

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	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 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.

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)	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 must 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 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 <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 amount you owe . For details on how to pay , see instructions	13	
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Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> 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.

Joint return? See instructions. Keep a copy for your records.	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 <input type="checkbox"/>	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
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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	St	Loc			
18 a	Other withholding	St	Loc			
b	Other withholding	St	Loc			
c	Other withholding	St	Loc			
19	Total Withholding Lines 10 through 18c			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) . .				

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.	
Totals . .			3,795.		1,074.	

Other Tax and Income Information

	2008	2009
1 Filing status	1 <u>Single</u>	1 <u>Single</u>
2 Number of exemptions for blind or over 65 (0 - 4)	2	
3 Itemized deductions after limitation	3 3,795.	3 4,158.
4 Check box if required to itemize deductions	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5 Adjusted gross income	5 53,009.	5 57,819.
6 Tax liability for Form 2210 or Form 2210-F	6 7,363.	6 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 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	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.

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.

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 numberStaple 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 X in the box	5.	
6	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	6.	
7	Unemployment compensation in excess of \$2,400 per recipient	7.	
8	Taxable amount of social security benefits (also enter on line 17 below)	8.	
9	Add lines 1 through 8	9.	57,819.
10	Total federal adjustments to income (see instructions) Identify:	10.	
11	Federal adjusted gross income (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	Add lines 11 through 14	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	Add lines 16 through 19	20.	
21	New York adjusted gross income (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	Add lines 22 and 23	24.	7,500.
25	Taxable income (subtract line 24 from line 21)	25.	50,319.

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1501091030



Please file this original scannable return with the Tax Department.

26	Taxable income (from line 25 on page 1)	26.	50,319.
27	New York State tax on line 26 amount (see <i>Tax Computation in the instructions</i>)	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: <input checked="" type="radio"/> Refund — Direct deposit <input type="radio"/> 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) <input type="radio"/>		
56a	Routing number <input type="radio"/> 222371863	Electronic funds withdrawal effective date	
56b	Account number <input type="radio"/> 24018632	56c	Account type <input checked="" type="radio"/> Checking <input type="radio"/> Savings

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		Your signature	
Date:		Your occupation	
▶ Preparer's NYTPRIN		• IT SUPPORT	
▼ SSN or PTIN:		Spouse's signature and occupation (if joint return)	
• Employer ID Number		▼ Daytime phone number	
Mark an X if self-employed		Date	
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

1502091030



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 17 New York State income tax withheld

4,158.

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

This W-2 record is for

(mark an X in one box):

Taxpayer ☒ Spouse**Box 1** Wages, tips, other compensation

57,819.

Box 12c Amount

▼ Code

Locality a

Locality b

Box 8 Allocated tips**Box 12d** Amount

▼ Code

Box 19 Local income tax withheld**Box 9** Advance EIC payment**Box 13** Statutory employee**Box 14a** Amount

▼ Description

Box 20 Locality name

Locality a

Locality b

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

▼ Description

Box 11 Nonqualified plans**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 b** Employer identification number (EIN)**Box 12a** Amount

▼ Code

Box 15 State**Box 16** State wages, tips, etc (for NYS)**Box 17** New York State income tax withheld

This W-2 record is for

(mark an X in one box):

Taxpayer ☐ Spouse**Box 1** Wages, tips, other compensation**Box 12c** Amount

▼ Code

Locality a

Locality b

Box 18 Local wages, tips, etc (see instr)**Box 8** Allocated tips**Box 12d** Amount

▼ Code

Box 19 Local income tax withheld**Box 9** Advance EIC payment**Box 13** Statutory employee**Box 14a** Amount

▼ Description

Box 20 Locality name

Locality a

Locality b

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

▼ Description

Box 11 Nonqualified plans**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 HAZELSocial 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				