

Electronic Filing Instructions for your 2011 Federal Tax Return

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



Daniel Petkevich
5423 Grape St.
Houston, TX 77096

Balance Due/Refund	Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$1,231.00. 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: 385010329085 Routing Transit Number: 011900254.		
Where's My Refund?	Before you call the Internal Revenue Service 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 Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
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	\$	13,972.00
	Taxable Income	\$	8,172.00
	Total Tax	\$	818.00
	Total Payments/Credits	\$	2,049.00
	Amount to be Refunded	\$	1,231.00
	Effective Tax Rate		5.85%



Hi Daniel,

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 Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2011**

OMB No. 1545-0074

Your first name and initial Daniel		Last name Petkevich		Your social security number 643-16-3832	
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. 5423 Grape St.				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Houston TX 77096				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		Foreign postal code	

Income**Attach
Form(s) W-2
here.**Enclose, but do
not attach, any
payment.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	13,972.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	13,972.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,500 if single ; \$19,000 if married filing jointly . See back for explanation.	5	5,800.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	8,172.
7	Federal income tax withheld from Form(s) W-2 and 1099.	7	2,049.
8a	Earned income credit (EIC) (see instructions).	8a	
b	Nontaxable combat pay election. 8b		
9	Add lines 7 and 8a. These are your total payments and credits .	9	2,049.
10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	818.
11a	If line 9 is larger than line 10, subtract line 10 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	11a	1,231.
b	Routing number 011900254 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 385010329085		
12	If line 10 is larger than line 9, subtract line 9 from line 10. This is the amount you owe . For details on how to pay, see instructions.	12	

**Payments,
Credits,
and Tax****Refund**Have it directly
deposited! See
instructions and
fill in 11b, 11c,
and 11d or
Form 8888.**Amount
You Owe****Third Party
Designee**

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

Designee's name	Phone no.	Personal identification number (PIN)
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**Sign
Here**Joint return? See
instructions.Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation Student	Daytime phone number (281) 236-2023
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid
Preparer
Use Only**

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

Federal Information Worksheet

► Keep for your records

2011

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:

First name Daniel
 Middle initial Suffix
 Last name Petkevich
 Social security no. 643-16-3832
 Occupation Student
 Date of birth 04/13/1990 (mm/dd/yyyy)
 or age as of 1-1-2012 21
 Daytime phone (281) 236-2023 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☒ Yes ☐ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☒ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 or age as of 1-1-2012
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

Address 5423 Grape St. Apt no.
 City Houston State TX ZIP code 77096
 Foreign province/county Foreign postal code
 Foreign code Foreign country

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime
 Check if you were affected by a natural disaster in 2011 ☐

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year ☐
 Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's name Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2009 ☐
 2010 ☐

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Qualified child/dep care exps incurred and paid 2011	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	N o t qual for child tax cr					
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* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2011? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2011 ☐

Was EIC disallowed or reduced in a previous year and are you required to file
Form 8862 this year? ☐ Yes ☐ No

Check if you were notified by the IRS that EIC cannot be claimed in 2011 ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional)

Check the appropriate box. ☒ Checking ☐ Savings

Routing number. Account number

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ▶ _____
Balance-due amount from this return ▶ _____

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Northern Mariana Islands, or Puerto Rico	
Commonwealth of the Northern Mariana Islands	
Excludable income from Puerto Rico	

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

If you are entitled to a filing extension or other disaster relief provision as declared by the IRS, enter the appropriate information (see Help) ►

Part VII – State Filing Information**Taxpayer:**Enter the taxpayer's state of residence as of December 31, 2011 ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2011 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
CT	

Check this box if you are in a Registered Domestic Partnership, a civil union, or same-sex marriage . . . ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2011

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Daniel Middle initial . . . Last name . . . Petkevich
Suffix

Social security no. . . 643-16-3832 Member of U.S. Armed Forces in 2011? . . ☐ Yes ☒ No

Date of birth 04/13/1990 (mm/dd/yyyy) age as of 1-1-2012 21

Occupation Student Daytime phone (281) 236-2023 Ext

Marital status . . . Single

If widowed, check the appropriate box for the year your spouse died:

After 2011 ► ☐ 2011 ► ☐ 2010 ► ☐ 2009 ► ☐ Before 2009 ► ☐

Are you retired on total and permanent disability? (for Schedule R, see Help) ► ☐ Yes ☐ No

