

Form
1040EZ

Department of the Treasury — Internal Revenue Service

**Income Tax Return for Single and
Joint Filers With No Dependents (99) 2010**

OMB No. 1545-0074

**Name,
Address,
and SSN**See separate
instructions.

Your first name Mario	MI A	Last name Stanley	Your social security number 060-58-2052
If a joint return, spouse's first name MI Last name			Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1242 Thieriot Avenue		Apt. no. 2	▲ Make sure the SSN(s) above are correct. ▲
City, town or post office. If you have a foreign address, see instructions. Bronx		State ZIP code NY 10472	

**Presidential
Election
Campaign**
(see instrs)Check here if you, or your spouse if a joint return, want \$3 to go to this fund? ☐ You ☐ Spouse**Income****Attach
Form(s)
W-2 here.**
Enclose,
but do not
attach, any
payment.You may be
entitled to a
larger deduc-
tion if you file
Form 1040A or
1040. See
Before You
Begin in the
instructions.

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	18,757.
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	18,757.
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$9,350 if single ; \$18,700 if married filing jointly . See instructions.	5	9,350.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income	6	9,407.

**Payments,
Credits,
and Tax**

7	Federal income tax withheld from Form(s) W-2 and 1099.	7	18.
8	Making work pay credit (see worksheet on page 2)	8	400.
9a	Earned income credit (EIC) (see instructions).	9a	
b Nontaxable combat pay election		9b	
10	Add lines 7, 8, and 9a. These are your total payments and credits	10	418.
11	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.	11	995.

RefundHave it directly
deposited! See
instructions and
fill in 12b, 12c,
and 12d or Form
8888.

12a	If line 10 is larger than line 11, subtract line 11 from line 10. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	12a	
b Routing number XXXXXXXXX		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number XXXXXXXXXXXXXXXXXXXX			

**Amount
You Owe**

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the amount you owe . For details on how to pay, see instructions	13	577.
----	--	----	------

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

Designee's name	Phone no.	Personal ID no. (PIN)
--------------------	--------------	--------------------------

**Sign
Here**

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.

Joint return?
See instructions.

Your signature	Date	Your occupation Night Crew	Daytime phone no.
Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation

Keep
a copy for
your records.**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 address				Firm's EIN
				Phone no.

► Keep for your records

Name(s) Shown on Return
Mario A Stanley

Social Security Number
060-58-2052

Federal			State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/10		04/15/10			04/15/10		
2	06/15/10		06/15/10			06/15/10		
3	09/15/10		09/15/10			09/15/10		
4	01/18/11		01/18/11			01/18/11		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2010					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2010 extensions					

Taxes Withheld From:				Federal	State	Local
10	Forms W-2			18.	339.	330.
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				
18 a	Other withholding	St				
b	Other withholding	St				
c	Other withholding	St				
19	Total Withholding Lines 10 through 18c			18.	339.	330.
20	Total Tax Payments for 2010			18.	339.	330.

Prior Year Taxes Paid In 2010 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2009 extensions				
22	2009 estimated tax paid after 12/31/09				
23	Balance due paid with 2009 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2010

► Keep for your records

Name(s) Shown on Return
Mario A Stanley

Social Security Number
060-58-2052

2009 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			2009	2010
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions after limitation	3		669.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		18,757.
6	Tax liability for Form 2210 or Form 2210-F	6		595.
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			2009	2010
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			2009	2010
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:			
	a 2010	16 a		
	b 2009	b		
	c 2008	c		
	d 2007	d		
	e 2006	e		
	f 2005	f		

File by Mail Instructions for your 2010 New York Tax Return

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



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

MARIO A STANLEY
1242 THIERIOT AVENUE 2
Bronx, NY 10472

Balance Due/Refund	Your New York state tax return (Form IT-150) shows you owe a balance due of \$20.00. You are paying by check.	
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Your payment - Mail a check or money order for \$20.00, payable to "NYS Income Tax". Write your Social Security number and "2010 Form IT-150" on the check. Mail the return and check together.</p> <p>Do not attach copies of Federal form(s) W-2, 1099-R, or 1099-G to your tax return. New York form(s) IT-2, 'Summary of W-2 Statements', IT-1099-R, 'Summary of Federal Form 1099-R Statements', and IT-1099-UI, 'Summary of Unemployment Compensation Payments' are to be attached to your tax return instead. These forms (when required) are automatically generated using W-2, 1099-R, and 1099-G data entered in your federal tax return. Note: Per New York instructions, IT-1099-R is only completed for 1099-R(s) that contain New York State, New York City or Yonkers withholding. IT-1099-UI is only completed for 1099-G(s) issued by the New York State Department of Labor that contain New York State withholding.</p> <p>Mail your return, attachments and payment to: State Processing Center PO Box 15555 Albany, NY 12212-5555</p> <p>Deadline: Postmarked by April 18, 2011</p> <p>Don't forget correct postage on the envelope.</p>	
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select Print & File tab, then select the Print for Your Records category.	
2010 New York Tax Return Summary	Taxable Income	\$ 11,257.00
	Total Tax	\$ 752.00
	Total Payments/Credits	\$ 732.00
	Payment Due	\$ 20.00

File by Mail Instructions for your 2010 New York Tax Return

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



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

MARIO A STANLEY
1242 THIERIOT AVENUE 2
Bronx, NY 10472

Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the Print & File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.

