Electronic Filing Instructions for your 2010 Federal Tax Return

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

TurboTax

Ivonne Velazquez
1242 Thieriot Avenue, Apt. 2
Bronx, NY 10472

Balance Due/ Refund	Your federal tax return (Form 1040A) shows a refund due to you in the amount of $2,958.00. Applicable fees were deducted from your original refund amount of $2,958.00. Your refund is now $2,871.15. 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. 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: 11840100060973190 Routing Transit Number: 061120000.
Where's My Refund?	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 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

2010 Federal Tax Return Summary

Adjusted Gross Income	$	40,744.00
Taxable Income	$	21,394.00
Total Tax	$	0.00
Total Payments/Credits	$	2,958.00
Amount to be Refunded	$	2,958.00
Effective Tax Rate		0.00%

TurboTax

Hi Ivonne,

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

Here's the final wrap up for your 2010 taxes:

Your federal tax refund is: $ 2,958.00

You qualified for these important credits:
- Child and Dependent Care Credit
- Child Tax Credit

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

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

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

With TurboTax State:
- You saved time by automatically transferring your federal tax information to your state return

Many happy returns from TurboTax.

Consent to Use Your Tax Return Information

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.

Before we continue, we need your permission to check your tax return to see if you are eligible for certain options in our program. Specifically, we would like to check your age, whether you have a refund and the amount, your state of residence, and whether you are a U.S. Resident.

The following statements apply:

I authorize Intuit, the maker of TurboTax to use the 2010 tax return information described above to determine my eligibility to place all or a portion of my refund on a debit card.

Sign this agreement by entering your name:

Ivonne	Velazquez
Taxpayer's First Name	Taxpayer's Last Name
Ivonne Velazquez	
Spouse's First Name (if applicable)	Spouse's Last Name (if applicable)

Enter today's date:

01/08/2011

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

We Need Your Consent to Use Your Tax Return Information

The IRS requires that we obtain your consent to use specific information in your tax return to determine if you can use this payment method.

Protecting Your Privacy

Because you have selected this payment option, Intuit, the maker of TurboTax software, needs to check a few items in your return to determine whether you can pay your fees from your refund. For example, you must reside in the U.S. and your refund must be large enough to make the payment.

We're asking your permission to perform these checks and providing some important information to you as required by the IRS. To agree, simply enter your name(s) and the date in the boxes below after reading the consent and select 'I Agree'.

> I authorize Intuit, the maker of TurboTax, to use the information provided in this 2010 return to determine whether a portion of the refund can be used to pay for tax preparation.

IRS regulations require the following statements:

'Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your tax return information for purposes other than the preparation and filing of your tax return.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid.Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year.'

Ivonne	Velazquez
Taxpayer's First Name	Taxpayer's Last Name
Ivonne Velazquez	
Spouse's First Name (if applicable)	Spouse's Last Name (if applicable)

Please type the date below:

01/08/2011

Date

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at *complaints@tigta.treas.gov.*

CONSENT3

Finally, We Need Your Consent to Disclose Some Tax Information

Before we continue with processing your payment by transferring money from your tax refund, we need to ask for your permission again, this time to forward certain of your information to University National Bank of St. Paul, MN ('BANK') and to Santa Barbara Tax Processing Group ('SBTPG'), the administrator and servicer of your tax refund transfer. To consent, type your first and last name and today's date in the boxes below.

How This Protects Your Privacy

Because you are choosing to pay for your tax preparation with money from your refund, Intuit, the maker of TurboTax software, needs to send a limited amount of personal information from your tax return (such as your identifying information, deposit information and refund amount) to BANK and SBTPG, the administrator and servicer of payment for tax preparation services from your tax refund. Your information is sent via a secure SSL encrypted transmission for the sole purpose of refund processing tax preparation service payment. BANK and SBTPG are contractually obligated to protect the confidentiality of your information.

We're asking your permission to disclose that information and also providing some important information to you as requested by the IRS. To agree, simply enter your name(s) and date in the boxes below after reading this consent and select "I Agree".