Check if this person is legally blind ► ☐

If deceased, enter the date of death ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2012 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 Can someone (such as your parent) claim you as a dependent? ► ☒ Yes ☐ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☒ Yes ☐ No

*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*

3 Were you a full-time student during any part of five months during 2011? ► ☒ Yes ☐ No

4 Did your earned income exceed one-half of your support? ► ☒ Yes ☐ No

5 Was at least one of your parents alive on December 31, 2011? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2011 TX

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ►

In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2011

► Keep for your records

Name(s) Shown on Return
Daniel Petkevich

Social Security Number
643-16-3832

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	13,972.		13,972.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.			
2	Total federal tax withheld	2,049.		2,049.
3 & 7	Total social security wages/tips	12,344.		12,344.
4	Total social security tax withheld	518.		518.
5	Total Medicare wages and tips	12,344.		12,344.
6	Total Medicare tax withheld	179.		179.
8	Total allocated tips			
9	Not used			
10	Total dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contributions to 401(k) & 403(b) plans . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Tier 1 wages			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RRTA tips.			
h	Total other items from box 14			
16	Total state wages and tips	1,628.		1,628.
17	Total state tax withheld	81.		81.
19	Total local tax withheld.			

Name
Daniel PetkevichSocial Security Number
643-16-3832☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 643-16-3832**b** Employer's ID number 74-3064240**c** Employer's name, address, and ZIP code
RedfinStreet 2025 1ST AVE 6TH FLOORCity SeattleState WA ZIP Code 98121

Foreign Country _____

d Control number . _____☒**Transfer employee information from
the Federal Information Worksheet****e** Employee's nameFirst Daniel M.I. _____Last Petkevich Suff. _____**f** Employee's address and ZIP codeStreet 5423 Grape St.City HoustonState TX ZIP Code 77096

Foreign Country _____

1 Wages, tips, other
compensation12,343.75**3** Social security wages12,343.75**5** Medicare wages and tips12,343.75**7** Social security tips**9****11** Nonqualified plans**12** Enter box 12 below**13**☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income
tax withheld1,976.63**4** Social security tax withheld518.44**6** Medicare tax withheld178.98**8** Allocated tips**10** Dependent care benefitsDistributions from sect. 457
and nonqualified plans
(*Important, see Help*)**Box 12**
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse

W: Enter HSA contribution for Taxpayer . . .

Spouse

G: ☐ Employer is **not** a state or local government**Box 15**
StateWA

Employer's state I.D. no.

Box 16

State wages, tips, etc.

Box 17

State income tax

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from
the drop down list. If not on the list, select Other).

Name
Daniel PetkevichSocial Security Number
643-16-3832**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No. 643-16-3832
b Employer's ID number 06-0646973
c Employer's name, address, and ZIP code
Yale University
 Street P.O. Box 208356
 City New Haven
 State CT ZIP Code 06520
 Foreign Country _____

d Control number . _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Daniel M.I. _____
 Last Petkevich Suff. _____
f Employee's address and ZIP code
 Street 5423 Grape St.
 City Houston
 State TX ZIP Code 77096
 Foreign Country _____

1 Wages, tips, other compensation
1,628.25

3 Social security wages

5 Medicare wages and tips

7 Social security tips

9 _____

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
71.50

4 Social security tax withheld

6 Medicare tax withheld

8 Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12
Code

Box 12
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____

Spouse _____

W: Enter HSA contribution for Taxpayer . . . _____

Spouse _____

G: ☐ Employer is **not** a state or local government

Box 15
State

Employer's state I.D. no.

CT 0497099-000

Box 16

State wages, tips, etc.

1,628.25

Box 17

State income tax

81.42

Box 20

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated
State**Box 14**Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

2011

- Keep for your records

Name(s) Shown on Return <u>Daniel Petkevich</u>	Social Security Number <u>643-16-3832</u>
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Estimated Tax Payments for 2011 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>04/18/11</u>		<u>04/18/11</u>			<u>04/18/11</u>		
2	<u>06/15/11</u>		<u>06/15/11</u>			<u>06/15/11</u>		
3	<u>09/15/11</u>		<u>09/15/11</u>			<u>09/15/11</u>		
4	<u>01/17/12</u>		<u>01/17/12</u>			<u>01/17/12</u>		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2011					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2011 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				2,049.	81.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
19	Total Withholding Lines 10 through 18e				2,049.	81.	
20	Total Tax Payments for 2011				2,049.	81.	