For office use only

Cover Sheet for Form IT-150
Resident Income Tax Return
 New York State • New York City • Yonkers

2010

IT-150

This is the cover sheet of your return. For your return to be complete you **must** include this cover sheet with both pages of Form IT-150 and all required attachments.

Taxpayer name and address		Software vendor code 1030	
Your social security number 060-58-2052		Spouse's social security number	
Your first name and middle initial MARIO A		Your last name STANLEY	
Spouse's first name and middle initial		Spouse's last name	
Mailing address (number and street or rural route) 1242 THIERIOT AVENUE		Apartment number 2	
City, village or post office BRONX	State NY	ZIP code 10472	
Country (if not United States)			
Summary of return data			
Federal adjusted gross income		18,757.	
Total NYS adjusted gross income		18,757.	
Total New York State tax withheld		339.	
Total New York City tax withheld		330.	
Total Yonkers tax withheld			
Amount to be refunded to you			
Amount you owe		20.	

NYIA1204 09/28/10

Staple check or
money order here.

File this original scannable cover sheet
with both pages of your tax return

0721101030

Resident Income Tax Return (short form)**New York State • New York City • Yonkers****Important:** You must enter your social security number(s) in the spaces to the right.

Your first name and middle initial

Your last name (for a joint return, enter spouse's name on line below)

▼ Your social security number

MARIO

A STANLEY

060-58-2052

Spouse's first name and middle initial

Spouse's last name

▼ Spouse's social security number

Mailing address (see instructions) (number and street or rural route)

Apartment number

New York State county of residence

1242 THIERIOT AVENUE

2

• BRON

City, village, or post office

State ZIP code

Country (if not United States)

School district name

BRONX

NY 10472

• BRONX

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

Apartment number

School district
code number

068

City, village, or post office

State ZIP code

Decedent
information

Taxpayer's date of death

Spouse's date of death

NY

- 1 ☒ Single
- (A) Filing status — mark an X in one box:
- 2 Married filing joint return
(enter spouse's social security number above)
- 3 Married filing separate return
(enter spouse's social security number above)
- 4 Head of household (with qualifying person)
- 5 Qualifying widow(er) with dependent child

- (C) Were you a New York City resident for all of 2010? (Part-year residents must file Form IT-201; see instrs)
- Yes ☒ No

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

- (E) Enter your 2-character special condition code if applicable (see instructions)
-

If applicable, also enter your second 2-character special condition code

•

(B) Choose direct deposit to avoid paper check if refund delays.

For help completing your return, see the combined instructions for Forms IT-150 and IT-201.

		Dollars
1	Wages, salaries, tips, etc	1. 18,757.
2	Taxable interest income	2.
3	Ordinary dividends	3.
4	Capital gain distributions	4.
5	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	5.
6	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	6.
7	Unemployment compensation	7.
8	Taxable amount of social security benefits (also enter on line 17 below)	8.
9	Add lines 1 through 8	9. 18,757.
10	Total federal adjustments to income (see instructions) Identify:	10.
11	Federal adjusted gross income (subtract line 10 from line 9)	11. 18,757.
12	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	12.
13	Public employee 414(h) retirement contributions from your wage and tax statements (see instrs)	13.
14	Other (see instrs) Identify:	14.
15	Add lines 11 through 14	15. 18,757.
16	Pensions of NYS and local governments and federal government (see instructions)	16.
17	Taxable amount of social security benefits (from line 8 above)	17.
18	Pension and annuity income exclusion (see instructions)	18.
19	Other (see instrs) Identify:	19.
20	Add lines 16 through 19	20.
21	New York adjusted gross income (subtract line 20 from line 15)	21. 18,757.
22	New York standard deduction (see instructions)	22. 7,500.
23	Dependent exemptions (not the same as total federal exemptions; see instructions)	23.
24	Add lines 22 and 23	24. 7,500.
25	Taxable income (subtract line 24 from line 21)	25. 11,257.

NYA1212 12/20/10

1501101030



Please file this original scannable return with the Tax Department.