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2010 tax return information that is necessary to enable BANK and SBTPG to process my refund and pay for my tax preparation.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year."

Ivonne	Velazquez
Taxpayer First Name	Taxpayer Last Name
Spouse First Name (if applicable)	Spouse Last Name (if applicable)

Please type the date below:

01/08/2011

Date

If you believe that your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

Form **1040A** Department of the Treasury — Internal Revenue Service
U.S. Individual Income Tax Return (99) 2010

IRS Use Only — Do not write or staple in this space.

OMB No. 1545-0074

Name, Address, and SSN

See separate instructions

Your first name and initial	Last name	Your social security number
Ivonne	Velazquez	068-64-9277
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.	Apartment no.	Make sure the SSN(s) above and on line 6c are correct.
1242 Thieriot Avenue	2	
City, town or post office. If you have a foreign address, see instructions.	State / ZIP code	Checking a box below will not change your tax or refund
Bronx	NY 10472	

Presidential Election Campaign ► Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see instructions) . . . . . ► ☐ You ☐ Spouse

Filing status (Check only one box.)

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 (see instructions)

Exemptions

6 a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a. . . . . Boxes checked on 6a and 6b . . . 1

b ☐ **Spouse** . . . .

c **Dependents:**

If more than six dependents, see instructions.

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax cr (see instrs)
ReAnn A Lang	066-88-5245	Daughter	X
Andrew M Lang, II	108-82-3481	Son	X

No. of children on 6c who:
- lived with you 2
- did not live with you due to divorce or separation (see instructions) . .

Dependents on 6c not entered above .

d Total number of exemptions claimed . . . . Add numbers on lines above ► 3

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	40,744.
8 a	**Taxable** interest. Attach Schedule B if required	8 a	
b	**Tax-exempt** interest. **Do not** include on line 8a . . . 8 b		
9 a	Ordinary dividends. Attach Schedule B if required	9 a	
b	Qualified dividends (see instructions) . . . 9 b		
10	Capital gain distributions (see instructions)	10	
11 a	IRA distributions . . . 11a — 11 b Taxable amount	11 b	
12 a	Pensions and annuities . . . 12a — 12 b Taxable amount	12 b	
13	Unemployment compensation and Alaska Permanent Fund dividends (see instructions)	13	
14 a	Social security benefits . . . 14a — 14 b Taxable amount	14 b	
15	Add lines 7 through 14b (far right column). This is your **total income** ►	15	40,744.

Adjusted gross income

16	Educator expenses (see instructions) . . . 16		
17	IRA deduction (see instructions) . . . 17		
18	Student loan interest deduction (see instructions) . . . 18		
19	Tuition and fees. Attach Form 8917 . . . 19		
20	Add lines 16 through 19. These are your **total adjustments**	20	
21	Subtract line 20 from line 15. This is your **adjusted gross income** ►	21	40,744.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040A** (2010)

Tax, credits, and payments

22	Enter the amount from line 21 (adjusted gross income)	22	40,744.
23a	Check if: ☐ You were born before January 2, 1946, ☐ Blind; ☐ Spouse was born before January 2, 1946, ☐ Blind. **Total boxes checked** ►	23a	
b	If you are married filing separately and your spouse itemizes deductions, see instructions see instructions and check here ► ☐	23b	
24	Enter your **standard deduction** (see instructions)	24	8,400.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	32,344.
26	**Exemptions.** Multiply $3,650 by the number on line 6d	26	10,950.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your **taxable income** ►	27	21,394.
28	**Tax,** including any alternative minimum tax (see instructions)	28	2,609.
29	Credit for child and dependent care expenses. Attach Form 2441	29	660.
30	Credit for the elderly or the disabled. Attach Schedule R	30	
31	Education credits from Form 8863, line 23	31	
32	Retirement savings contributions credit. Attach Form 8880	32	
33	Child tax credit (see instructions)	33	1,949.
34	Add lines 29 through 33. These are your **total credits**	34	2,609.
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	0.
36	Advance earned income credit payments from Form(s) W-2, box 9	36	
37	Add lines 35 and 36. This is your **total tax** ►	37	0.
38	Federal income tax withheld from Forms W-2 and 1099	38	2,507.
39	2010 estimated tax payments and amount applied from 2009 return	39	
40	Making work pay credit. Attach Schedule M	40	400.
41a	**Earned income credit (EIC)** No.	41a	
b	Nontaxable combat pay election.	41b	
42	Additional child tax credit. Attach Form 8812	42	51.
43	American opportunity credit from Form 8863, line 14	43	
44	Add lines 38, 39, 40, 41a, 42, and 43. These are your **total payments** ►	44	2,958.