Prior Year Taxes Paid In 2011 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2010 extensions				
22	2010 estimated tax paid after 12/31/10				
23	Balance due paid with 2010 return				
24	Other (amended returns, installment payments, etc) . .				

Form 1040
Line 40

Standard Deduction Worksheet for Dependents

2011

► Keep for your records

Name(s) Shown on Return
Daniel Petkevich

Social Security Number
643-16-3832

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$650?</p> <p><input checked="" type="checkbox"/> Yes. Add \$300 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$950</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p>1</p> <p>2</p>	<p>14,272.</p> <p>5,800.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$5,800 • Married filing jointly or Qualifying widow(er) — \$11,600 • Head of household — \$8,500 			
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1947, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b</p>		<p>3 a</p>	<p>5,800.</p>
<p>3 b If born before January 2, 1947, or blind, multiply the number on Form 1040, line 39a, by \$1,150 (\$1,450 if single or head of household)</p>		<p>3 b</p>	<p></p>
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 40</p>		<p>3 c</p>	<p>5,800.</p>

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Earned Income Worksheet**2011**

► Keep for your records

Name(s) Shown on Return

Daniel Petkevich

Social Security Number

643-16-3832

Part I – Earned Income Credit Wks Computation

Taxpayer

Spouse

Total

1 If filing Schedule SE:**a** Net self-employment income**b** Optional Method and Church Employee income**c** Add lines 1a and 1b**d** One-half of self-employment tax**e** Subtract line 1d from line 1c**2 If not required to file Schedule SE:****a** Net farm profit or (loss)**b** Net nonfarm profit or (loss)**c** Add lines 2a and 2b**3 If filing Schedule C or C-EZ as a statutory****employee**, enter the amount from line 1

of that Schedule C or C-EZ

4 Add lines 1e, 2c and 3. To EIC Wks, line 5**Part II – Form 2441 and Standard Deduction Worksheet Computations****5** Net self-employment earnings (line 4 above)**6** Wages, salaries, and tips less distributions

from nonqualified or section 457 plans, etc

7 Taxable employer-provided adoption benefits**8** Add lines 5 through 7. To Form 2441, lines 19

and 20

9 a Taxable dependent care benefits**b** Nontaxable combat pay**10** Add lines 8, 9a and 9b. To Form 2441, lines 4

and 5

11 Scholarship or fellowship income not on W-2**12** SE exempt earnings less nontaxable income**13** Distributions from nonqualified/Sec. 457 plans**14** Add lines 8, 9a and 11 through 13. To Standard

Deduction Worksheet

Part III – IRA Deduction Worksheet Computation**15** Net self-employment income or (loss)**16** Wages, salaries, tips, etc**17** Net self-employment loss**18** Alimony received**19** Nontaxable combat pay**20** Foreign earned income exclusion**21** Keogh, SEP or SIMPLE deduction**22** Combine lines 15 through 21. To IRA Wks, ln 2.**Part IV – Form 8812 and Child Tax Credit Line 11 Worksheet Computations****23** Self-employed, church and statutory employees**24** Wages, salaries, tips, etc**25** Nontaxable combat pay**26** Foreign earned income exclusion**27** Combine lines 23 through 26. To Form

8812, line 4a & Line 11 Wks, line 2.

Federal Carryover Worksheet

2011

► Keep for your records

Name(s) Shown on Return Daniel Petkevich	Social Security Number 643-16-3832
---	---------------------------------------

2010 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

Other Tax and Income Information

			2010	2011
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		81.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		13,972.
6	Tax liability for Form 2210 or Form 2210-F	6		818.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions

			2010	2011
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

			2010	2011
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2011	a		
	b 2010	b		
	c 2009	c		
	d 2008	d		
	e 2007	e		
	f 2006	f		

