

Prepared For:

ALBERT J. ESTEVES AND FRANZISKA
KIRCHGAESSNER
04/06/2012

Today's Savings

- * By deducting your home mortgage interest, you reduced your taxes by an estimated: \$8,706.00
- * Claiming the Dependent Care Credit this year helped you reduce your federal taxes by: \$1,200.00
- * In simple terms, the Marginal Tax Rate is the tax rate that you pay on your last dollar of taxable income. It is the highest federal tax bracket that affects your tax calculation. The Effective Tax Rate is the percentage of your total income that you paid in taxes. For 2011, your Marginal Tax Rate is 25% and your Effective Tax Rate is 12%.

Total Savings..... **\$9,906.00**

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary	Message
Federal	Yes	(\$814.00)	Balance Due	(\$814.00) See the Filing Checklist for instructions.
Connecticut	Yes	(\$39.00)	Balance Due	(\$39.00) See the Filing Checklist for mailing instructions.
New York	Yes	(\$4,479.00)	Balance Due	(\$4,479.00) See the Filing Checklist for mailing instructions.

This H&R Block Advantage document provides information that could help you improve your tax and financial situation. Its contents should be considered in conjunction with information you receive from other sources that are familiar with your specific circumstances. Tax services offered through subsidiaries of HRB Tax Group, Inc.

H&R Block ADVANTAGE®

2011 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2011	Year 2010	Change(\$)
Wages, salaries, tips	\$163,915	\$0	\$163,915
Taxable interest income	\$1,240	\$0	\$1,240
Ordinary dividend income	\$706	\$0	\$706
Business income (loss)	\$18,056	\$0	\$18,056
Taxable pensions	\$78	\$0	\$78
Unemployment compensation	\$2,734	\$0	\$2,734
Other income	\$2,400	\$0	\$2,400
Total income	\$189,129	\$0	\$189,129
ADJUSTMENTS			
Self-employed tax deduction	\$1,276	\$0	\$1,276
Total adjustments	\$1,276	\$0	\$1,276
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$187,853	\$0	\$187,853
TAXABLE INCOME			
Taxes	\$16,864	\$0	\$16,864
Deductible interest	\$32,640	\$0	\$32,640
Total itemized deductions	\$49,504	\$0	\$49,504
Standard deductions	\$11,600	\$0	\$11,600
Exemptions	\$14,800	\$0	\$14,800
Taxable income	\$123,549	\$0	\$123,549
TAX COMPUTATION			
Income tax	\$23,067	\$0	\$23,067
Tax before credits	\$23,067	\$0	\$23,067
CREDITS			
Child care credit	\$1,200	\$0	\$1,200
Total credits	\$1,200	\$0	\$1,200
Tax after credits	\$21,867	\$0	\$21,867
OTHER TAXES			
Self-employment tax	\$2,218	\$0	\$2,218
Tax on IRA and other plans	\$8	\$0	\$8
Total tax	\$24,093	\$0	\$24,093
PAYMENTS			
Federal withholding	\$23,279	\$0	\$23,279
Total payments	\$23,279	\$0	\$23,279
AMOUNT DUE			
Amount owed with return	\$814	\$0	\$814

2011 Tax Return Summary

Federal Year over Year Comparison

OTHER COMPUTATIONS	Year 2011	Year 2010	Change(\$)
Alternative minimum taxable income	\$155,213	\$0	\$155,213
Total tax preferences and adjustments	\$16,864	\$0	\$16,864
Marginal tax bracket	25%		
Effective tax bracket	12%		
Filing status	Married Filing Jointly		

New York State E-File Signature Authorization for Tax Year 2011 For Forms IT-201 and IT-203

Electronic return originators (ERO): **do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: ALBERT J ESTEVES

Spouse's name: FRANZISKA KIRCHGAESSNER
(jointly filed return only)

Purpose

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

Both the paid preparer and the ERO are required to sign Part C. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Please note that an alternative signature can be used as described in Publication 58, Information for Income Tax Preparers. Go to our Web site at www.tax.ny.gov to view this document.

General instructions

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Form IT-201, Resident Income Tax Return or IT-203, Nonresident and Part-Year Resident Income Tax Return.

Do not mail Form TR- 579- IT to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (IT-201 and IT-203).

This form is not required for electronically filed Form IT- 370, Application for Automatic Six- Month Extension of Time to File for Individuals. See Form TR-579.1-IT, New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2011 Form IT-370.

Part A — Tax return information

1	Federal adjusted gross income (from Form IT- 201, line 18, or IT- 203, line 18)	1.	187,853
2	Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	
3	Amount you owe (from Form IT- 201, line 80, or IT- 203, line 70)	3.	4,479

Part B — Declaration of taxpayer and authorizations for Forms IT-201 and IT-203

Under penalty of perjury, I declare that I have examined the information on my 2011 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct, and complete. The ERO has my consent to send my 2011 New York State electronic return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR- 579- IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2011 electronic return, and I authorize my financial institution to withdraw the amount from my account.