If you have a qualifying child, attach Schedule EIC.

Refund

45	If line 44 is more than line 37, subtract line 37 from line 44. This is the amount you **overpaid**	45	2,958.
46a	Amount of line 45 you want **refunded to you.** If Form 8888 is attached, check here ► ☐	46a	2,958.

Direct deposit? See instructions and fill in 46b, 46c, and 46d or Form 8888.

► **b** Routing number 061120000 ► **c** Type: ☒ Checking ☐ Savings

► **d** Account number 11840100060973190

47 Amount of line 45 you want **applied to your 2011 estimated tax** 47

Amount you owe

48 **Amount you owe.** Subtract line 44 from line 37. For details on how to pay, see instructions ► 48

49 Estimated tax penalty (see instructions) 49

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 identification number (PIN) ►

Sign here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list 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. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		Administrative Asst	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer use only

Print/Type preparer's name	Preparer's signature	Date	Check ► ☐ if self-prepared	PTIN
Firm's name ► Self-Prepared			Firm's EIN ►	
Firm's address ►			Phone no.	

Form **2441**

Department of the Treasury Internal Revenue Service (99)

Child and Dependent Care Expenses

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See separate instructions.

OMB No. 1545-0074

2010

Attachment Sequence No. **21**

Name(s) shown on return: Ivonne Velazquez

Your social security number: 068-64-9277

Part I **Persons or Organizations Who Provided the Care** — You **must** complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
Nicholas Colon Nicholas Colon	2750 Olinville Bronx NY 10467	056-78-4213	3,000.00

Did you receive dependent care benefits? — No ► Complete only Part II below. — Yes ► Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, or Form 1040NR, line 58.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2010 for the person listed in column (a)
ReAnn	Lang	066-88-5245	3,000.

3	Add the amounts in column (c) of line 2. **Do not** enter more than $3,000 for one qualifying person or $6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	3,000.
4	Enter your **earned income.** See instructions	4	40,744.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others,** enter the amount from line 4	5	40,744.
6	Enter the **smallest** of line 3, 4, or 5	6	3,000.
7	Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37	7	40,744.
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X 0.22

If line 7 is:

Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

9	Multiply line 6 by the decimal amount on line 8. If you paid 2009 expenses in 2010, see the instructions	9	660.
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	2,609.
11	**Credit for child and dependent care expenses.** Enter the smaller of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46	11	660.

Form **8812**

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2010

Attachment Sequence No. 47

Name(s) shown on return: Ivonne Velazquez

Your social security number: 068-64-9277

Part I — All Filers

1	**1040 filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51). **1040A filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33). **1040NR filers:** Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48). If you used Pub 972, enter the amount from line 8 of the worksheet on page 4 of the publication.	1	2,000.
2	Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 48	2	1,949.
3	Subtract line 2 from line 1. If zero, **stop;** you cannot take this credit	3	51.
4a	Earned income (see instructions) — 4a: 40,744.		
b	Nontaxable combat pay (see instructions) — 4b:		
5	Is the amount on line 4a more than $3,000? [ ] **No.** Leave line 5 blank and enter -0- on line 6. [X] **Yes.** Subtract $3,000 from the amount on line 4a. Enter the result — 5: 37,744.		
6	Multiply the amount on line 5 by 15% (.15) and enter the result	6	5,662.
	Next. Do you have three or more qualifying children? [X] **No.** If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part II and enter the **smaller** of line 3 or line 6 on line 13. [ ] **Yes.** If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.		

