

Electronic Filing Instructions for your 2009 Federal Tax Return

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



Mark T Hazel
214 whittier Rd
rochester, NY 14624-0000

| | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------|----|-----------|----------------|----|-----------|-----------|----|----------|------------------------|----|-----------|-----------------------|----|----------|--------------------|--|--------|
| Balance Due/Refund | Your federal tax return (Form 1040EZ) shows a refund due to you in the amount of \$2,619.00. Your tax refund should be mailed to you by check within three to four weeks after your return is accepted. | | | | | | | | | | | | | | | | | | |
| Where's My Refund? | Before you call the Internal Revenue Service with questions about your refund, give them three to four weeks 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 | | | | | | | | | | | | | | | | | | |
| 2009 Federal Tax Return Summary | <table><tr><td>Adjusted Gross Income</td><td>\$</td><td>57,819.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>48,469.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>8,306.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>10,925.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>2,619.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>14.37%</td></tr></table> | Adjusted Gross Income | \$ | 57,819.00 | Taxable Income | \$ | 48,469.00 | Total Tax | \$ | 8,306.00 | Total Payments/Credits | \$ | 10,925.00 | Amount to be Refunded | \$ | 2,619.00 | Effective Tax Rate | | 14.37% |
| Adjusted Gross Income | \$ | 57,819.00 | | | | | | | | | | | | | | | | | |
| Taxable Income | \$ | 48,469.00 | | | | | | | | | | | | | | | | | |
| Total Tax | \$ | 8,306.00 | | | | | | | | | | | | | | | | | |
| Total Payments/Credits | \$ | 10,925.00 | | | | | | | | | | | | | | | | | |
| Amount to be Refunded | \$ | 2,619.00 | | | | | | | | | | | | | | | | | |
| Effective Tax Rate | | 14.37% | | | | | | | | | | | | | | | | | |

Do Not File



Audit Defense Order Confirmation

Thank you for purchasing Audit Defense for your 2009 tax return. This service is provided by TaxResources, Inc. (TRI) an independent tax firm.

Name: Mark T Hazel
Confirmation Number: TTWG9411517067
Amount Paid: 39.95

When TRI defends your tax return during an IRS audit, you will have professional representation throughout the entire process.

TRI:

- Defends your 2009 income tax return in an audit through the highest level of appeals
- Schedules and attends all audit appointments
- Reviews your tax return for additional problem areas
- Reviews your source documentation before IRS sees it
- Handles all audit correspondence and makes all audit phone calls
- Prepares requests for appeals conferences and U.S. Tax Court Petition, if necessary
- Minimizes the financial impact of an audit

You never meet with the IRS!

You will receive an e-mail from TaxResources notifying you that your membership has been processed and that you can view and print your certificate at <http://intuit.taxaudit.com>. To ensure you receive your confirmation e-mail, please add AuditDefenseCertificates@taxaudit.com to your *Safe Senders List*.

If you receive an audit or tax notice from the IRS or state taxing agency, contact TaxResources immediately at 877-829-9695. TRI's customer service office hours are 9:00 to 5:00 p.m. Pacific Time, Monday through Friday. TRI must be your only contact with the IRS.

Please read the [Audit Defense Membership Agreement](#).

For more information or to purchase Audit Defense for other tax returns, visit the TaxResources website at <http://intuit.taxaudit.com>.



Consent to Use of Tax Return Information

Refund and Payment Options Consent Agreement

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 2009 tax return information described above:

To determine my eligibility to place all or a portion of my refund on a debit card.
To determine whether a portion of any refund can be used to pay for tax preparation.

Sign this agreement by entering your name and the date below.

Mark Hazel
Taxpayer's First Name Taxpayer's Last Name

Spouse's First Name (if applicable) Spouse's Last Name (if applicable)

01/21/2010
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.