Taxpayer's signature:

Date:

Spouse's signature:

Date:

(jointly filed return only)

Part C — Declaration of electronic return originator (ERO) and paid preparer

Under penalty of perjury, I declare that the information contained in this 2011 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2011 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2011 New York State electronic return is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2011 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature:

Date:

Print name:

Paid preparer's signature:

Date:

Print name:

Form CT-1040 EFW
Connecticut Electronic Withdrawal Payment Record

2011

Do not mail this form to Department of Revenue Services (DRS). Keep for your records.

Keep this form as verification that electronic payment to DRS was requested for the 2011 taxable year.

**If the funds for payment will come from a banking institution outside of the United States,
the payment must be made by paper check.**

Primary Social Security Number

1	2	0	6	0	2	1	5	1
---	---	---	---	---	---	---	---	---

Secondary Social Security Number

0	8	5	7	2	1	2	8	1
---	---	---	---	---	---	---	---	---

Routing transit number

0	2	1	0	0	0	0	8	9
---	---	---	---	---	---	---	---	---

Bank account number

6	5	2	2	1	9	9	8										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of account

1

 1 = Checking; 2 = Savings

Amount of payment

																		3	9
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---

Type of return

C	T	-	N	R	/	P	Y			
---	---	---	---	---	---	---	---	--	--	--

Request payment date

0	4	/	0	9	/	1	2
---	---	---	---	---	---	---	---

Taxpayer's daytime telephone number

9	1	4	7	3	8	0	1	5	8
---	---	---	---	---	---	---	---	---	---

2011 Federal Tax Return Filing Instructions

FOR THE YEAR ENDING

December 31, 2011

Prepared for	ALBERT J ESTEVES FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Gross Income</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">189,129</td> </tr> <tr> <td>Adjusted Gross Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">187,853</td> </tr> <tr> <td>Total Deductions</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">64,304</td> </tr> <tr> <td>Total Taxable Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">123,549</td> </tr> <tr> <td>Total Tax</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">24,093</td> </tr> <tr> <td>Total Payments</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">23,279</td> </tr> <tr> <td>Refund Amount</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Amount You Owe</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">814</td> </tr> </table>	Gross Income	\$	189,129	Adjusted Gross Income	\$	187,853	Total Deductions	\$	64,304	Total Taxable Income	\$	123,549	Total Tax	\$	24,093	Total Payments	\$	23,279	Refund Amount	\$	0	Amount You Owe	\$	814
Gross Income	\$	189,129																							
Adjusted Gross Income	\$	187,853																							
Total Deductions	\$	64,304																							
Total Taxable Income	\$	123,549																							
Total Tax	\$	24,093																							
Total Payments	\$	23,279																							
Refund Amount	\$	0																							
Amount You Owe	\$	814																							
Make check payable to	United States Treasury																								
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																								

Instructions

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

STEP 3 - Pay the balance due on your taxes

You have elected to have \$814 directly withheld from your bank account on 4/9/12.

For the year Jan. 1 - Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

ALBERT J ESTEVES
FRANZISKA KIRCHGAESSNER
80 OLD BOSTON POST ROAD APT. 9
NEW ROCHELLE, NY 10801

See separate instructions.
Your social security number
120-60-2151
Spouse's social security number
085-72-1281
 ▲ Make sure the SSN(s) above and on line 6c are correct.
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**

Foreign country name Foreign province/county Foreign postal code

Filing Status
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately Enter spouse's SSN above & full name here. child's name here.
 4 Head of household (with qualifying person). (See instructions.)
 5 Qualifying widow(er) with dependent child

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c **Dependents:**
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qual. child <17 for child tax cr. (see inst)
 If more than four dependents, see inst and check here
 d Total number of exemptions claimed **4**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qual. child <17 for child tax cr. (see inst)
NICOLAS	ESTEVES	664-75-6596	SON	<input checked="" type="checkbox"/>
RAFAEL	ESTEVES	111-98-6187	SON	<input checked="" type="checkbox"/>

Income

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	163,915.
8a	Taxable interest. Attach Schedule B if required	1,240.
b	Tax-exempt interest. Do not include on line 8a	
9a	Ordinary dividends. Attach Schedule B if required	706.
b	Qualified dividends	706.
10	Taxable refunds, credits, or offsets of state and local income taxes	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	18,056.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here.	
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	
b	Taxable amt	
16a	Pensions and annuities	
b	Taxable amt	78.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	2,734.
20a	Social security benefits	
b	Taxable amount	
21	Other income. List type and amount	HSA EARNINGS 2,400.
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income.	189,129.

Adjusted Gross Income

Line	Description	Amount
23	Educator expenses	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	
25	Health savings account deduction. Attach Form 8889	
26	Moving expenses. Attach Form 3903	
27	Deductible part of self-employment tax. Attach Schedule SE	1,276.
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction	
30	Penalty on early withdrawal of savings	
31a	Alimony paid b Recipient's SSN	
32	IRA deduction	
33	Student loan interest deduction	
34	Tuition and fees. Attach Form 8917	
35	Domestic production activities deduction. Attach Form 8903	
36	Add lines 23 through 35	1,276.
37	Subtract line 36 from line 22. This is your adjusted gross income.	187,853.