Part II — Certain Filers Who Have Three or More Qualifying Children

7	Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions	7	
8	**1040 filers:** Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 60. **1040A filers:** Enter -0-. **1040NR filers:** Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 59.	8	
9	Add lines 7 and 8	9	
10	**1040 filers:** Enter the total of the amounts from Form 1040, lines 64a and 69. **1040A filers:** Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions). **1040NR filers:** Enter the amount from Form 1040NR, line 64.	10	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	
12	Enter the larger of line 6 or line 11	12	
	Next, enter the smaller of line 3 or line 12 on line 13.		

Part III — Additional Child Tax Credit

13	**This is your additional child tax credit**	13	51.

Enter this amount on Form 1040, line 65, Form 1040A, line 42, or Form 1040NR, line 62.

SCHEDULE M
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Making Work Pay Credit

► Attach to Form 1040A or 1040. ► See separate instructions.

OMB No. 1545-0074

2010

Attachment Sequence No. **166**

Name(s) shown on return: Ivonne Velazquez

Your social security number: 068-64-9277

Caution: *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.*

Caution: *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.

1 a	Do you (and your spouse if filing jointly) have 2010 wages of more than $6,451 ($12,903 if married filing jointly)? [X] **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)	1 a			
b	Nontaxable combat pay included on line 1a (see instructions) . . . 1 b				
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	40,744.		
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? [X] **No.** Skip line 8. Enter the amount from line 4 on line 9 below. [ ] **Yes.** Subtract line 6 from line 5	7			
8	Multiply line 7 by 2% (.02)			8	
9	Subtract line 8 from line 4. If zero or less, enter -0-			9	400.
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). [X] **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	400.

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

Tax Payments Worksheet

2010

► Keep for your records

Name(s) Shown on Return	Social Security Number
Ivonne Velazquez	068-64-9277

Estimated Tax Payments for 2010 (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	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					2,507.	1,526.	935.
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				
19 **Total Withholding** Lines 10 through 18c					2,507.	1,526.	935.
20 **Total Tax Payments for 2010**					2,507.	1,526.	935.

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	Social Security Number
Ivonne Velazquez	068-64-9277

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
NY			2,053.		155.	
Totals . .			2,053.		155.	

Other Tax and Income Information		2009	2010
1 Filing status	1	4 HH	4 HH
2 Number of exemptions for blind or over 65 (0 - 4)	2		
3 Itemized deductions after limitation	3	2,053.	2,461.
4 Check box if required to itemize deductions	4	☐	☐
5 Adjusted gross income	5	35,523.	40,744.
6 Tax liability for Form 2210 or Form 2210-F	6	264.	0.
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		

Federal Carryover Worksheet page 3 **2010**

Ivonne Velazquez 068-64-9277

Charitable Contribution Carryovers

26 2009 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2009				
b 2008				
c 2007				
d 2006				
e 2005				

27 2010 Carryover of charitable contributions from:	Other Property		Capital Gain	
	(a) 50%	(b) 30%	(c) 30%	(d) 20%
a 2010				
b 2009				
c 2008				
d 2007				
e 2006				

28 Amount overpaid less earned income credit . . . . 1,692.

2009 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

DO NOT FILE

University National Bank Refund Processing Agreement ('Agreement')

Name: Ivonne Velazquez

Social Security No.: 068-64-9277

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	$ 2,958.00
Less BANK Refund Processing Service Fee	$ 29.95
Less TurboTax Fees	$ 56.90
Less Additional Products and Services Purchased	$
Expected Proceeds*	$ 2,871.15

*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.

Ivonne Velazquez 068-64-9277

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) X 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: [X] Checking [ ] Savings

RTN #: 061120000 **ACCOUNT #:** 11840100060973190

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.

Ivonne Velazquez 068-64-9277 Rev 01/2011

FACTS	What does University National Bank do with your Personal Information?
Why?	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.
What?	The types of personal information we collect and share depend on the product or service you have with us. This can include: • Social Security Number • Income • Account balances • Payment history • Transaction history
How?	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?
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	No	We don't share

Questions?	Toll Free: 800-717-7228.