Form
1040EZ

Department of the Treasury — Internal Revenue Service

Income Tax Return for Single and Joint Filers With No Dependents (99) 2009

OMB No. 1545-0074

| | | | |
|--|---|---|---|
| <p>Label (See instructions)</p> <p>Use the IRS label. Otherwise, please print or type.</p> <p>Presidential Election Campaign (see instrs)</p> | <p>L</p> <p>A</p> <p>B</p> <p>E</p> <p>L</p> <p>H</p> <p>E</p> <p>R</p> <p>E</p> | <p>Your first name MI Last name Mark T Hazel</p> <p>If a joint return, spouse's first name MI Last name</p> | <p>Your social security number 039-42-0131</p> <p>Spouse's social security number</p> |
| | <p>Home address (number and street). If you have a P.O. box, see instructions. Apt no. 214 whittier Rd</p> | | <p>▲ You must enter your SSN(s) above. ▲</p> |
| | <p>City, town or post office. If you have a foreign address, see instructions. State ZIP code rochester NY 14624-0000</p> | | |
| | <p>Check here if you, or your spouse if a joint return, want \$3 to go to this fund? <input type="checkbox"/> You <input type="checkbox"/> Spouse</p> | | |

Income

| | | |
|---|----------|---------|
| 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 | 57,819. |
| 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ | 2 | |
| 3 Unemployment compensation in excess of \$2,400 per recipient and Alaska Permanent Fund dividends (see instructions) | 3 | |
| 4 Add lines 1, 2, and 3. This is your adjusted gross income | 4 | 57,819. |
| 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 | 48,469. |

Payments, Credits, and Tax

| | | |
|--|-----------|---------|
| 7 Federal income tax withheld from Form(s) W-2 and 1099 | 7 | 10,775. |
| 8 Making work pay credit (see worksheet on page 2) | 8 | 150. |
| 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 | 10,925. |
| 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 | 8,306. |

Refund
Have 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 **12a** 2,619.

b Routing number . . . XXXXXXXXXXXX **c** Type: Checking Savings

d Account number . . . XXXXXXXXXXXXXXXXXXXXX

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**

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.

| | | | |
|---|------|-------------------------------|-------------------|
| Your signature | Date | Your occupation IT support | Daytime phone no. |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |

Paid preparer's use only

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code **Self-Prepared**

EIN

Phone no.

Tax Payments Worksheet

2009

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return Mark T Hazel | Social Security Number 039-42-0131 |
|---|---------------------------------------|

Estimated Tax Payments for 2009 (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 | 04/15/09 | | 04/15/09 | | | 04/15/09 | | |
| 2 | 06/15/09 | | 06/15/09 | | | 06/15/09 | | |
| 3 | 09/15/09 | | 09/15/09 | | | 09/15/09 | | |
| 4 | 01/15/10 | | 01/15/10 | | | 01/15/10 | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | Federal | State | ID | Local | ID |
|---|---------|-------|----|-------|----|
| 6 Overpayments applied to 2009 | | | | | |
| 7 Credited by estates and trusts | | | | | |
| 8 Totals Lines 1 through 7 | | | | | |
| 9 2009 extensions | | | | | |

| Taxes Withheld From: | Federal | State | Local |
|--|---------|--------|-------|
| 10 Forms W-2 | 10,775. | 4,158. | |
| 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 | | | |
| 18 a Other withholding | | | |
| b Other withholding | | | |
| c Other withholding | | | |
| 19 Total Withholding Lines 10 through 18c | 10,775. | 4,158. | |
| 20 Total Tax Payments for 2009 | 10,775. | 4,158. | |

| Prior Year Taxes Paid In 2009 (If multiple states or localities, see Tax Help) | State | ID | Local | ID |
|---|-------|----|-------|----|
| 21 Tax paid with 2008 extensions | | | | |
| 22 2008 estimated tax paid after 12/31/08 | | | | |
| 23 Balance due paid with 2008 return | | | | |
| 24 Other (amended returns, installment payments, etc) | | | | |