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2011)

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55. Total amount for line 38 is 187,853.

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:

Single or Married filing separately, \$5,800

Married filing jointly or Qualifying widow(er), \$11,600

Head of household, \$8,500

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61. Total amount for line 61 is 24,093.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72. Total amount for line 72 is 23,279.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75. Total amount for line 75 is 814.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77. Total amount for line 76 is 814.

Third Party Designee

Form section for Third Party Designee with fields for name, phone number, and personal ID number.

Sign Here

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

Form section for Sign Here with fields for signature, date, occupation, and daytime phone number.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and PTIN.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040. ▶ See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER

Your social security number

120-60-2151

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 7.5% (.075)	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5	9,533.		
5	State and local (check only one box):				
a	<input checked="" type="checkbox"/> Income taxes, or	5			
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions) 80 OLD BOSTON POST ROAD 7,331.	6	7,331.		
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			16,864.
Interest You Paid		10	32,640.		
10	Home mortgage interest and points reported to you on Form 1098	10			
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11			
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15			32,640.
Gifts to Charity		16			
16	Gifts by cash or check. If you made any gift of \$250 or more, see inst.	16			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17			
18	Carryover from prior year	18			
19	Add lines 16 through 18	19			
Casualty and Theft Losses		20			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions		21			
21	Unreimbursed employee expenses -job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See inst.)	21			
22	Tax preparation fees	22	109.		
23	Other expenses - investment, safe deposit box, etc. List type and amount	23			
24	Add lines 21 through 23	24	109.		
25	Enter amount from Form 1040, line 38	25	187,853.		
26	Multiply line 25 by 2% (.02)	26	3,757.		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0.
Other Miscellaneous Deductions		28			
28	Other - from list in instructions. List type and amount	28			
Total Itemized Deductions		29			49,504.
29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here	30			

KBA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2011

**SCHEDULE C-EZ
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Net Profit From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions on page 2.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09A**

Name of proprietor

FRANZISKA KIRCHGAESSNER

Social security number (SSN)

085-72-1281

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.
- Did not receive any credit card or similar payments that included amounts that are not includible in your income (see instructions for line 1a).

And You:

- Had no employees during the year.
- Are not required to file **Form 4562**, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service

APPERAL : CLODING

B Enter business code (see page 2)

▶ 448150

C Business name. If no separate business name, leave blank.

FRANZISKA KIRCHGAESSNER

D Enter your EIN (see page 2)

27-0391314

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

80 OLD BOSTON POST ROAD

City, town or post office, state, and ZIP code
NEW ROCHELLE, NY 10801

F Did you make any payments in 2011 that would require you to file Form(s) 1099? (see the Schedule C instructions)

Yes No

G If "Yes," did you or will you file all required Forms 1099?

Yes No

Part II Figure Your Net Profit

1a Merchant card and third party payments. For 2011, enter -0-	1a		ATTACHMENT
b Gross receipts or sales not entered on line 1a (see instructions)	1b	19,256.	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See Schedule C instructions before completing this line	1c		
d Total of lines 1a, 1b, and 1c. If any adjustments to line 1a, you must use Schedule C (see instructions)	1d	19,256.	
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	2	1,200.	
3 Net profit. Subtract line 2 from line 1d. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12 , and Schedule SE, line 2 , or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (If you entered an amount on line 1c, do not report the amount from line 1c on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	18,056.	

Part III Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶

5 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business _____ **b** Commuting (see page 2) _____ **c** Other _____

6 Was your vehicle available for personal use during off-duty hours? Yes No

7 Do you (or your spouse) have another vehicle available for personal use? Yes No

8a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule C-EZ (Form 1040) 2011

**SCHEDULE SE
(Form 1040)**

Self-Employment Tax

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See separate instructions.**

Name of person with **self-employment** income (as shown on Form 1040)

