

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

Your first name and initial: **Mark T** Last name: **Hazel** Your social security number: **039-42-0131**

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. **214 whittier Rd** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **rochester NY 14624-0000**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

Boxes checked on 6a and 6b 1

No. of children on 6c who:

- lived with you _____
- did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above 1

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

d Total number of exemptions claimed 1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	65,823.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	20b	
21	Other income. List type and amount _____	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	65,823.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	65,823.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 65,823.
39a Check [] You were born before January 2, 1949, [] Blind. Total boxes checked 39a []
[] Spouse was born before January 2, 1949, [] Blind.
b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b []
40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 6,100.
41 Subtract line 40 from line 38 41 59,723.
42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42 3,900.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 55,823.
44 Tax (see instructions). Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 9,885.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 9,885.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required 51
52 Residential energy credits. Attach Form 5695 52
53 Other credits from Form: a [] 3800 b [] 8801 c [] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 9,885.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59a Household employment taxes from Schedule H 59a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59b
60 Taxes from: a [] Form 8959 b [] Form 8960 c [X] Instructions; enter code(s) UT 60 4,232.
61 Add lines 55 through 60. This is your total tax 61 14,117.

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 12,889.
63 2013 estimated tax payments and amount applied from 2012 return 63
64a Earned income credit (EIC) 64a
b Nontaxable combat pay election 64b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [] 2439 b [X] Reserved c [] 8885 d [] 71
72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 12,889.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73
74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here 74a []
b Routing number [X X X X X X X X X X] c Type: [] Checking [] Savings
d Account number [X X X X X X X X X X X X X X X X X X]
75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 1,228.
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete below. [X] 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation Software Test Engineer Daytime phone number (585) 281-3665
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [] if self-employed PTIN
Firm's name Self-Prepared Firm's EIN
Firm's address Phone no.



Resident Income Tax Return

New York State • New York City • Yonkers

IT-201

For the full year January 1, 2013, through December 31, 2013, or fiscal year beginning ... **13**
and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name and middle initial MARK T		Your last name (for a joint return, enter spouse's name on line below) HAZEL		Your date of birth (mm-dd-yyyy) 03-20-1958	Your social security number 039-42-0131
Spouse's first name and middle initial		Spouse's last name		Spouse's date of birth (mm-dd-yyyy)	Spouse's social security number
Mailing address (see instructions, page 12) (number and street or rural route) 214 WHITTIER RD				Apartment number	New York State county of residence MONR
City, village, or post office ROCHESTER		State NY	ZIP code 14624-0000	Country (if not United States)	School district name SPENCERPORT
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) Apartment number					School district code number 614
City, village, or post office		State NY	ZIP code	Decedent information	Taxpayer's date of death Spouse's date of death

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 Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2013 federal income tax return? Yes No

C Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D Did you have a financial account located in a foreign country? (see page 13) Yes No

E (1) Did you or your spouse maintain living quarters in NYC during 2013? (see page 13) .. Yes No
(2) Enter the number of days spent in NYC in 2013 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):
(1) Number of months you lived in NYC in 2013
(2) Number of months your spouse lived in NYC in 2013

G Enter your 2-character special condition code if applicable (see page 13)
If applicable, also enter your second 2-character special condition code

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)

If more than 9 dependents, mark an X in the box.



201001131555

Your social security number
039-42-0131

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	65,823.
2	Taxable interest income	2	
3	Ordinary dividends	3	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	
5	Alimony received	5	
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	
8	Other gains or losses (submit a copy of federal Form 4797)	8	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	
12	Rental real estate included in line 11	12	
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation	14	
15	Taxable amount of social security benefits (also enter on line 27)	15	
16	Other income (see page 14) Identify:	16	
17	Add lines 1 through 11 and 13 through 16	17	65,823.
18	Total federal adjustments to income (see page 14) Identify:	18	
19	Federal adjusted gross income (subtract line 18 from line 17)	19	65,823.

New York additions (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	
22	New York's 529 college savings program distributions (see page 15)	22	
23	Other (see page 16) Identify:	23	
24	Add lines 19 through 23	24	65,823.