SBIA0912 12/30/10

Who we are	
Who is providing this notice?	University National Bank
What we do	
How does University National Bank protect my personal information?	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.
How does University National Bank collect my personal information?	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.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates' everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for nonaffiliates to market you.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • University Financial Corp. dba Sunrise Community Banks. • Franklin National Bank • Park Midway Bank, NA
Nonaffiliates	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.
Joint marketing	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.
Other Important Information	
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 Filing Instructions for your 2010 New York Tax Return

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

TurboTax

IVONNE VELAZQUEZ
1242 THIERIOT AVENUE 2
Bronx, NY 10472

Balance Due/ Refund	Your New York state tax return (Form IT-150) shows a refund due to you in the amount of $1,549.00. 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: 11840100060973190 Routing Transit Number: 061120000.
Where's My Refund?	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 1-800-443-3200. You can also visit the New York State Department of Taxation and Finance web site at http://www.nystax.gov/.
No Signature Document Needed	No signature form is required since you signed your return electronically.
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns
2010 New York Tax Return Summary	Taxable Income $ 28,244.00 Total Tax $ 2,295.00 Total Payments/Credits $ 3,844.00 Amount to be Refunded $ 1,549.00

For office use only

New York State Department of Taxation and Finance

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 068-64-9277	Spouse's social security number	
Your first name and middle initial IVONNE	Your last name VELAZQUEZ	
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	40,744.
Total NYS adjusted gross income	40,744.
Total New York State tax withheld	1,526.
Total New York City tax withheld	935.
Total Yonkers tax withheld	
Amount to be refunded to you	1,549.
Amount you owe	

NYIA1204 09/28/10

Staple check or money order here.

0721101030

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

New York State Department of Taxation and Finance

2010

Resident Income Tax Return (short form)

IT-150

New York State • New York City • Yonkers

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

Print or type

Your first name and middle initial	Your last name *(for a joint return, enter spouse's name on line below)*		▼ Your social security number
IVONNE	VELAZQUEZ		068-64-9277
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		

(A) Filing status — mark an X in one box:

1. Single
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. X Head of household *(with qualifying person)*
5. Qualifying widow(er) with dependent child

Staple check or money order here

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

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

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

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

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

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

Form Not Final - Do Not File

				Dollars
1	Wages, salaries, tips, etc.		1.	40,744.
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.	40,744.
10	Total federal adjustments to income *(see instructions)* *Identify:*		10.	
11	**Federal adjusted gross income** *(subtract line 10 from line 9)*		11.	40,744.
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.	40,744.
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.	40,744.
22	New York standard deduction *(see instructions)*	22.	10,500.	
23	Dependent exemptions *(not the same as total federal exemptions; see instructions)*	23.	2,000.	
24	Add lines 22 and 23		24.	12,500.
25	**Taxable income** *(subtract line 24 from line 21)*		25.	28,244.

Form Not Final - Do Not File

NYIA1212 12/20/10

1501101030

Please file this original scannable return with the Tax Department.

				Dollars
26	**Taxable income** *(from line 25 on page 1)*	26.		28,244.
27	New York State tax on line 26 amount *(see Tax Computation in the instructions)*	27.		1,387.
28	New York State (NYS) household credit *(from table 1, 2, or 3 in the instructions)*	28.		
29	Subtract line 28 from line 27 *(if line 28 is more than line 27, leave blank)*	29.		1,387.
30	New York City (NYC) resident tax *(see instructions)*	30.	908.	
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.		908.
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)*	36.		
37	**Add line 29 and lines 32 through 36**	37.		2,295.
38	Empire State child credit *(attach Form IT-213)*	38.	660.	
39	NYS/NYC child and dependent care credit *(attach Form IT-216)*	39.	660.	
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.	1,526.	
47	Total **New York City** tax withheld	47.	935.	
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.		3,844.
51	Amount overpaid *(if line 50 is more than line 37, subtract line 37 from line 50)*	51.		1,549.
52	Amount of line 51 to be refunded by *(mark one)*: X direct deposit *(fill in line 56)* or paper check refund	52.		1,549.
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.		
55	Estimated tax penalty *(Include this amount in line 54 or reduce the overpayment on line 51; see instrs)*	55.		