Tax History Report**2011**

► Keep for your records

Name(s) Shown on Return

Daniel Petkevich

	Five Year Tax History:				
	2007	2008	2009	2010	2011
Filing status					Single
Total income					13,972.
Adjustments to income					
Adjusted gross income					13,972.
Tax expense					81.
Interest expense . . .					
Contributions					
Miscellaneous deductions.					
Other Itemized Deductions					
Total itemized/standard deduction . .					5,800.
Exemption amount . .					0.
Taxable income					8,172.
Tax.					818.
Alternative min tax . .					
Total credits					
Other taxes					
Payments					2,049.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund.					1,231.
Effective tax rate % . .					5.85
**Tax bracket %					10

**Tax bracket % is based on Taxable income.

Tax Summary
► Keep for your records

2011

Name (s) Daniel Petkevich	SSN 643-16-3832
Total income	13,972.
Adjustments to income	
Adjusted gross income	13,972.
Itemized/standard deduction	5,800.
Exemption amount	0.
Taxable income	8,172.
Tentative tax	818.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	818.
Total payments	2,049.
Estimated tax penalty	
Amount Overpaid	1,231.
Refund	1,231.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You have elected to file Form 1040EZ.

Compare to U. S. Averages

► Keep for your records

2011

Name(s) Shown on Return Daniel Petkevich	Social Security No 643-16-3832
---	-----------------------------------

Your 2011 adjusted gross income (AGI) 13,972.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	13,972.	8,769.
Taxable interest		1,788.
Tax-exempt interest		5,913.
Dividends		1,975.
Business net income		7,814.
Business net loss		20,607.
Net capital gain		12,198.
Net capital loss		2,487.
Taxable IRA		5,532.
Taxable pensions and annuities		6,826.
Rent and royalty net income		8,319.
Rent and royalty net loss		17,935.
Partnership and S corporation net income		13,535.
Partnership and S corporation net loss		145,313.
Taxable social security benefits		4,054.
Medical and dental expenses deduction		8,827.
Taxes paid deduction	81.	3,501.
Interest paid deduction		9,273.
Charitable contributions deduction		1,569.
Total itemized deductions	81.	16,958.
Child care credit		164.
Education tax credits		290.
Child tax credit		135.
Retirement savings contributions credit		158.
Earned income credit		1,979.
Other Information	Actual Per Return	National Average
Adjusted gross income	13,972.	2,982.
Taxable income	8,172.	2,873.
Income tax	818.	269.
Alternative minimum tax		7,844.
Total tax liability	818.	533.

Smart Worksheets from your 2011 Federal Tax Return

SMART WORKSHEET FOR: Form 1040EZ: Individual Tax Return

Earned Income Credit Smart Worksheet

- A** Date of birth (mm/dd/yyyy) Taxpayer . 04/13/1990 Spouse
- B** Is the taxpayer or spouse a qualifying child for EIC for another person? . . . ▶ Yes ☐ No ☐
- C** Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2011? ▶ Yes ☐ No ☐
- D** If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box ▶ ☐
- E** Check if EIC was disallowed or reduced in a previous year and taxpayer is required to file Form 8862 this year ▶ ☐
- F** Check if notified by the IRS that EIC cannot be claimed in 2011 ▶ ☐

Electronic Filing Instructions for your 2011 Connecticut Tax Return

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



Daniel Petkevich
5423 GRAPE ST.
HOUSTON, TX 77096

Balance Due/Refund	Your Connecticut state tax return (Form CT-1040NR/PY) shows a refund due to you in the amount of \$80.00. 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: 385010329085 Routing Transit Number: 011900254.		
Where's My Refund?	Before you call the Connecticut Department 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 Connecticut Department of Revenue directly at 860-297-5962. You can also visit the Connecticut Department of Revenue web site at http://www.drs.state.ct.us/electronicsservices/Electronicsvcs.html .		
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 Connecticut Tax Return Summary	Taxable Income	\$	13,972.00
	Total Tax	\$	1.00
	Total Payments/Credits	\$	81.00
	Amount to be Refunded	\$	80.00

Form CT-1040NR/PY

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20g, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** four pages of your completed return and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2922
Hartford CT 06104-2922
For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2988
Hartford CT 06104-2988
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

1102115555

Form CT-1040NR/PY- 2011, Page 1 of 4

Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2011 and ending:

Y

S

N

FJFC

N

FJC

N

FSFC

N

FSC

N

HH

N

QW

643 - 16 - 3832

DANIEL

PETKEVICH

N

Dec.

N

P

N

Dec.