FRANZISKA KIRCHGAESSNER

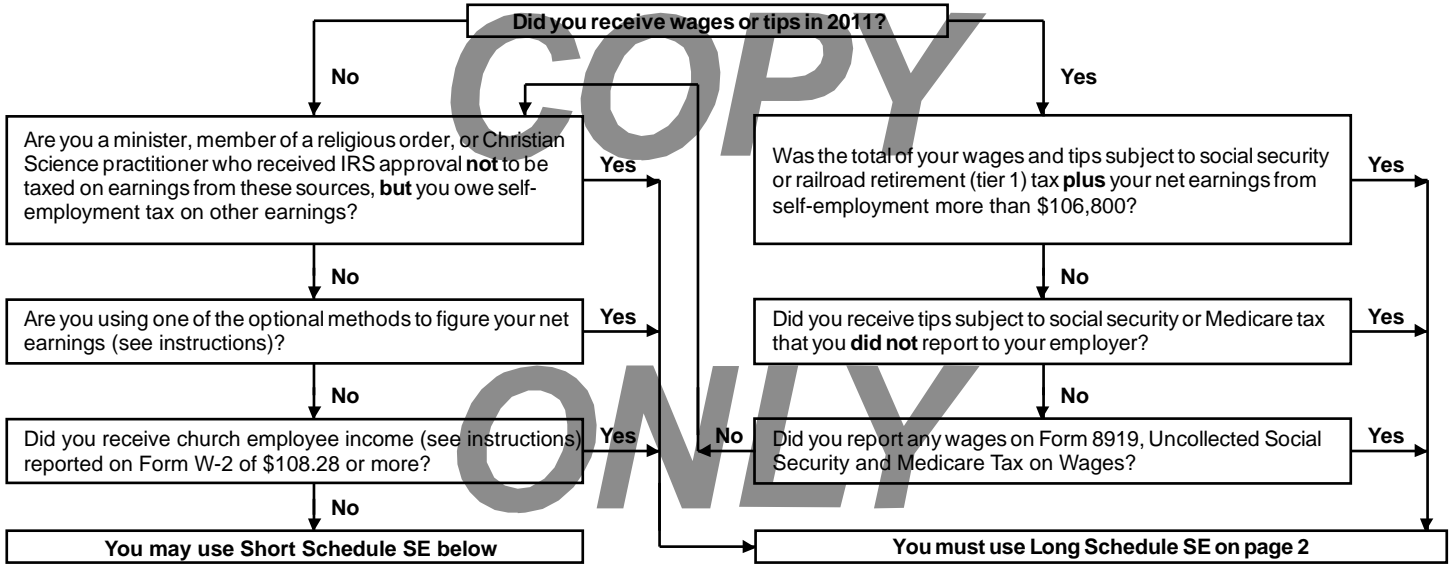
Social security number of person
with **self-employment** income ▶

085-72-1281

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	0.
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y	1b ()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	18,056.
3 Combine lines 1a, 1b, and 2	3	18,056.
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b ▶	4	16,675.
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	2,218.
6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is: • \$14,204.40 or less, multiply line 5 by 57.51% (.5751) • More than \$14,204.40, multiply line 5 by 50% (.50) and add 1,067 to the result. Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,276.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2011

Child and Dependent Care Expenses



2441

2011

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.

Name(s) shown on return

ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER

Your social security number

120-60-2151

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	PRECIOUS MINDS CHILDRENS CENTER	17 HILLTOP AVENUE NEW ROCHELLE NY 10801	20-2843630	10,885.

Did you receive dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
NICOLAS	ESTEVES	664-75-6596	0.
RAFAEL	ESTEVES	111-98-6187	10,885.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31

3 6,000.

4 Enter your **earned income**. See instructions

4 82,105.

5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

5 98,590.

6 Enter the **smallest** of line 3, 4, or 5

6 6,000.

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

7 187,853.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 — 15,000		.35
15,000 — 17,000		.34
17,000 — 19,000		.33
19,000 — 21,000		.32
21,000 — 23,000		.31
23,000 — 25,000		.30
25,000 — 27,000		.29
27,000 — 29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 — 31,000		.27
31,000 — 33,000		.26
33,000 — 35,000		.25
35,000 — 37,000		.24
37,000 — 39,000		.23
39,000 — 41,000		.22
41,000 — 43,000		.21
43,000 — No limit		.20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions

9 1,200.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

10 23,067.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

11 1,200.

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 2441 (2011)

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or Form 1040NR.**

▶ **See separate instructions.**

Attachment
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR

ALBERT J ESTEVES

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

120-60-2151

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2011 (see instructions)	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2011 (or those made on your behalf), including those made from January 1, 2012, through April 17, 2012, that were for 2011. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2011, and on the first day of every month during 2011, you were, or were considered, an eligible individual with the same coverage, enter \$3,050 (\$6,150 for family coverage). All others , see instructions for the amount to enter	3	6,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2011 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2011, also include any amount contributed to your spouse's Archer MSAs	4	2,400.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,750.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2011, see the instructions for the amount to enter	6	3,750.
7	If you were age 55 or older at the end of 2011, married, and you or your spouse had family coverage under an HDHP at any time during 2011, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	3,750.
9	Employer contributions made to your HSAs for 2011	9	2,400.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,400.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	1,350.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.
Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2011 from all HSAs (see instructions)	14a	2,031.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	2,031.
15	Unreimbursed qualified medical expenses (see instructions)	15	2,400.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	<input type="checkbox"/>	
b	Additional 20% tax (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 60, or Form 1040NR, line 59. On the dotted line next to Form 1040, line 60, or Form 1040NR, line 59, enter "HSA" and the amount	17b	

KBA For Paperwork Reduction Act Notice, see your tax return instructions.