Mark T Hazel

039-42-0131

Charitable Contribution Carryovers

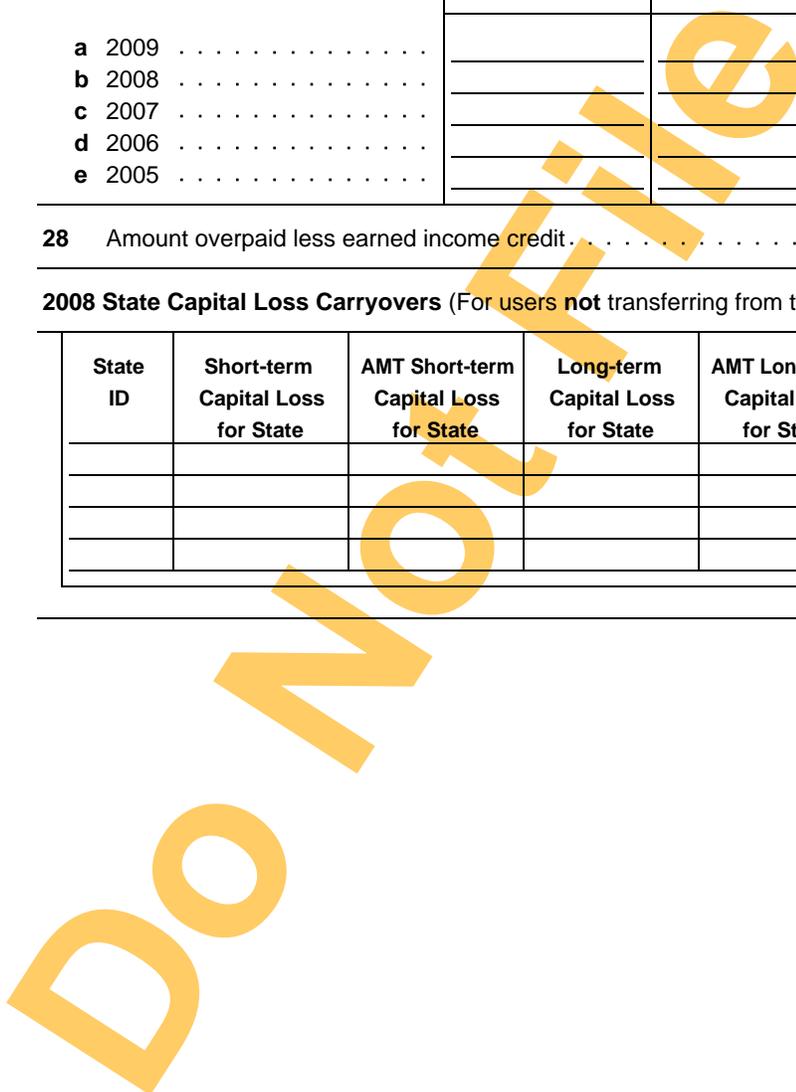
| | | | | | |
|-----------|---|-----------------------|----------------|---------------------|----------------|
| 26 | 2008 Carryover of charitable contributions from: | Other Property | | Capital Gain | |
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% |
| a | 2008 | | | | |
| b | 2007 | | | | |
| c | 2006 | | | | |
| d | 2005 | | | | |
| e | 2004 | | | | |

| | | | | | |
|-----------|---|-----------------------|----------------|---------------------|----------------|
| 27 | 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 | | | | |

28 Amount overpaid less earned income credit 2,753.

2008 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 |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |



SMART WORKSHEET FOR: Consent to Use Tax Return Info

Customize Your Experience By Accepting This Agreement

We can customize your experience and show you all of your options, but the IRS requires us to ask your permission before we can determine your eligibility.