Y

N

5423 GRAPE ST

N

No forms

N

CT-2210

N

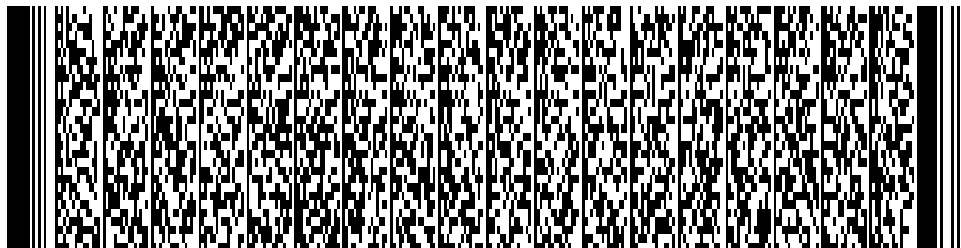
CT-8379

N

CT-1040CRC

HOUSTON TX 77096 •

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21;or Form 1040EZ, Line 4)	1.	13972
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	13972
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	13972
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	1628
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	13972
8. Income tax	8.	7
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.1165
10. Line 9 multiplied by Line 8	10.	1
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	1
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	1
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	1
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	1



Clip check here. Do not staple.

Do not send W-2 or 1099 forms.

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Form CT-1040NR/PY, Page 2 of 4

643163832

19. Amount from Line 18

19. •

1

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #

Col. B - CT Wages, Tips, etc.

Sch. CT K-1

Col. C - CT Income Tax Withheld

20a.	06 - 0646973	•	1628	•	81
20b.		•	0	•	0
20c.		•	0	•	0
20d.		•	0	•	0
20e.		•	0	•	0
20f.		•	0	•	0
20g.		•	0	•	0

20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)

20h.

0

20. **Total Connecticut income tax withheld:** Amounts in Column C.

20.

81

21. All 2011 estimated tax payments and any overpayments applied from a prior year

21.

0

22. Payments made with Form CT-1040 EXT

22.

0

23. **Total payments:** Add Lines 20, 21, and 22.

23.

81

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23.

24.

80

25. Amount of Line 24 you want **applied to your 2012 estimated tax**

25.

0

26. Total contributions of refund to designated charities (from Schedule 4, Line 63)

26.

0

27. **Refund:** Lines 25 and 26 subtracted from Line 24.

27.

80

If you have not elected to direct deposit, the refund may be issued by debit card or check.27a. Acct. type **Y** Ck. **N** Sv. 27b. Rout. # 011900254 27c. Acct. # 385010329085

27d. Refund going to a bank account outside the U.S.

27d. **N**28. **Tax due:** If Line 19 is more than Line 23, Line 23 subtracted from Line 19.

28.

0

29. If late: Penalty entered. Line 28 multiplied by 10% (.10).

29.

0

30. If late: Interest entered.

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).

30.

0

31. Interest on underpayment of estimated tax (from Form CT-2210.)

31.

0

32. **Total amount due:** Add Lines 28 through 31.

32.

0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature

Date

Daytime telephone number

•

•

• (281) 236-2023

Spouse's signature (if joint return)

Date

Daytime telephone number

•

•

•

Paid preparer's signature

Date

Telephone number

Preparer's SSN or PTIN

•

•

•

Firm's name, address, and ZIP code

FEIN

•

SELF-PREPARED

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name

Telephone number

Personal identification number (PIN)

•

•

•

Sign Here
Keep a copy for your records.

1102215553

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Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. <i>Reserved for future use.</i>	35.	
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities (from federal Form 1040, Line 35)	39.	0
40. Other - specify •	40.	0
41. Total additions: Add Lines 33 through 40.	41.	0
42. Interest on U.S. government obligations	42.	0
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other - specify •	51.	0
52. Total subtractions: Add Lines 42 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
	Col. A	Col. B
54. Qualifying jurisdiction's name and two-letter code 54. •		
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000
57. Apportioned income tax	57.	0
58. Line 56 multiplied by Line 57	58.	0
59. Income tax paid to a qualifying jurisdiction	59.	0
60. Lesser of Line 58 or Line 59	60.	0
61. Total credit: Add Line 60, all columns.	61.	0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MFRF	63f.	0
63. Total Contributions: Add Lines 63a through 63f.	63. •	0

Schedule CT-SI
Nonresident or Part-Year Resident
Schedule of Income From Connecticut Sources

2011

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT-1040NR/PY.