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.

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 061120000 Electronic funds withdrawal effective date

56b Account number 11840100060973190 56c Account type X Checking Savings

Third-party designee? *(see instrs)* Yes No

Print designee's name

Designee's phone number

Personal identification number (PIN)

E-mail:

Paid preparer must complete *(see instructions)*

Preparer's signature

Date:

Preparer's NYTPRIN

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

SELF-PREPARED

Preparer's PTIN or SSN:

Address

Employer ID Number

Mark an X if self-employed

E-mail:

Taxpayer(s) must sign here

Your signature

Your occupation

ADMINISTRATIVE ASST

Spouse's signature and occupation *(if joint return)*

Date

Daytime phone number 212-539-28[illegible]

E-mail: IVELAZQUEZ@32BJFUNDS.COM

See instructions for where to mail your return.

1502101030

NYIA1212 12/20/10

Please file this original scannable return with the Tax Department.

New York State Department of Taxation and Finance

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.

Taxpayer's first name and middle initial	Taxpayer's last name	Your social security number
IVONNE	VELAZQUEZ	068-64-9277
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)

THOMAS SHORTMAN TRAINING SCHOOL & SAFETY FUND
101 AVENUE OF THE AMERICAS NEW YORK NY 10013

Box b Employer identification number (EIN): 23-7424757

This W-2 record is for (*mark an X in one box*): Taxpayer X Spouse

Box 1	Wages, tips, other compensation	40,744.
Box 8	Allocated tips	
Box 9	Advance EIC payment	
Box 10	Dependent care benefits	
Box 11	Nonqualified plans	
Box 12a	Amount / Code	
Box 12b	Amount / Code	
Box 12c	Amount / Code	
Box 12d	Amount / Code	
Box 13	Statutory employee	
Box 14a	Amount / Description	
Box 14b	Amount / Description	
Box 14c	Amount / Description	
Box 15	State	NY
Box 16	State wages, tips, etc (for NYS)	40,744.
Box 17	New York State income tax withheld	1,526.
Box 18	Local wages, tips, etc (*see instr*) Locality a	40,744.
	Locality b	
Box 19	Local income tax withheld Locality a	935.
	Locality b	
Box 20	Locality name Locality a	NYC
	Locality b	

Corrected (W-2c)

Do not detach.

W-2 Record 2

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

Box b Employer identification number (EIN)

This W-2 record is for (*mark an X in one box*): Taxpayer Spouse

Box 1	Wages, tips, other compensation	
Box 8	Allocated tips	
Box 9	Advance EIC payment	
Box 10	Dependent care benefits	
Box 11	Nonqualified plans	
Box 12a	Amount / Code	
Box 12b	Amount / Code	
Box 12c	Amount / Code	
Box 12d	Amount / Code	
Box 13	Statutory employee	
Box 14a	Amount / Description	
Box 14b	Amount / Description	
Box 14c	Amount / Description	
Box 15	State	
Box 16	State wages, tips, etc (for NYS)	
Box 17	New York State income tax withheld	
Box 18	Local wages, tips, etc (*see instr*) Locality a	
	Locality b	
Box 19	Local income tax withheld Locality a	
	Locality b	
Box 20	Locality name Locality a	
	Locality b	

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.

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New York State Department of Taxation and Finance

Claim for Empire State Child Credit

2010

IT-213

Attach this form to Form IT-150, IT-201, or IT-203.