Supporting Schedules

2011

Name: ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER

SSN: 120-60-2151

SCHEDULE C-EZ - FRANZISKA KIRCHGAESSNER
LINE 1 - GROSS RECEIPTS OR SALES/EARNINGS
Description

Amount

NOI SOLUTIONS LLC

19,256

TOTAL

19,256



H&R BLOCK®

2011 STATE TAX RETURN FILING INSTRUCTIONS

CONNECTICUT

FOR THE YEAR ENDING
December 31, 2011

Prepared for	ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table> <tr><td>Gross Income</td><td>\$</td><td>187,853</td></tr> <tr><td>Adjusted Gross Income</td><td>\$</td><td>187,853</td></tr> <tr><td>Total Deductions</td><td>\$</td><td>0</td></tr> <tr><td>Total Taxable Income</td><td>\$</td><td>187,853</td></tr> <tr><td>Total Tax</td><td>\$</td><td>4,298</td></tr> <tr><td>Total Payments</td><td>\$</td><td>4,259</td></tr> <tr><td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr><td>Amount You Owe</td><td>\$</td><td>39</td></tr> </table>	Gross Income	\$	187,853	Adjusted Gross Income	\$	187,853	Total Deductions	\$	0	Total Taxable Income	\$	187,853	Total Tax	\$	4,298	Total Payments	\$	4,259	Refund Amount	\$	0	Amount You Owe	\$	39
Gross Income	\$	187,853																							
Adjusted Gross Income	\$	187,853																							
Total Deductions	\$	0																							
Total Taxable Income	\$	187,853																							
Total Tax	\$	4,298																							
Total Payments	\$	4,259																							
Refund Amount	\$	0																							
Amount You Owe	\$	39																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	<p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								

1102110291

Form CT-1040NR/PY - 2011, Page 1 of 4
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2011 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW

120 - 60 - 2151 085 - 72 - 1281

ALBERT J ESTEVES N Dec. N P
 FRANZISKA KIRCHGAESSNER N Dec. Y N

80 OLD BOSTON POST ROAD APT 9 N No forms N CT-2210

N CT-8379 N CT-1040CRC

NEW ROCHELLE NY 10801 - .

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	187853
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	187853
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	187853
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	82105
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	187853
8. Income Tax	8.	9832
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.4371
10. Line 9 multiplied by Line 8	10.	4298
11. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 61)	11.	0
12. Line 11 subtracted from Line 10. If Line 11 is greater than Line 10, "0" is entered.	12.	4298
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	4298
15. Total allowable credits (from Schedule CT- IT Credit, Part 1, Line 11)	15.	0
16. Connecticut income tax: Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	4298
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. Total tax: Add Line 16 and Line 17.	18.	4298

CLIP DO NOT SEND HERE WITH OR 1099 FORMS



1102110291

1102110291

19. Amount from Line 18

19. • 4298

W-2, W-2G, and 1099 Information

Col. A - Employer's Federal ID #

Col. B - CT Wages, Tips, etc.

Sch. CT K-1

Col. C - CT Income Tax Withheld

20a.	13	-	4034220	•	82105	•	4259
20b.	-	-		•	0	•	0
20c.	-	-		•	0	•	0
20d.	-	-		•	0	•	0
20e.	-	-		•	0	•	0
20f.	-	-		•	0	•	0
20g.	-	-		•	0	•	0

COPY

20h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 20h. 0

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 4259

21. All 2011 estimated tax payments and any overpayments applied from a prior year 21. 0

22. Payments made with Form CT-1040 EXT 22. 0

23. Total payments: Add Lines 20, 21, and 22. 23. 4259

24. Overpayment: If Line 23 is more than Line 19, Line 19 subtracted from Line 23. 24. 0

25. Amount of Line 24 you want applied to your 2012 estimated tax 25. 0

26. Total contributions of refund to designated charities (from Schedule 4, Line 63) 26. 0

27. Refund: Lines 25 and 26 subtracted from Line 24. 27. 0

If you have not elected to direct deposit, the refund may be issued by debit card or check.

27a. Acct. type Ck. Sv. 27b. Rout. # 27c. Acct. #

27d. Refund going to a bank account outside the U.S. 27d. N

28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19. 28. 39

29. If late: Penalty entered. Line 28 multiplied by 10% (.10). 29. 0

30. If late: Interest entered. 30. 0

Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).

31. Interest on underpayment of estimated tax (from Form CT-2210.) 31. 0

32. Total amount due: Add Lines 28 through 31. 32. 39

DO NOT

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

KEEP A COPY FOR YOUR RECORDS SIGN HERE

Your signature	Date	Daytime telephone number
Spouse's signature (if joint return)	Date	Daytime telephone number
Paid preparer's signature	Date	Telephone number
Firm's name, address, and ZIP Code		Preparer's SSN or PTIN
		FEIN

FILE

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
•	•	•

Schedule 1 - Modifications to Federal Adjusted Gross Income

33. Interest on state and local government obligations other than Connecticut	33.	0
34. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	34.	0
35. Reserved for future use.	35.	
36. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	36.	0
37. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	37.	0
38. Loss on sale of Connecticut state and local government bonds	38.	0
39. Domestic production activities (from federal Form 1040, Line 35)	39.	0
40. Other-specify •	40.	0
41. Total additions: Add Lines 33 through 40.	41.	0
42. Interest on U.S. government obligations	42.	0
43. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	43.	0
44. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	44.	0
45. Refunds of state and local income taxes	45.	0
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	46.	0
47. 50% of military retirement pay	47.	0
48. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	48.	0
49. Gain on sale of Connecticut state and local government bonds	49.	0
50. CHET contributions Acct. #:	50.	0
51. Other-specify •	51.	0
52. Total subtractions: Add Lines 42 through 51.	52.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