Your first name and middle initial DANIEL	Last name PETKEVICH	Your Social Security Number 6 4 3 : 1 6 : 3 8 3 2
If joint return, spouse's first name and middle initial	Last name	Spouse's Social Security Number _____

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

Part 1 - Connecticut Income - Part-Year Residents: Complete **Schedule CT-1040AW**, *Part-Year Resident Income Allocation*. Add Columns B and D for each line of Schedule CT-1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc.	1	1,628	
2. Taxable interest	2		
3. Ordinary dividends	3		
4. Alimony received	4		
5. Business income or (loss)	5		
6. Capital gain or (loss)	6		
7. Other gains or (losses)	7		
8. Taxable amount of IRA distributions	8		
9. Taxable amount of pensions and annuities	9		
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	10		
11. Farm income or (loss)	11		
12. Unemployment compensation	12		
13. Taxable amount of social security benefits	13		
14. Other income: See instructions.	14		
15. Gross income from Connecticut sources: Add Lines 1 through 14.	15	1,628	00

Part 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	16		
17. Certain business expenses of reservists, artists, and fee-basis government officials	17		
18. Health savings account deduction	18		
19. Moving expenses	19		
20. Deductible part of self-employment tax	20		
21. Self-employed SEP, SIMPLE, and qualified plans	21		
22. Self-employed health insurance deduction	22		
23. Penalty on early withdrawal of savings	23		
24. Alimony paid. Recipient's last name ► SSN ►	24		
25. IRA deduction	25		
26. Student loan interest deduction	26		
27. Tuition and fees	27		
28. <i>Reserved for future use</i>	28		
29. Total adjustments: Add Lines 16 through 28.	29		
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT-1040NR/PY , Line 6.	30	1,628	00

This reflects the information on the federal 1040 as of the print date. Check the DRS website at www.ct.gov/DRS for an updated Schedule CT-SI.

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut-sourced income.** See instructions, Page 31.

A. Working days (or other basis) outside Connecticut	A		
B. Working days (or other basis) inside Connecticut	B		
C. Total working days: Add Line A and Line B.	C		
D. Nonworking days (Holidays, weekends, etc.)	D		
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places.	E		
F. Total income being apportioned	F		
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT-SI, Line 1. Basis, if other than working days: _____	G		

Connecticut Information Worksheet

2011

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name Petkevich
First Name Daniel
Middle Initial Suffix
Social Security No. 643-16-3832
Date of Birth 04/13/1990
Date of Death
Daytime Phone (281) 236-2023 * ☒
Home Phone * ☐

Spouse:

Last Name
First Name
Middle Initial Suffix
Social Security No.
Date of Birth
Date of Death
Daytime Phone * ☐
Home Phone * ☐

* Check one box for taxpayer and one box for spouse to print daytime phone numbers on Form CT-1040 or CT-1040NR, page 2. Check daytime or home box to print on Form CT-1040EXT or CT-1040X.

Address 5423 GRAPE ST. Apt no.
City HOUSTON State . . TX ZIP Code . . . 77096

Connecticut forms provide only two lines of 30 characters each for the main address (not including City, State, and Zip). We may have abbreviated certain words in your address. If the address below is incorrect or incomplete, please adjust. If using "c/o" or "Attn:", enter these on the first Address line only.

Address, Line 1 5423 GRAPE ST
Address, Line 2

Part II – Main Form

☐ Form CT-1040: Resident Tax Return (Long form) ►
☒ Form CT-1040NR/PY: Nonresident Tax Return ►
☐ Form CT-1040NR/PY: Part-Year Resident Tax Return ►

Connecticut residency dates (use MM/DD/YYYY format) . . From To

Part III – Filing Status

☒ Single
☐ Married filing jointly (Filing Jointly for federal and Connecticut)
☐ Same sex marriage filing jointly (Filing Jointly for Connecticut Only - **See Tax Help**)
☐ Married filing separately (Filing Separately for federal and Connecticut)
Spouse's full name
Spouse's social security number
☐ Taxpayer did **not** live with spouse for the entire year
☐ Filing Separately for Connecticut Only
☐ Head of household (with qualifying person)
☐ Qualifying widow(er) with dependent child