Step 1 – Enter identifying information

Your name as shown on return

IVONNE VELAZQUEZ

▼ Your social security number

068-64-9277

Spouse's name

▼ Spouse's social security number

Step 2 – Determine eligibility

1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2010? If you marked an ***X*** in the ***No*** box, **stop;** you do not qualify for this credit. — **1.** Yes X No

2 Did you claim the federal child tax credit or additional child tax credit for 2010? — **2.** Yes X No

3 Is your federal adjusted gross income *(see instructions)*

– $110,000 or less and your filing status is 2 married filing joint return;
– $75,000 or less and your filing status is 1 single, 4 head of household, or 5 qualifying widow(er); **or**
– $55,000 or less and your filing status is 3 married filing separate return? — **3.** Yes X No

If you marked an ***X*** in the ***No*** box at both lines 2 and 3, **stop;** you do not qualify for this credit.

4 Enter the number of children who qualify for the **federal** child tax credit or additional child tax credit *(see instructions)* — **4.** 2

5 Enter the number of children from line 4 that were at least four years of age on December 31, 2010 — **5.** 2

If you entered ***0*** on line 5 **stop;** you do not qualify for this credit.

Step 3 – Enter child information

List below the name, social security number, and year of birth for each child included on line 4.

First name and middle initial		Last name		Social security number	Year of birth
REANN	A	LANG		066-88-5245	1998
ANDREW	M	LANG	II	108-82-3481	1994

Attach Form IT-213-ATT if you have additional children to report *(see instructions).*

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Step 4 – Compute credit

If you answered *No* to question 2, skip lines 6 through 12, and enter *0* on line 13; continue with line 14.

6	Enter your federal child tax credit from Form 1040A, line 33, or Form 1040, line 51	6.	1,949.
7	Enter your federal additional child tax credit from Form 1040A, line 42, or Form 1040, line 65	7.	51.
8	Add lines 6 and 7	8.	2,000.
9	Enter the number of children from line 4	9. 2	
10	Divide line 8 by line 9	10.	1,000.
11	Enter the number of children from line 5	11. 2	
12	Multiply line 10 by line 11	12.	2,000.
13	Multiply line 12 by 33% (.33)	13.	660.

If you marked the *No* box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.
All others continue with line 14.

14	Enter the number of children from line 5	14. 2	
15	Multiply line 14 by 100	15.	200.
16	Empire State child credit *(enter the amount from line 13 or line 15, whichever is greater)*	16.	660.

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-150, line 38, or on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns *(see instructions)*

17	Enter the full-year resident spouse's share of the line 16 amount; **do not leave line 17 blank** Enter here and on Form IT-150, line 38, or on Form IT-201, line 63.	17.	
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; **do not leave line 18 blank** Enter the line 18 amount and code ***213*** on Form IT-203-ATT, line 12.	18.	

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New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

2010 **IT-216**

Attach this form to Form IT-150, IT-201, or IT-203.

Name(s) as shown on return: IVONNE VELAZQUEZ

▼ Your social security number: 068-64-9277

1 Have you already filed your 2010 New York State income tax return? Yes No X

If *Yes,* you must file an amended New York State return and attach a copy of this claim.

2 Persons or organizations who provided the care. *(If you have more than two providers, see instructions.)*

A – Care provider's first name, middle initial, and last name	B – Address	C – Identifying number *(SSN or EIN)*	D – Amount paid *(see instructions)*
NICHOLAS COLON NICHOLAS	2750 OLINVILLE BRONX, NY 10467	056-78-4213	3,000.

3 Qualifying persons you are claiming. **List in order from youngest to oldest.**
*(If you are claiming more than four qualifying persons, mark an **X** in the box and see instructions.)*

A – First name and middle initial	B – Last name	C – Qualified expenses paid in 2010	D – Person with disability *(see instr.)*	E – Social security number	F – Year of birth
REANN A	LANG	3,000.		066-88-5245	1998

Form Not Final - Do Not File

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any	3a.	3,000.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? **Yes** **No** X

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1997, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2010, through the day preceding the child's 13th birthday

				Dollars
5	Enter the **smallest** of: – line 3a above; **or** – federal Form 2441, line 3; **or** – 3,000 if one qualifying person, or 6,000 if two or more qualifying persons		5.	3,000.
6	Enter your earned income *(see instructions)*		6.	40,744.
7	If your filing status is (2) *Married filing joint return*, enter your spouse's earned income; all others, enter the amount from line 6 *(see instructions)*		7.	40,744.
8	Enter the smallest of line 5, 6, or 7		8.	3,000.
9	Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38	9. 40,744.		
10	Enter the decimal amount that applies to the amount on line 9 from the *Table for line 10* in the instructions		10.	.22
11	Multiply line 8 by the decimal amount on line 10 *(enter here and on line 12 on page 2)*		11.	660.