53. Connecticut AGI during residency portion of taxable year	53.	0
--	-----	---

Col. A

Col. B

54. Qualifying jurisdiction's name and two-letter code	54. •		
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 Worksheet)	55.	0	0
56. Line 55 divided by Line 53. May not exceed 1.0000.	56.	0.0000	0.0000
57. Apportioned income tax	57.	0	0
58. Line 56 multiplied by Line 57	58.	0	0
59. Income tax paid to a qualifying jurisdiction	59.	0	0
60. Lesser of Line 58 or Line 59	60.	0	0
61. Total credit: Add Line 60, all columns.	61.	0	0

Schedule 3 - Individual Use Tax

62a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	62a.	0
62b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	62b.	0
62c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	62c.	0
62d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	62d.	0
62. Individual use tax: Add Lines 62a, 62b, 62c, and 62d.	62. •	0

Schedule 4 - Contributions to Designated Charities

63a. AR	63a.	0
63b. OT	63b.	0
63c. ES/W	63c.	0
63d. BCR	63d.	0
63e. SNS	63e.	0
63f. MFRF	63f.	0
63. Total Contributions: Add Lines 63a through 63f.	63. •	0

COPY
ONLY
DO NOT
FILE

Schedule CT-SI Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Complete this schedule if you were a nonresident or part-year resident of Connecticut and attach it to Form CT- 1040NR/PY.

Your first name and middle initial ALBERT J ESTEVES	Last name	Your Social Security Number 120-60-2151
If joint return, spouse's first name and middle initial FRANZISKA KIRCHGAESSNER	Last name	Spouse's Social Security Number 085-72-1281

See instructions on Page 27 before completing this schedule. Complete in blue or black ink only.

PART 1 - Connecticut Income - Part-Year Residents: Complete Schedule CT- 1040AW, Part-Year Resident Income Allocation.

Add Columns B and D for each line of Schedule CT- 1040AW and enter the totals on Lines 1 through 30 below.

Nonresidents: Enter the income received from Connecticut sources.

1. Wages, salaries, tips, etc	▶	1	82,105
2. Taxable interest	▶	2	
3. Ordinary dividends	▶	3	
4. Alimony received	▶	4	
5. Business income or (loss).	▶	5	
6. Capital gain or (loss)	▶	6	
7. Other gains or (losses)	▶	7	
8. Taxable amount of IRA distributions	▶	8	
9. Taxable amount of pensions and annuities	▶	9	
10. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	▶	10	
11. Farm income or (loss).	▶	11	
12. Unemployment compensation	▶	12	
13. Taxable amount of social security benefits.	▶	13	
14. Other income: See instructions	▶	14	
15. Gross income from Connecticut sources: Add Lines 1 through 14	▶	15	82,105 ⁰⁰

PART 2 - Adjustments to Connecticut Income - Enter adjustments **directly** related to income reported above.

16. Educator expenses	▶	16	
17. Certain business expenses of reservists, artists, and fee- basis government officials	▶	17	
18. Health savings account deduction	▶	18	
19. Moving expenses	▶	19	
20. Deductible part of self-employment tax	▶	20	
21. Self-employed SEP, SIMPLE, and qualified plans	▶	21	
22. Self-employed health insurance deduction	▶	22	
23. Penalty on early withdrawal of savings	▶	23	
24. Alimony paid. Recipient's last name ▶ _____ SSN ▶ _____	▶	24	
25. IRA deduction	▶	25	
26. Student loan interest deduction	▶	26	
27. Tuition and fees	▶	27	
28. Reserved for future use	▶	28	
29. Total adjustments: Add Lines 16 through 28	▶	29	
30. Income from Connecticut sources: Subtract Line 29 from Line 15. Enter the amount here and on Form CT- 1040NR/PY, Line 6	▶	30	82,105 ⁰⁰

This reflects the information on the federal 1040 as of the print date. Check the DRS website at www.ct.gov/DRS for an updated Schedule CT- SI.

Employee Apportionment Worksheet - Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut- sourced income.** See instructions, Page 31.

A. Working days (or other basis) outside Connecticut	▶	A	
B. Working days (or other basis) inside Connecticut	▶	B	
C. Total working days: Add Line A and Line B	▶	C	
D. Nonworking days (Holidays, weekends, etc.)	▶	D	
E. Connecticut ratio: Divide Line B by Line C. Round to four decimal places	▶	E	
F. Total income being apportioned	▶	F	
G. Connecticut income: Multiply Line E by Line F. Enter here and on Schedule CT- SI, Line 1	▶	G	

Basis, if other than working days: _____

Schedule CT-1040BA Nonresident Business Apportionment

2011

Formula basis apportionment of Connecticut income derived from
 business carried on both inside and outside Connecticut

For the year January 1 - December 31, 2011, or other taxable year beginning _____, 2011, and ending _____, _____.

