

# 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

<b>Balance Due/Refund</b>	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.		
<b>Where's My Refund?</b>	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 <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2009 Federal Tax Return Summary</b>	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%



## 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](mailto: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

Taxpayer's First Name

Hazel

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](mailto: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

**Label**  
(See instructions)**Use the IRS  
label.**  
Otherwise,  
please print  
or type.**Presidential  
Election  
Campaign**  
(see instrs)

L A B E L  H E R E	Your first name	MI	Last name	Your social security number	
	Mark	T	Hazel	039-42-0131	
	If a joint return, spouse's first name	MI	Last name	Spouse's social security number	
	Home address (number and street). If you have a P.O. box, see instructions.			Apt no.	▲ You <b>must</b> enter your SSN(s) above. ▲
214 whittier Rd					
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.
rochester			NY	14624-0000	

Check here if you, or your spouse if a joint return, want \$3 to go to this fund? . . . . . ☐ **You** ☐ **Spouse****Income****Attach  
Form(s)  
W-2 here.**  
Enclose,  
but do not  
attach, any  
payment.You may  
benefit from  
filing Form  
1040A or  
1040. See  
Before You  
Begin in the  
instructions.

1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2 . . . . .	1	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 <b>adjusted gross income</b> . . . . .	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"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> If no one can claim you (or your spouse if a joint return), enter \$9,350 if <b>single</b> ; \$18,700 if <b>married filing jointly</b> . 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 <b>taxable income</b> . . . . .	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	<b>Earned income credit (EIC)</b> (see instructions) . . . . .	9a	
b	Nontaxable combat pay election . . . . .	9b	
10	Add lines 7, 8, and 9a. These are your <b>total payments and credits</b> . . . . .	10	10,925.
11	<b>Tax.</b> Use the amount on <b>line 6 above</b> 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 <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/> . . . . .	12a	2,619.
b	Routing number . . . XXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number . . . XXXXXXXXXXXXXXXXXXXX		

**Amount  
you owe**

13	If line 11 is larger than line 10, subtract line 10 from line 11. This is the <b>amount you owe</b> . 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	Daytime phone no.
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid  
preparer's  
use only**

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	Self-Prepared		
	EIN <input type="text"/>		
	Phone no. <input type="text"/>		

## 2009

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) . .				

# Federal Carryover Worksheet

**2009**

► Keep for your records

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

## 2008 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			3,795.		1,074.	
<b>Totals . .</b>			3,795.		1,074.	

Other Tax and Income Information			2008	2009
1	Filing status . . . . .	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions after limitation . . . . .	3	3,795.	4,158.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	53,009.	57,819.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	7,363.	8,156.
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			2008	2009
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			2008	2009
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:	16 a		
	a 2009 . . . . .	a		
	b 2008 . . . . .	b		
	c 2007 . . . . .	c		
	d 2006 . . . . .	d		
	e 2005 . . . . .	e		
	f 2004 . . . . .	f		

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

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING  
TAXPAYER: Mark T Hazel  
PRIMARY SSN: 039-42-0131

FEDERAL RETURN SUBMITTED: January 21, 2010 06:14 AM PST  
FEDERAL RETURN ACCEPTANCE DATE:

---

Your return was electronically transmitted on 01/21/2010

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2010. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2010, your Intuit electronic postmark will indicate April 15, 2010, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2010, and a corrected return is submitted and accepted before April 20, 2010. If your return is submitted after April 20, 2010, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2010. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2010, and the corrected return is submitted and accepted by October 20, 2010.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.



## 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

<b>Balance Due/Refund</b>	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.		
<b>Where's My Refund?</b>	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 <a href="http://www.nystax.gov/">http://www.nystax.gov/</a> .		
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2009 New York Tax Return Summary</b>	Taxable Income	\$	50,319.00
	Total Tax	\$	3,050.00
	Total Payments/Credits	\$	4,158.00
	Amount to be Refunded	\$	1,108.00

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.

<b>Taxpayer name and address</b>		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
<b>Summary of return data</b> 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.

0721091030



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

**Resident Income Tax Return (short form)****IT-150****New York State • New York City • Yonkers**

Print or type

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

Your first name and middle initial

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

▼ Your social security number

MARK

T HAZEL

039-42-0131

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

214 WHITTIER RD

City, village, or post office

State

ZIP code

• MONR

School district name

ROCHESTER

NY

14624-0000

• SPENCERPORT

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

Apartment number

School district  
code number

614

City, village, or post office

State

ZIP code

NY

Decedent  
information

Taxpayer's date of death

Spouse's date of death

1 X Single

**(A) Filing  
status —  
mark an  
X in  
one box:**2 Married filing joint return  
(enter spouse's social security number above)3 Married filing separate return  
(enter spouse's social security number above)

4 Head of household (with qualifying person)

5 Qualifying widow(er) with dependent child

**(C)** Were you a **New York City** resident  
for all of 2009? (*Part-year residents  
must file Form IT-201; see instrs*)

Yes

No

X

**(D)** Can you be claimed as a dependent  
on another taxpayer's federal return?  
(see instructions)

Yes

No

X

**(E)** Enter your **2-digit special condition  
number if applicable** (see instructions)

•

**If applicable**, also enter your **second** 2-digit  
special condition code number

•

Staple check  
or money  
order here**(B)** Choose direct deposit to avoid paper check refund delays.