Form Not Final - Do Not File

Form **IT-216** (2010) IVONNE VELAZQUEZ 068-64-9277

			Dollars
12	Amount from line 11	**12.**	660.
13	Enter your **New York adjusted gross income** (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32) 40,744. Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line	**13.**	1.0000
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit *(see instructions)*	**14.**	660.

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40. If line 15 is equal to or more than line 14, **stop. You do not have excess credit.** If line 15 is less than line 14, **continue on line 16 below.**	**15.**	
16	Subtract line 15 from line 14. **This is your excess child and dependent care credit**	**16.**	
17	Enter the amount from Form IT-203-ATT, line 29 *(if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.)* If line 17 is equal to or more than line 16, **stop. Do not continue with this worksheet.** Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.	**17.**	
18	Subtract line 17 from line 16. **This is your remaining excess child and dependent care credit**	**18.**	
19	Enter the amount from line 18, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **19.**		
20	Enter the amount from line 18, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 **20.**		
21	Divide line 19 by line 20 *(round the result to the fourth decimal place).* This amount cannot exceed 100% (1.0000)	**21.**	
22	Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the **refundable portion of your New York State part-year resident child and dependent care credit**	**22.**	

New York City child and dependent care credit

If you were a resident of New York City at any time during 2010 and your federal adjusted gross income is $30,000 or less (see *Note* under *New York City credit* in the instructions) and you listed a child under 4 years old as of December 31, 2010 on line 3, complete line 23 and see instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old	**23.**	
	IT-150 and IT-201 filers:		
24	Refundable New York City child and dependent care credit *(from Worksheet 1, line 7 or line 13)*	**24.**	
25	Add lines 14 and 24. **IT-150 filers:** Enter the line 25 amount on Form IT-150, line 39. **IT-201 filers:** Enter the line 25 amount on Form IT-201, line 64	**25.**	
26	Part-year New York City resident nonrefundable New York City child and dependent care credit *(from Worksheet 1, line 8)* **IT-201 filers:** Enter the line 26 amount on Form IT-201-ATT, line 9a	**26.**	
	IT-203 filers:		
27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 1, line 8)*; also enter this amount on Form IT-203, line 52b	**27.**	
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit *(from Worksheet 1, line 13)*; also enter this amount on Form IT-203-ATT, line 9a	**28.**	
	Part-year New York City resident filers only:		
29	Enter the amount from Worksheet 1, line 10	**29.**	
30	Enter the amount from Worksheet 1, line 11	**30.**	

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Two-Year Comparison

2010

Name as Shown on Return	Social Security No.
IVONNE VELAZQUEZ	068-64-9277

	2009	2010	Difference	%
Federal Adjusted Gross Income	35,523.	40,744.	5,221.	14.70
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions				
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions				
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	35,523.	40,744.	5,221.	14.70
Standard or Itemized Deduction	10,500.	10,500.	0.	0.00
Dependent exemptions	1,000.	2,000.	1,000.	100.00
New York Taxable Income	24,023.	28,244.	4,221.	17.57
New York State tax	1,139.	1,387.	248.	21.77
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	1,139.	1,387.	248.	21.77
New York City taxes	759.	908.	149.	19.63
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	1,898.	2,295.	397.	20.92
Withholding	2,053.	2,461.	408.	19.87
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits	1,135.	1,383.	248.	21.85
Total payments and refundable credits	3,188.	3,844.	656.	20.58
Underpayment penalty				
Applied to next year's estimated tax				
Refund	1,290.	1,549.	259.	20.08
Balance Due				