Show me all the options - I don't want to miss anything

- OR -

Only show me these options:

Different ways to receive my refund

Different ways to pay my TurboTax fees

Don't show me any options

SMART WORKSHEET FOR: Form 1040EZ: Individual Tax Return

Earned Income Credit Smart Worksheet

A Date of birth (mm/dd/yyyy) Taxpayer . 03/20/1958 Spouse

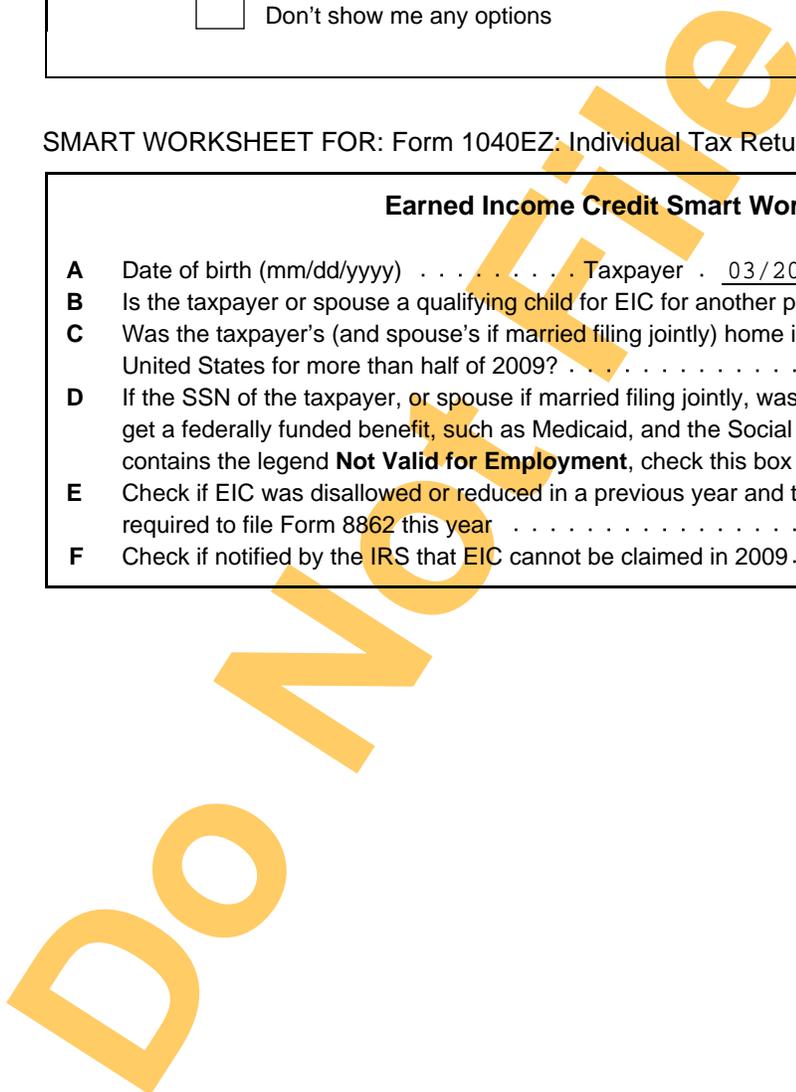
B Is the taxpayer or spouse a qualifying child for EIC for another person? . . . ▶ Yes No

C Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2009? ▶ 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 2009. ▶



Electronic Filing Instructions for your 2009 New York Tax Return

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



MARK T HAZEL
214 WHITTIER RD
rochester, NY 14624-0000

| | | | | | | | | | | | | | |
|---|---|----------------|----|-----------|-----------|----|----------|------------------------|----|----------|-----------------------|----|----------|
| Balance Due/Refund | Your New York state tax return (Form IT-150) shows a refund due to you in the amount of \$1,108.00. 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: 24018632 Routing Transit Number: 222371863. | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 2009 New York Tax Return Summary | <table><tr><td>Taxable Income</td><td>\$</td><td>50,319.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>3,050.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>4,158.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,108.00</td></tr></table> | Taxable Income | \$ | 50,319.00 | Total Tax | \$ | 3,050.00 | Total Payments/Credits | \$ | 4,158.00 | Amount to be Refunded | \$ | 1,108.00 |
| Taxable Income | \$ | 50,319.00 | | | | | | | | | | | |
| Total Tax | \$ | 3,050.00 | | | | | | | | | | | |
| Total Payments/Credits | \$ | 4,158.00 | | | | | | | | | | | |
| Amount to be Refunded | \$ | 1,108.00 | | | | | | | | | | | |

