

Form
1040EZ**Income Tax Return for Single and
Joint Filers With No Dependents** (99)**2015**

OMB No. 1545-0074

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. ▲ Make sure the SSN(s) above are correct.
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			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	

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

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	78,615.
2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3	
4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	78,615.
5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,300 if single ; \$20,600 if married filing jointly . See back for explanation.	5	10,300.
6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	68,315.
7	Federal income tax withheld from Form(s) W-2 and 1099.	7	15,807.
8a	Earned income credit (EIC) (see instructions) No	8a	
b	Nontaxable combat pay election. 8b		
9	Add lines 7 and 8a. These are your total payments and credits .	9	15,807.
10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	12,875.
11	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	11	
12	Add lines 10 and 11. This is your total tax .	12	12,875.
13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a	2,932.

**Payments,
Credits,
and Tax****Refund**Have it directly
deposited! See
instructions and
fill in 13b, 13c,
and 13d, or
Form 8888.

b Routing number **2 2 2 3 7 1 8 6 3** **c** Type: ☐ Checking ☒ Savings

d Account number **0 0 2 4 0 1 8 6 1 7**

**Amount
You Owe**

14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	
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**Third Party
Designee**

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

Designee's name **▲** Phone no. **▲** Personal identification number (PIN) **▲**

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

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

Your signature	Date	Your occupation Software Test Engineer	Daytime phone number
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.) <input type="text"/>

**Paid
Preparer
Use Only**

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



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning ... **15**

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

and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
MARK	T	HAZEL	03201958	039-42-0131
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State county of residence
214 WHITTIER RD				MONR
City, village, or post office	State	ZIP code	Country (if not United States)	School district name
ROCHESTER	NY	14624-0000		SPENCERPORT
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				614
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	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 ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2015 federal income tax return? Yes ☐ No ☒

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



D1 Did you have a financial account located in a foreign country? (see page 14) Yes ☐ No ☒

D2 Yonkers residents and Yonkers part-year residents only:

- (1) Did you receive a property tax freeze credit? (see page 14) Yes ☐ No ☐
- (2) If Yes, enter the amount 00

E (1) Did you or your spouse **maintain living quarters in NYC** during 2015? (see page 14) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 14):

- (1) Number of months **you** lived in NYC in 2015
- (2) Number of months **your spouse** lived in NYC in 2015

G Enter your **2-character special condition code(s)** if applicable (see page 14)

H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

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For office use only

Your social security number
039-42-0131

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	78615	00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	78615	00
18	Total federal adjustments to income (see page 15) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	78615	00

New York additions (see page 16)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	78615	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 18)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	78615	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) 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	7900	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	70715	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000	00
37	Taxable income (subtract line 36 from line 35)	37	70715	00

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Name(s) as shown on page 1

MARK T HAZEL

Your social security number

039-42-0131

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	70715	00
39	NYS tax on line 38 amount (see page 21)	39	4226	00
40	NYS household credit (page 21, table 1, 2, or 3)	40		00
41	Resident credit (see page 22)	41		00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43	Add lines 40, 41, and 42	43		00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	4226	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	4226	00

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

47	NYC resident tax on line 38 amount (see page 22)	47		00
48	NYC household credit (page 22, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52		00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
54a	MCTMT net earnings base	54a		00
54b	MCTMT	54b		00
55	Yonkers resident income tax surcharge (see page 25)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58		00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0	00
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Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund ..	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60k	Homeless Veterans	60k		00
60l	Mental Illness Anti-Stigma Fund	60l		00
60m	Women's Cancers Education and Prevention Fund	60m		00
60	Total voluntary contributions (add lines 60a through 60m)	60		00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	4226	00



Your social security number
039-42-0131

62 Enter amount from line 61 **62** 4226 00

Payments and refundable credits (see page 28)

63 Empire State child credit	63	00
63a Family tax relief credit	63a	00
64 NYS/NYC child and dependent care credit	64	00
65 NYS earned income credit (EIC)	65	00
66 NYS noncustodial parent EIC	66	00
67 Real property tax credit	67	00
68 College tuition credit	68	00
69 NYC school tax credit (also complete F on page 1; see page 29)	69	00
70 NYC earned income credit	70	00
70a NYC enhanced real property tax credit	70a	00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	00
72 Total New York State tax withheld	72	5323 00
73 Total New York City tax withheld	73	00
74 Total Yonkers tax withheld	74	00
75 Total estimated tax payments and amount paid with Form IT-370	75	00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

76 Total payments (add lines 63 through 75) **76** 5323 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** 1097 00

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** 1097 00

79 Amount of line 77 that you want applied to your
 2016 estimated tax (see instructions) **79** 00
 See page 31 for information about your three refund choices.

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** 00
 See page 32 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) **81** 00
 See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) **82** 00

83 Account information for direct deposit or electronic funds withdrawal (see page 33).
 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. 33) ☐

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 33) Date Amount 00

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 instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ 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.

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Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's social security number for this W-2 Record

039-42-0131

Box b Employer identification number (EIN)

45-2083813

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

EXELIS INC

1650 TYSONS BLVD SUITE 1700

MCLEAN

VA

22102

Box 1 Wages, tips, other compensation

78615 00

Box 12a Amount

74 00

Code

C

Box 14a Amount

00

Description

Box 8 Allocated tips

00

Box 12b Amount

5814 00

Code

D

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

5887 00

Code

D D

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

Box 13 Statutory employee ☐Retirement plan ☐☒Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

78615 00

Box 17a NYS income tax withheld

5323 00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a	00
Locality b	00

Box 19 Local income tax withheld

Locality a	00
Locality b	00

Box 20 Locality name

Locality a	
Locality b	

W-2 Record 2

Do not detach.

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

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

Box 1 Wages, tips, other compensation

00

Box 12a Amount

00

Code

Box 14a Amount

00

Description

Box 8 Allocated tips

00

Box 12b Amount

00

Code

Box 14b Amount

00

Description

Box 10 Dependent care benefits

00

Box 12c Amount

00

Code

Box 14c Amount

00

Description

Box 11 Nonqualified plans

00

Box 12d Amount

00

Code

Box 14d Amount

00

Description

Box 13 Statutory employee ☐Retirement plan ☐☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

00

Box 17a NYS income tax withheld

00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

00

Box 17b Other state income tax withheld

00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a	00
Locality b	00

Box 19 Local income tax withheld

Locality a	00
Locality b	00

Box 20 Locality name

Locality a	
Locality b	

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