Purpose: Nonresidents and part-year residents (for the nonresidency portion of the year) must complete Schedule CT- 1040BA if they are carrying on business both in and outside Connecticut and are required to allocate or apportion business income. Complete in blue or black ink only.

First name and middle initial ALBERT J ESTEVES	Last name	Social Security Number 120-60-2151
Last name if a joint return, spouse's first name and middle initial FRANZISKA KIRCHGAESSNER		Spouse's Social Security Number 085-72-1281
Name of business	Doing business as	Federal Employer ID Number

Schedule A List all places, both inside and outside Connecticut, where you carry on business.

(1) Street Address	(2) City and State	(3) Description: See Instructions.

Check this box if Connecticut income was determined from books and records. Do not complete Schedule B.

Schedule B Formula basis apportionment of income or (loss) if books and records do not satisfactorily disclose the portion of business income derived from or connected with Connecticut sources

		Column A Totals - All locations	Column B Connecticut Only	Column C Divide Column B by Column A. Carry to four decimal places and enter as a percentage.
1. Real property owned	1.			
2. Real property rented from others	2.			
3. Tangible personal property owned or rented from others	3.			
4. Property percentage: Add Lines 1, 2, and 3	4.			0.0000 %
5. Payroll percentage	5.			0.0000 %
6. Gross income percentage	6.			0.0000 %
7. Total of percentages: Add Lines 4, 5, and 6, Column C	7.			0.0000 %
8. Business apportionment percentage: Divide Line 7 by three, or by actual number of percentages if less than three. Do not divide by three if you have entered zero in Column A for Lines 4, 5, or 6. See instructions	8.			0.0000 %

Apply the business apportionment percentage on Line 8 to certain items of business income or loss to determine the amounts to be reported on Schedule CT-SI. See instructions for Schedule CT-SI for details.

Complete and attach to Form CT-1040NR/PY.



H&R BLOCK®

2011 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2011

Prepared for	ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table> <tr><td>Gross Income</td><td>\$</td><td>187,853</td></tr> <tr><td>Adjusted Gross Income.....</td><td>\$</td><td>187,853</td></tr> <tr><td>Total Deductions.....</td><td>\$</td><td>39,971</td></tr> <tr><td>Total Taxable Income.....</td><td>\$</td><td>145,882</td></tr> <tr><td>Total Tax</td><td>\$</td><td>9,993</td></tr> <tr><td>Total Payments</td><td>\$</td><td>5,274</td></tr> <tr><td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr><td>Amount You Owe</td><td>\$</td><td>4,479</td></tr> </table>	Gross Income	\$	187,853	Adjusted Gross Income.....	\$	187,853	Total Deductions.....	\$	39,971	Total Taxable Income.....	\$	145,882	Total Tax	\$	9,993	Total Payments	\$	5,274	Refund Amount	\$	0	Amount You Owe	\$	4,479
Gross Income	\$	187,853																							
Adjusted Gross Income.....	\$	187,853																							
Total Deductions.....	\$	39,971																							
Total Taxable Income.....	\$	145,882																							
Total Tax	\$	9,993																							
Total Payments	\$	5,274																							
Refund Amount	\$	0																							
Amount You Owe	\$	4,479																							
Make check payable to	Not Applicable																								
Mailing Address	Not Applicable																								
Special Instructions	<p>SIGN AND DATE YOUR RETURN Please sign and date Form NY TR-579. When filing a joint return, both you and your spouse need to sign the form. Keep a copy with your records for three years.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								

Resident Income Tax Return

New York State • New York City • Yonkers

2011

IT-201

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning

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

and ending

You must enter your date(s) of birth and social security number(s) below.

Form fields for personal information: Your first name and middle initial (ALBERT), Your last name (J ESTEVES), Your date of birth (04-27-1963), Your SSN (120-60-2151), Spouse's first name and middle initial (FRANZISKA), Spouse's last name (KIRCHGAESSNER), Spouse's date of birth (10-31-1972), Spouse's SSN (085-72-1281), Mailing address (80 OLD BOSTON POST ROAD), Apartment number (9), New York State county of residence (WEST), City, village, or post office (NEW ROCHELLE), State (NY), ZIP code (10801), Country (if not United States), School district name (NEW ROCHELLE), Permanent home address, Apartment number, School district code number (428), City, village, or post office, State (NY), ZIP code, Taxpayer's date of death, Spouse's date of death, Decedent information.

Filing status options: (A) Filing status - mark an X in one box: (1) Single, (2) Married filing joint return (X), (3) Married filing separate return, (4) Head of household (with qualifying person), (5) Qualifying widow(er) with dependent child. (B) Did you itemize your deductions on your 2011 federal income tax return? Yes X No. (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No X. (D) E-file this return. Most taxpayers must now e-file (see page 12). (E) (1) Did you or your spouse maintain living quarters in NYC during 2011 (see pg 14)? Yes No X. (2) Enter the number of day spent in NYC in 2011 (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 NY City in 2011. (2) Number of months your spouse lived in NY City in 2011. (G) Enter your 2-character special condition code if applicable (see page 14). If applicable, also enter your second 2-character special condition code.