Do Not File

For office use only

Cover Sheet for Form IT-150 Resident Income Tax Return

New York State • New York City • Yonkers

2009

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 039-42-0131 | Spouse's social security number | | |
| Your first name and middle initial MARK T | Your last name HAZEL | | |
| Spouse's first name and middle initial | Spouse's last name | | |
| Mailing address (number and street or rural route) 214 WHITTIER RD | | Apartment number | |
| City, village or post office ROCHESTER | State NY | ZIP code 14624-0000 | |
| Summary of return data | | | |
| Federal adjusted gross income | 57,819. | | |
| Total NYS adjusted gross income | 57,819. | | |
| Total New York State tax withheld | 4,158. | | |
| Total New York City tax withheld | | | |
| Total Yonkers tax withheld | | | |
| Amount to be refunded to you | 1,108. | | |
| Amount you owe | | | |



NYIA1204 12/04/09

Staple check or money order here.

Do Not File

0721091030



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

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.

Form fields for personal information: Name (MARK T HAZEL), Spouse's name, Social Security numbers, Mailing address (214 WHITTIER RD, ROCHESTER, NY), Apartment number, ZIP code (14624-0000), New York State county of residence (MONR), School district name (SPENCERPORT), School district code number (614), Decedent information, Taxpayer's date of death, Spouse's date of death.

Filing status section: (A) Filing status - mark an X in one box: 1 Single, 2 Married filing joint return, 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child. (B) Choose direct deposit to avoid paper check refund delays. (C) Were you a New York City resident for all of 2009? (D) Can you be claimed as a dependent on another taxpayer's federal return? (E) Enter your 2-digit special condition code number if applicable.

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

Table with 3 columns: Line number, Description, and Amount in Dollars. Lines 1-8 list various income sources. Line 9 is the sum of lines 1-8 (\$57,819). Line 10 is total federal adjustments. Line 11 is Federal adjusted gross income (\$57,819). Lines 12-19 list deductions. Line 20 is the sum of lines 12-19 (\$7,500). Line 21 is New York adjusted gross income (\$57,819). Line 22 is New York standard deduction (\$7,500). Line 23 is dependent exemptions. Line 24 is the sum of lines 21 and 22 (\$7,500). Line 25 is Taxable income (\$50,319).



26 **Taxable income** (from line 25 on page 1) **26.** 50,319.

27 New York State tax on line 26 amount (see *Tax Computation in the instructions*) **27.** 3,050.

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.** 3,050.

30 New York City (NYC) resident tax (see instructions) **30.**

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.**

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 amounts only; see instructions) Return a Gift to Wildlife **36a.**

Missing/Exploited Children Fund **36b.** Breast Cancer Research Fund **36c.**

Prostate Cancer Research Fund **36d.** Alzheimer's Fund **36e.**

Olympic Fund **36f.** 9/11 Memorial **36g.** **Total** (add lines 36a through 36g) **36.**

37 Add line 29 and lines 32 through 36 **37.** 3,050.

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.**

45 NYC earned income credit (attach Form IT-215 or Form IT-209) **45.**

46 Total **New York State** tax withheld **46.** 4,158.

47 Total **New York City** tax withheld **47.**

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.** 4,158.

51 **Amount overpaid** (If line 50 is **more than** line 37, subtract line 37 from line 50) **51.** 1,108.

