b> Subtract line 33 from line 32 (if line 33 is more than line 32, leave blank)			<b>34.</b>	80,631.
<b>35</b> Dependent exemptions (not the same as total federal exemptions; see page 38)			<b>35.</b>	
<b>36 New York taxable income</b> (subtract line 35 from line 34)			<b>36.</b>	80,631.

◀ 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**

<b>a</b> Medical and dental expenses (federal Sch. A, line 4)	<b>a.</b>	
<b>b</b> Taxes you paid (federal Sch. A, line 9)	<b>b.</b>	5,193.
<b>b1</b> State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) included in line b above	<b>b1.</b>	5,193.
<b>c</b> Interest you paid (federal Sch. A, line 15)	<b>c.</b>	
<b>d</b> Gifts to charity (federal Sch. A, line 19)	<b>d.</b>	704.
<b>e</b> Casualty and theft losses (federal Sch. A, line 20)	<b>e.</b>	
<b>f</b> Job expenses/misc. deductions (federal Sch. A, line 27)	<b>f.</b>	5,162.
<b>g</b> Other misc. deductions (federal Sch. A, line 28)	<b>g.</b>	
<b>h</b> Enter amount from federal Schedule A, line 29	<b>h.</b>	11,059.
<b>i</b> State, local, and foreign <b>income</b> taxes (or general sales tax, if applicable) and other subtraction adjustments (see page 36)	<b>i.</b>	5,193.
<b>j</b> Subtract line i from line h	<b>j.</b>	5,866.
<b>k</b> College tuition itemized deduction (see page 37)	<b>k.</b>	
<b>l</b> Addition adjustments (see page 37)	<b>l.</b>	
<b>m</b> Add lines j, k, and l	<b>m.</b>	5,866.
<b>n</b> Itemized deduction adjustment (see page 38)	<b>n.</b>	
<b>o New York State itemized deduction</b> (subtract line n from m; enter on line 33 above)	<b>o.</b>	5,866.





ABHINAV SINGHAL

011-90-4456

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

Dollars

<b>37</b>	<b>New York taxable income</b> (from line 36 on page 2)	<b>37.</b>	80,631.
<b>38</b>	New York State tax on line 37 amount (see page 39 and Tax computation on pages 74 and 75)	<b>38.</b>	5,126.
<b>39</b>	New York State household credit (from table 1, 2, or 3 on page 39)	<b>39.</b>	
<b>40</b>	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	<b>40.</b>	5,126.
<b>41</b>	New York State child and dependent care credit (attach Form IT-216; see page 40)	<b>41.</b>	
<b>42</b>	Subtract line 41 from line 40 (if line 41 is more than line 40, leave blank)	<b>42.</b>	5,126.
<b>43</b>	New York State earned income credit (attach Form IT-215; see page 40)	<b>43.</b>	
<b>44</b>	Base tax (subtract line 43 from line 42; if line 43 is more than line 42, leave blank)	<b>44.</b>	5,126.

<b>45</b>	Income percentage (see page 40)	New York State amount from line 31	Federal amount from line 31		Round result to 4 decimal places
		88,131.	÷	88,131.	= <b>45.</b> 1.0000
<b>46</b>	Allocated New York State tax (multiply line 44 by the decimal on line 45)	<b>46.</b>			5,126.
<b>47</b>	New York State nonrefundable credits (from Form IT-203-ATT, line 8; attach form)	<b>47.</b>			
<b>48</b>	Subtract line 47 from line 46 (if line 47 is more than line 46, leave blank)	<b>48.</b>			5,126.
<b>49</b>	Net other New York State taxes (from Form IT-203-ATT, line 33; attach form)	<b>49.</b>			
<b>50</b>	<b>Total New York State taxes</b> (add lines 48 and 49)	<b>50.</b>			5,126.

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

<b>51</b>	Part-year New York City resident tax (attach Form IT-360.1)	<b>51.</b>		See instructions on pages 40 and 41 to compute New York City and Yonkers taxes, credits, and surcharges.
<b>52</b>	New York City minimum income tax (attach Form IT-220)	<b>52.</b>		
<b>52a</b>	Add lines 51 and 52	<b>52a.</b>		
<b>52b</b>	Part-year resident nonrefundable New York City child and dependent care credit (attach Form IT-216)	<b>52b.</b>		
<b>52c</b>	Subtract line 52b from 52a	<b>52c.</b>		
<b>53</b>	Yonkers nonresident earnings tax (attach Form Y-203)	<b>53.</b>		
<b>54</b>	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	<b>54.</b>		
<b>55</b>	<b>Total New York City and Yonkers taxes</b> (add lines 52c, 53, and 54)	<b>55.</b>		
<b>56</b>	<b>Sales or use tax</b> (See the instructions on page 42. <b>Do not leave line 56 blank.</b> )	<b>56.</b>		0.