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

Dollars

1	Wages, salaries, tips, etc	1.	57,819.
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 <b>X</b> in the box	5.	
6	Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box	6.	
7	Unemployment compensation in excess of \$2,400 per recipient	7.	
8	Taxable amount of social security benefits (also enter on line 17 below)	8.	
9	<b>Add lines 1 through 8</b>	9.	57,819.
10	Total federal adjustments to income (see instructions) Identify:	10.	
11	<b>Federal adjusted gross income</b> (subtract line 10 from line 9)	11.	57,819.
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	<b>Add lines 11 through 14</b>	15.	57,819.
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	<b>Add lines 16 through 19</b>	20.	
21	<b>New York adjusted gross income</b> (subtract line 20 from line 15)	21.	57,819.
22	New York standard deduction (see instructions)	22.	7,500.
23	Dependent exemptions (not the same as total federal exemptions; see instructions)	23.	
24	<b>Add lines 22 and 23</b>	24.	7,500.
25	<b>Taxable income</b> (subtract line 24 from line 21)	25.	50,319.

NYIA1212 12/04/09

1501091030



Please file this original scannable return with the Tax Department.

<b>26</b>	<b>Taxable income</b> (from line 25 on page 1)	<b>26.</b>	50,319.
<b>27</b>	New York State tax on line 26 amount (see <i>Tax Computation in the instructions</i> )	<b>27.</b>	3,050.
<b>28</b>	New York State (NYS) household credit (from table 1, 2, or 3 in the instructions)	<b>28.</b>	
<b>29</b>	Subtract line 28 from line 27 (if line 28 is more than line 27, leave blank)	<b>29.</b>	3,050.
<b>30</b>	New York City (NYC) resident tax (see instructions)	<b>30.</b>	
<b>31</b>	NYC household credit (from table 4, 5 or 6 in the instructions)	<b>31.</b>	
<b>32</b>	Subtract line 31 from line 30 (if line 31 is more than line 30, leave blank)	<b>32.</b>	
<b>33</b>	Yonkers resident income tax surcharge (from Yonkers worksheet in the instructions)	<b>33.</b>	
<b>34</b>	Yonkers <b>nonresident</b> earnings tax (attach Form Y-203)	<b>34.</b>	
<b>35</b>	<b>Sales or use tax</b> (see instructions. <b>Do not leave line 35 blank</b> )	<b>35.</b>	0.
<b>36</b>	<b>Voluntary contributions</b> (whole dollars amounts only; see instructions)	Return a Gift to Wildlife <b>36a.</b>	
	Missing/Exploited Children Fund <b>36b.</b>	Breast Cancer Research Fund <b>36c.</b>	
	Prostate Cancer Research Fund <b>36d.</b>	Alzheimer's Fund <b>36e.</b>	
	Olympic Fund <b>36f.</b>	9/11 Memorial <b>36g.</b>	
		<b>Total</b> (add lines 36a through 36g)	<b>36.</b>
<b>37</b>	<b>Add line 29 and lines 32 through 36</b>	<b>37.</b>	3,050.
<b>38</b>	Empire State child credit (attach Form IT-213)	<b>38.</b>	
<b>39</b>	NYS/NYC child and dependent care credit (attach Form IT-216)	<b>39.</b>	
<b>40</b>	NYS earned income credit (attach Form IT-215 or Form IT-209)	<b>40.</b>	
<b>41</b>	NYS noncustodial parent earned income credit (attach Form IT-209)	<b>41.</b>	
<b>42</b>	Real property tax credit (attach Form IT-214)	<b>42.</b>	
<b>43</b>	College tuition credit (attach Form IT-272)	<b>43.</b>	
<b>44</b>	NYC school tax credit	<b>44.</b>	
<b>45</b>	NYC earned income credit (attach Form IT-215 or Form IT-209)	<b>45.</b>	
<b>46</b>	Total <b>New York State</b> tax withheld	<b>46.</b>	4,158.
<b>47</b>	Total <b>New York City</b> tax withheld	<b>47.</b>	
<b>48</b>	Total <b>Yonkers</b> tax withheld	<b>48.</b>	
<b>49</b>	Total estimated tax payments / Amount paid with Form IT-370	<b>49.</b>	
<b>50</b>	Add lines 38 through 49	<b>50.</b>	4,158.
<b>51</b>	<b>Amount overpaid</b> (If line 50 is <b>more than</b> line 37, subtract line 37 from line 50)	<b>51.</b>	1,108.
<b>52</b>	Amount of line 51 that you want refunded to you. <b>Complete line 56 to choose direct deposit</b>	Refund <b>52.</b>	1,108.
<b>53</b>	Amount of line 51 that you want applied to your <b>2010</b> estimated tax (see instrs)	<b>53.</b>	
<b>54</b>	Amount you owe (if line 50 is <b>less than</b> line 37, subtract line 50 from line 37). <b>Complete line 56</b>	Owe <b>54.</b>	
<b>55</b>	Estimated tax penalty (Include this amount in line 54 or reduce the overpayment on line 51; See instrs)	<b>55.</b>	