New York subtractions (see page 19)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	
26	Pensions of NYS and local governments and the federal government (see page 19)	26	
27	Taxable amount of social security benefits (from line 15)	27	
28	Interest income on U.S. government bonds	28	
29	Pension and annuity income exclusion (see page 19)	29	
30	New York's 529 college savings program deduction/earnings	30	
31	Other (see page 20) Identify:	31	
32	Add lines 25 through 31	32	
33	New York adjusted gross income (subtract line 32 from line 24)	33	65,823.

Standard deduction or itemized deduction (see page 24)

34	Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	7,700.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	58,123.
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	
37	Taxable income (subtract line 36 from line 35)	37	58,123.

201002131555



Name(s) as shown on page 1
 MARK T HAZEL

Your social security number
 039-42-0131

Tax computation, credits, and other taxes (see page 25)

38 Taxable income (from line 37 on page 2)	38	58,123.
39 NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	3,424.
40 NYS household credit (page 25, table 1, 2, or 3)	40	
41 Resident credit (see page 26)	41	
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43 Add lines 40, 41, and 42	43	
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	3,424.
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46 Total New York State taxes (add lines 44 and 45)	46	3,424.

New York City and Yonkers taxes, credits, and tax surcharges

47 NYC resident tax on line 38 amount (see page 26)	47	
48 NYC household credit (page 26, table 4, 5, or 6)	48	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50 Part-year NYC resident tax (Form IT-360.1)	50	
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	
52 Add lines 49, 50, and 51	52	
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	
55 Yonkers resident income tax surcharge (see page 28)	55	
56 Yonkers nonresident earnings tax (Form Y-203)	56	
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	
58 Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	
59 Sales or use tax (see page 29; do not leave line 59 blank)	59	0.

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

Voluntary contributions (see page 30)

60a Return a Gift to Wildlife	60a	
60b Missing/Exploited Children Fund	60b	
60c Breast Cancer Research Fund	60c	
60d Alzheimer's Fund	60d	
60e Olympic Fund (\$2 or \$4; see page 30)	60e	
60f Prostate Cancer Research Fund	60f	
60g 9/11 Memorial	60g	
60h Volunteer Firefighting & EMS Recruitment Fund	60h	
60i Teen Health Education	60i	
60j Veterans Remembrance	60j	
60 Total voluntary contributions (add lines 60a through 60j)	60	
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61	3,424.



Your social security number
039-42-0131

62 Enter amount from line 61 **62** 3,424.

Payments and refundable credits (see page 31)

63 Empire State child credit	63	
64 NYS/ NYC child and dependent care credit	64	
65 NYS earned income credit (EIC)	65	
66 NYS noncustodial parent EIC	66	
67 Real property tax credit	67	
68 College tuition credit	68	
69 NYC school tax credit (also complete F on page 1; see page 31)	69	
70 NYC earned income credit	70	
71 Other refundable credits (Form IT-201-ATT, line 18)	71	
72 Total New York State tax withheld	72	4,511.
73 Total New York City tax withheld	73	
74 Total Yonkers tax withheld	74	
75 Total estimated tax payments and amount paid with Form IT-370	75	
76 Total payments (add lines 63 through 75)	76	4,511.

Submit your wage and tax statements with your return (see page 33).

Your refund, amount you owe, and account information (see pages 33 through 36)

77 **Amount overpaid** (if line 76 is more than line 62, subtract line 62 from line 76) **77** 1,087.

78 Amount of line 77 to be refunded
 Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** 1,087.

79 Amount of line 77 that you want applied to your 2014 estimated tax (see instructions) **79**

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80**

See pages 33 and 34 for information about your three refund choices.
See page 35 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81**

82 Other penalties and interest (see page 35) **82**

See page 37 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 222371863 83c Account number 0024018617

84 Electronic funds withdrawal (see page 36) Date Amount

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete (see instr.) ▼	Date
Preparer's signature	Preparer's NYTPRIN
Firm's name (or yours, if self-employed) SELF - PREPARED	Preparer's PTIN or SSN
Address	Employer identification number
E-mail:	Mark an X if self-employed <input type="checkbox"/>

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation SOFTWARE TEST ENGINEER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (585) 281-3665
E-mail: MTHAZEL2151@YAHOO.COM	



See instructions for where to mail your return.