52 Amount of line 51 that you want refunded to you. **Complete line 56 to choose direct deposit** Refund **52.** 1,108.

53 Amount of line 51 that you want applied to your **2010** estimated tax (see instrs) **53.**

54 Amount you owe (if line 50 is **less than** line 37, subtract line 50 from line 37). **Complete line 56** Owe **54.**

55 Estimated tax penalty (Include this amount in line 54 or reduce the overpayment on line 51; See instrs) **55.**

56 **Account information** (see instructions) Mark one: Refund — Direct deposit Owe — Electronic funds withdrawal
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 222371863 Electronic funds withdrawal effective date

56b Account number 24018632 **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's must complete (see instructions) ▼** **▼ Taxpayer(s) must sign here ▼**

Preparer's signature Date: Your signature

Preparer's NYTPRIN

Firm's name (or yours, if self-employed) **SELF-PREPARED** **▼ SSN or PTIN:** Your occupation

Address **• Employer ID Number** **• IT SUPPORT**

Spouse's signature and occupation (if joint return)

Mark an **X** if self-employed **▼ Daytime phone number**

Date 585-269-5377

E-mail: MTHAZEL2151@YAHOO.COM

See instructions for where to mail your return.



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: MARK; Taxpayer's last name: T HAZEL; Your social security number: 039-42-0131; 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): ITT SPACE SYSTEMS LLC PO BOX 60488 1919 W. COOK ROAD FORT WAYNE IN 46818

Box b Employer identification number (EIN): 02-0728173; Box 1 Wages, tips, other compensation: 57,819.; Box 8 Allocated tips; Box 9 Advance EIC payment; Box 10 Dependent care benefits; Box 11 Nonqualified plans; Box 12a-c Amount; Box 13 Statutory employee; Box 14a-c Amount; Box 15 State: NY; Box 16 State wages, tips, etc (for NYS): 57,819.; Box 17 New York State income tax withheld: 4,158.; Box 18 Local wages, tips, etc (see instr): ; Box 19 Local income tax withheld; Box 20 Locality name; Corrected (W-2c)

Do not detach.

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

W-2 Record 2

Box b Employer identification number (EIN); This W-2 record is for (mark an X in one box): Taxpayer Spouse; Box 1 Wages, tips, other compensation; Box 8 Allocated tips; Box 9 Advance EIC payment; Box 10 Dependent care benefits; Box 11 Nonqualified plans; Box 12a-d Amount; Box 13 Statutory employee; Box 14a-c Amount; 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); Box 19 Local income tax withheld; Box 20 Locality name; 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.



Two-Year Comparison

2009

| | |
|---|------------------------------------|
| Name as Shown on Return MARK T HAZEL | Social Security No. 039-42-0131 |
|---|------------------------------------|

| | 2008 | 2009 | Difference | % |
|---|---------|---------|------------|-------|
| Federal Adjusted Gross Income | 53,009. | 57,819. | 4,810. | 9.07 |
| 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 | 53,009. | 57,819. | 4,810. | 9.07 |
| Standard or Itemized Deduction | 7,500. | 7,500. | 0. | 0.00 |
| Dependent exemptions | | | | |
| New York Taxable Income | 45,509. | 50,319. | 4,810. | 10.57 |
| New York State tax | 2,721. | 3,050. | 329. | 12.09 |
| New York State nonrefundable credits | | | | |
| Other New York State taxes | | | | |
| Total New York State taxes | 2,721. | 3,050. | 329. | 12.09 |
| New York City taxes | | | | |
| 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 | 2,721. | 3,050. | 329. | 12.09 |
| Withholding | 3,795. | 4,158. | 363. | 9.57 |
| Estimated tax payments, extension payment, and amount applied from prior year return | | | | |
| Refundable credits | | | | |
| Total payments and refundable credits | 3,795. | 4,158. | 363. | 9.57 |
| Underpayment penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | 1,074. | 1,108. | 34. | 3.17 |
| Balance Due | | | | |