**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) ☒

<b>56a</b> Routing number	<input type="radio"/> 222371863	Electronic funds withdrawal effective date	
<b>56b</b> Account number	<input type="radio"/> 24018632	<b>56c</b> Account type	<input checked="" type="radio"/> Checking <input type="radio"/> Savings

<b>Third-party designee?</b> (see instrs)	Print designee's name	Designee's phone number	Personal identification number (PIN)
<b>Yes</b>	<b>No</b>	E-mail:	
▼ <b>Paid preparer's must complete</b> (see instructions) ▼		▼ <b>Taxpayer(s) must sign here</b> ▼	
Preparer's signature		Your signature	
▶		▶	
Firm's name (or yours, if self-employed)		Your occupation	
SELF-PREPARED		• IT SUPPORT	
Address		Spouse's signature and occupation (if joint return)	
Mark an <b>X</b> if self-employed		▼ Daytime phone number	
		585-269-5377	
E-mail:		E-mail: MTHAZEL2151@YAHOO.COM	

See instructions for where to mail your return.

Please file this original scannable return with the Tax Department.

NYIA1212 12/04/09



**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 12a** Amount

9.

▼ Code

C

**Box 15** State

NY

**Box 16** State wages, tips, etc (for NYS)

57,819.

**Box 12b** Amount

▼ Code

**Box 17** New York State income tax withheld

4,158.

**This W-2 record is for**

(mark an X in one box):

Taxpayer ☒ Spouse**Box 12c** Amount

▼ Code

**Box 18** Local wages, tips, etc (see instr)

Locality a

**Box 1** Wages, tips, other compensation

57,819.

**Box 12d** Amount

▼ Code

Locality b

**Box 8** Allocated tips

Locality a

**Box 9** Advance EIC payment**Box 13** Statutory employee

Locality b

**Box 10** Dependent care benefits**Box 14a** Amount

▼ Description

**Box 20** Locality name

Locality a

**Box 11** Nonqualified plans**Box 14b** Amount

▼ Description

Locality b

**Box 14c** Amount

▼ Description

Corrected (W-2c)

**Do not detach.****Box c** Employer's name and full address (including ZIP code)**W-2  
Record 2****Box 12a** Amount

▼ Code

**Box 15** State**Box 16** State wages, tips, etc (for NYS)**Box b** Employer identification number (EIN)**Box 12b** Amount

▼ Code

**Box 17** New York State income tax withheld**This W-2 record is for**

(mark an X in one box):

Taxpayer ☐ Spouse**Box 12c** Amount

▼ Code

**Box 18** Local wages, tips, etc (see instr)

Locality a

**Box 1** Wages, tips, other compensation**Box 12d** Amount

▼ Code

Locality b

**Box 8** Allocated tips

Locality a

**Box 9** Advance EIC payment**Box 13** Statutory employee

Locality b

**Box 10** Dependent care benefits**Box 14a** Amount

▼ Description

**Box 20** Locality name

Locality a

**Box 11** Nonqualified plans**Box 14b** Amount

▼ Description

Locality b

**Box 14c** Amount

▼ Description

Corrected (W-2c)

**Please file this original scannable form with the Tax Department.**

If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.



## Two-Year Comparison

2009

Name as Shown on Return MARK T HAZEL			Social Security No. 039-42-0131	
	2008	2009	Difference	%
<b>Federal Adjusted Gross Income</b>	53,009.	57,819.	4,810.	9.07
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .				
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .				
<b>New York Subtractions</b>				
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 . . . . .				
<b>Total New York Subtractions</b> . . . . .				
<b>New York Adjusted Gross Income</b> . . . . .	53,009.	57,819.	4,810.	9.07
Standard or Itemized Deduction . . . . .	7,500.	7,500.	0.	0.00
Dependent exemptions . . . . .				
<b>New York Taxable Income</b> . . . . .	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 . . . . .				
<b>Total New York State taxes</b> . . . . .	2,721.	3,050.	329.	12.09
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	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 . . . . .				
<b>Total payments and refundable credits</b> . . . . .	3,795.	4,158.	363.	9.57
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	1,074.	1,108.	34.	3.17
<b>Balance Due</b> . . . . .				