26	Taxable income (from line 25 on page 1)	26.	11,257.
27	New York State tax on line 26 amount (see <i>Tax Computation in the instructions</i>)	27.	469.
28	New York State (NYS) household credit (from table 1, 2, or 3 in the instructions)	28.	45.
29	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	29.	424.
30	New York City (NYC) resident tax (see instructions)	30.	328.
31	NYC household credit (from table 4, 5 or 6 in the instructions)	31.	
32	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank)	32.	328.
33	Yonkers resident income tax surcharge (from Yonkers worksheet in the instructions)	33.	
34	Yonkers nonresident earnings tax (attach Form Y-203)	34.	
35	Sales or use tax (see instructions. Do not leave line 35 blank)	35.	0.
36	Voluntary contributions (whole dollars only; see instructions)		
	Fund a 36a.	Fund b 36b.	Fund c 36c.
	Fund d 36d.	Fund e 36e.	Fund f 36f.
	Fund g 36g.	Fund h 36h.	Total (add lines 36a through 36h)
37	Add line 29 and lines 32 through 36	37.	752.
38	Empire State child credit (attach Form IT-213)	38.	
39	NYS/NYC child and dependent care credit (attach Form IT-216)	39.	
40	NYS earned income credit (attach Form IT-215 or Form IT-209)	40.	
41	NYS noncustodial parent earned income credit (attach Form IT-209)	41.	
42	Real property tax credit (attach Form IT-214)	42.	
43	College tuition credit (attach Form IT-272)	43.	
44	NYC school tax credit	44.	63.
45	NYC earned income credit (attach Form IT-215 or Form IT-209)	45.	
46	Total New York State tax withheld	46.	339.
47	Total New York City tax withheld	47.	330.
48	Total Yonkers tax withheld	48.	
49	Total estimated tax payments / Amount paid with Form IT-370	49.	
50	Add lines 38 through 49	50.	732.
51	Amount overpaid (If line 50 is more than line 37, subtract line 37 from line 50)	51.	
52	Amount of line 51 to be refunded by (mark one):		
	direct deposit (fill in line 56) or		
	paper check refund	52.	
53	Amount of line 51 that you want applied to your 2011 estimated tax (see instrs)	53.	
54	Amount you owe (if line 50 is less than line 37, subtract line 50 from line 37)		
	To pay by electronic funds withdrawal, mark this box and fill in line 56	54.	20.
55	Estimated tax penalty (Include this amount in line 54 or reduce the overpayment on line 51; see instrs)	55.	
56	Account information for direct deposit or electronic funds withdrawal (see instructions)		
	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 instrs)*		
56a	Routing number	Electronic funds withdrawal effective date	
56b	Account number	56c Account type	Checking Savings

Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see instructions)

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

See the Step 11 instructions for the proper assembly of your return and attachments.

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

Yes No E-mail:

Paid preparer must complete (see instructions)

Taxpayer(s) must sign here

Preparer's signature

Date:

Your signature

Preparer's NYTPRN

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

Preparer's PTIN or SSN:

Your occupation

SELF - PREPARED

NIGHT CREW

Address

Employer ID Number

Spouse's signature and occupation (if joint return)

Mark an X if self-employed

Daytime phone number

Date

212-539-2817

E-mail:

E-mail: MASYV1127@HOTMAIL.COM

See instructions for where to mail your return.

1502101030

NYIA1212 12/20/10

Please file this original scannable return with the Tax Department.



Summary of W-2 Statements

New York State • New York City • Yonkers

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

Taxpayer's first name and middle initial
MARIO

Taxpayer's last name
A STANLEY

Spouse's first name and middle initial

Spouse's last name

▼ Your social security number
060-58-2052

▼ Spouse's social security number

W-2 Record 1		Box c Employer's name and full address (including ZIP code)			
		PATHMARK STORES INC		MONTVALE NJ 07645	
		2 PARAGON DRIVE			
Box b Employer identification number (EIN)	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc (for NYS)	
22-2879612			NY	18,757.	
This W-2 record is for	Box 12b Amount	▼ Code		Box 17 New York State income tax withheld	
(mark an X in one box):				339.	
Taxpayer <input checked="" type="checkbox"/> Spouse	Box 12c Amount	▼ Code		Box 18 Local wages, tips, etc (see instr)	
Box 1 Wages, tips, other compensation	Box 12d Amount	▼ Code	Locality a	18,757.	
18,757.			Locality b		
Box 8 Allocated tips			Box 19 Local income tax withheld	330.	
	Box 13 Statutory employee		Locality a		
Box 9 Advance EIC payment	Box 14a Amount	▼ Description	Locality b		Box 20 Locality name
					Locality a NYC
Box 10 Dependent care benefits	Box 14b Amount	▼ Description			Locality b
Box 11 Nonqualified plans	Box 14c Amount	▼ Description			
					Corrected (W-2c)

Do not detach.		Box c Employer's name and full address (including ZIP code)			
W-2 Record 2					
Box b Employer identification number (EIN)	Box 12a Amount	▼ Code	Box 15 State	Box 16 State wages, tips, etc (for NYS)	
This W-2 record is for	Box 12b Amount	▼ Code		Box 17 New York State income tax withheld	
(mark an X in one box):					
Taxpayer <input type="checkbox"/> Spouse	Box 12c Amount	▼ Code		Box 18 Local wages, tips, etc (see instr)	
Box 1 Wages, tips, other compensation	Box 12d Amount	▼ Code	Locality a		
			Locality b		
Box 8 Allocated tips			Box 19 Local income tax withheld		
	Box 13 Statutory employee		Locality a		
Box 9 Advance EIC payment	Box 14a Amount	▼ Description	Locality b		Box 20 Locality name
					Locality a
Box 10 Dependent care benefits	Box 14b Amount	▼ Description			Locality b
Box 11 Nonqualified plans	Box 14c 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 boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