Part IV – Other Information

☐ I do not want forms sent to me next year
☐ I qualify as a farmer or fisherman
Yes No
☐ ☐ My city and zip code of residence are different than what's entered above
If so, enter resident City 5 digit resident Zip code

Part V – Direct Deposit Information or Direct Debit Information**Yes No**☒
☐Elect **direct deposit** of state tax refund☐
☒ Use **direct debit** of state tax payment (Electronic Filing Only)**Bank Information:**

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) . . . Bank of AmericaAccount type . . . Checking ☒ Savings ☐Routing number 011900254Account number 385010329085

Payment date to withdraw from the account above _____

State balance-due amount from this return _____

International ACH Transactions**Yes No**☐
☒

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VI – Third Party Designee Information**Yes No**☐
☐

Do you want to allow another person to discuss this return with Connecticut?

If Yes, complete the following:

Designee's name _____

Designee's phone number _____

Personal identification number _____

Part VII – Extension Status**Yes No**☐
☒

Tax return due date extended?

Extended due date _____

QuickZoom to Form CT-1040 EXT: Application for Extension of Time to File Inc Tax Return. ► _____**Part VIII – Amended Return**☐

Filing a Connecticut amended return

Enter the tax year you are amending _____

Previous Connecticut payment made _____

Previous Connecticut refund received. _____

QuickZoom to Form CT1040-X: Amended Income Tax Return ► _____**QuickZoom** to Form CT-1040: Resident Income Tax Return ► _____**QuickZoom** to Form CT-1040NR/PY: Nonresident and Part-Year Resident Income Tax Return ► _____

Nonresident Income Worksheet

2011

► Keep for your records

Name as Shown on Return <u>Daniel Petkevich</u>	Social Security Number <u>643-16-3832</u>
--	--

Income	Column A Income from Federal Return	Column B Portion of Column A from CT Sources
1 Wages, salaries, tips, etc	13,972.	1,628.
2 Taxable interest income		
3 Dividend income		
4 Alimony received		
5 Business income or (loss) (from federal Schedule C)		
6 Capital gain or (loss) (from federal Schedule D)		
7 Other gains or (losses) (from federal Form 4797)		
8 Taxable amount of IRA distributions		
9 Taxable amount of pensions and annuities		
10 Rent, royalties, partnerships, estates, trusts, etc (from federal Schedule E)		
11 Farm income or (loss) (from federal Schedule F)		
12 Unemployment compensation insurance		
13 Taxable amount of social security benefits		
14 a Other income from federal 1040		
b Lump-sum distributions		
c Other income from CT-1040NR/PY Sch 1		
d Total other income		
15 Add lines 1 through 14	13,972.	1,628.

Adjustments to Income

16 Educator expenses		
17 Certain business expenses		
18 Health savings account deduction		
19 Moving expenses		
20 Deductible part of self-employment tax		
21 Self-employed SEP, SIMPLE, and qualified plans		
22 Self-employed health insurance deduction		
23 Penalty on early withdrawal of savings		
24 Alimony paid		
25 IRA deduction		
26 Student loan interest deduction		
27 Tuition and fees deduction		
28 Reserved for future use		
Other adjustments:		
a Archer MSA Deduction		
b Jury duty pay you gave to your employer		
c Other adjustments		
29 Total adjustments – add lines 16 through 28		
30 Subtract line 29 from line 15	13,972.	1,628.

Tax Payments Worksheet

2011

► Keep for your records

Name <u>Daniel Petkevich</u>	Social Security Number <u>643-16-3832</u>
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Tax Payments for the Current Year	State	
	Date	Payment
1 First Payment		
2 Second Payment		
3 Third Payment		
4 Fourth Payment		
Additional Payments		
5 a Payment		
b Payment		
c Payment		
d Payment		
e Payment		
6 Overpayment from previous year applied to current year	6	
7 Amount paid with current year extension	7	
8 Total tax payments	8	

Income Taxes Withheld for the Current Year

9 State withholding on Forms W-2	9	<u>81.</u>
10 State withholding on Forms W-2G	10	
11 State withholding on Forms 1099-R	11	
12 a State withholding on Forms 1099-MISC	12 a	
b State withholding on Forms 1099-G	b	
13 Other state tax withholding	13	
14 Total income tax withheld	14	<u>81.</u>
15 Date return will be filed and balance paid	15	<u>04/17/2012</u>