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

<b>57a</b>	Return a Gift to Wildlife	<b>57a.</b>	
<b>57b</b>	Missing / Exploited Children Fund	<b>57b.</b>	
<b>57c</b>	Breast Cancer Research Fund	<b>57c.</b>	
<b>57d</b>	Alzheimer's Fund	<b>57d.</b>	
<b>57e</b>	Olympic Fund (\$2 or \$4; see page 43)	<b>57e.</b>	
<b>57f</b>	Prostate Cancer Research Fund	<b>57f.</b>	
<b>57g</b>	9/11 Memorial	<b>57g.</b>	
<b>57h</b>	Volunteer Firefighting & EMS Recruitment Fund	<b>57h.</b>	
<b>57</b>	<b>Total voluntary contributions</b> (add lines 57a through 57h)	<b>57.</b>	
<b>58</b>	<b>Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions</b> (add lines 50, 55, 56, and 57)	<b>58.</b>	5,126.



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)

Dollars

**59.** 5,126.**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.** 5,162.**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.** 5,162.

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached 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.** 36.**68** Amount of line 67 to be **refunded** by (mark one): **68.** 36.☒ **direct deposit** (fill in line 72) or **paper check refund****69** Amount of line 67 that you want applied to your **2011** estimated tax. (see instruction.) **69.****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 2010?** ▼ ▼(If Yes, complete Form IT-203-B, Schedule B, and attach form.) **Yes** **No** ☒**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 NYTPRN

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.**

2034101555



## Summary of W-2 Statements

New York State • New York City • Yonkers

2010

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)

RKCLICK SOLUTIONS LLC REKHA SINGH SOLE MBR

8111 45TH AVENUE 4R

ELMHURST

NY 11373

Box 12a Amount

▼ Code

Box 15 State

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

NY

33,380.

Box b Employer identification number (EIN)

26-0831410

Box 12b Amount

▼ Code

Box 17 New York State income tax withheld

1,922.

This W-2 record is for

(mark an X in one box):

Taxpayer X Spouse

Box 1 Wages, tips, other compensation

Box 12c Amount

▼ Code

Locality a

Locality b

33,380.

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Locality b

Box 9 Advance EIC payment

Box 14 a Amount

▼ Description

Box 20 Locality name

13. NYSDI

Locality a

Box 10 Dependent care benefits

Box 14 b Amount

▼ Description

Locality b

Box 11 Nonqualified plans

Box 14 c Amount

▼ Description

Corrected (W-2c)

Do not detach.

W-2  
Record 2

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

MOODYS INVESTORS SERVICE INC

7 WTC @ 250 GREENWICH ST

NEW YORK

NY 10007

Box 12a Amount

▼ Code

Box 15 State

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

NY

54,751.

Box b Employer identification number (EIN)

13-1959883

Box 12b Amount

▼ Code

Box 17 New York State income tax withheld

3,240.

This W-2 record is for

(mark an X in one box):

Taxpayer X Spouse

Box 1 Wages, tips, other compensation

Box 12c Amount

▼ Code

Locality a

Locality b

54,751.

Box 8 Allocated tips

Box 13 Statutory employee

Locality a

Locality b

Box 9 Advance EIC payment

Box 14 a Amount

▼ Description

Box 20 Locality name

18. SDI

Locality a

Box 10 Dependent care benefits

Box 14 b Amount

▼ Description

Locality b

Box 11 Nonqualified plans

Box 14 c Amount

▼ Description

Corrected (W-2c)



Please file this original scannable form with the Tax Department.

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small black boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

REV 10/12/10 TURBOTAX\_ONLINE

1021101555



## Additional information from your 2010 New York Tax Return

Some forms were not able to fit all of the information you entered. We've included this information below.

### IT-203: Nonresident/Part Year Income Tax Return

Line 1

Explanation Statement

Income Allocation Based On Volume
WORKED ON OFFICE BUILDNG ON NEW YORK , NEW YORK 100%.