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 15). Also see page 4 instructions for showing a loss.

Table with 3 columns: Line number, Description, and Amount in Dollars. Line 1: Wages, salaries, tips, etc. 163,915. Line 2: Taxable interest income 1,240. Line 3: Ordinary dividends 706. Line 4: Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25). Line 5: Alimony received. Line 6: Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040) 18,056. Line 7: Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040). Line 8: Other gains or losses (attach a copy of federal Form 4797). Line 9: Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box. Line 10: Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box 78. Line 11: Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040). Line 12: Farm income or loss (attach a copy of federal Schedule F, Form 1040). Line 13: Unemployment compensation 2,734. Line 14: Taxable amount of social security benefits (also enter on line 27). Line 15: Other income (see page 15) Identify: HSA EARNINGS 2,400. Line 16: Add lines 1 through 15 189,129. Line 17: Total federal adjustments to income (see page 15) Identify: HALF SE 1,276. Line 18: Federal adjusted gross income (subtract line 17 from line 16) 187,853.

2011111029



You must file all four pages of this original scannable return with the Tax Department.

▼ Enter your social security number
120-60-2151

Dollars

19 Federal adjusted gross income (from line 18 on page 1) 19. 187,853.

New York additions (see page 15)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) 20.
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16) 21.
 22 New York's 529 college savings program distributions (see page 16) 22.
 23 Other (see page 17) Identify: 23.
 24 Add lines 19 through 23 24. 187,853.

New York subtractions (see page 20)

25 Taxable refunds, credits, or offsets of state & local income taxes (from line 4) 25.
 26 Pensions of NYS and local governments and the fed government (see pg 20) 26.
 27 Taxable amount of social security benefits (from line 14) 27.
 28 Interest income on U.S. government bonds 28.
 29 Pension and annuity income exclusion (see page 20) 29.
 30 New York's 529 college savings program deduction/earnings 30.
 31 Other (see page 21) Identify: 31.
 32 Add lines 25 through 31 32.
 33 New York adjusted gross income (subtract line 32 from line 24) 33. 187,853.

Standard deduction or itemized deduction (see page 25)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 39,971.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 147,882.
 36 Dependent exemptions (not the same as total federal exemptions; see page 28) 36. 2,000.
 37 Taxable income (subtract line 36 from line 35) 37. 145,882.

New York State standard deduction table

New York State itemized deduction worksheet

Filing status (from page 1)	Standard deduction (enter on line 34 above)		
④ Single and you marked item C Yes \$ 3,000		a Medical and dental expenses (federal Sch. A, line 4)	a. 16,864.
		b Taxes you paid (federal Sch. A, line 9)	b. 32,640.
④ Single and you marked item C No 7,500		c Interest you paid (federal Sch. A, line 15)	c.
		d Gifts to charity (federal Sch. A, line 19)	d.
② Married filing joint return 15,000		e Casualty and theft losses (federal Sch. A, line 20)	e.
		f Job expenses/misc. deductions (federal Sch. A, line 27)	f.
③ Married filing separate return 7,500		g Other misc. deductions (federal Sch. A, line 28)	g.
		h Enter amount from federal Schedule A, line 29	h. 49,504.
④ Head of household (with qualifying person) 10,500		i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see pg. 26)	i. 9,533.
		j Subtract line i from line h	j. 39,971.
⑤ Qualifying widow(er) with dependent child 15,000		k Addition adjustments (see page 26)	k.
		l Add lines j and k	l. 39,971.
		m Itemized deduction adjustment (see page 27)	m.
		n Subtract line m from line l	n. 39,971.
		o College tuition itemized deduction (see Form IT-272)	o.
		p New York State itemized deduction (add lines n and o; enter on line 34 above)	p. 39,971.

2012111029



Tax computation, credits, and other taxes (see page 29)

		Dollars
38 Taxable income (from line 37 on page 2)	38.	145,882.
39 New York State tax on line 38 amount (see page 29 and Tax Computation on pages 60 and 61)	39.	9,993.
40 New York State household credit (from table 1, 2, or 3 on pages 29)	40.	
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see page 30)	41.	
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	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.	9,993.
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46 Total New York State taxes (add lines 44 and 45)	46.	9,993.

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

47 New York City resident tax on line 38 amount (see page 30)	47.	
48 New York City household credit (from table 4, 5, or 6 on page 30)	48.	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50 Part-year New York City resident tax (attach Form IT-360.1)	50.	
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52 Add lines 49, 50, and 51	52.	
53 NY City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	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 32)	55.	
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57 Part-year Yonkers resident income tax surcharge (attach 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 the instructions on page 33. Do not leave line 59 blank.)	59.	0.

See instructions on
pages 30, 31 and 32, to
compute New York City
and Yonkers taxes,
credits, and tax
surcharges.

Voluntary contributions (whole dollar amounts only; see page 34)

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 34)	60e.	
60f Prostate Cancer Research Fund	60f.	
60g 9/11 Memorial	60g.	
60h Volunteer Firefighting & EMS Recruitment Fund	60h.	
60 Total voluntary contributions (add lines 60a through 60h)	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.	9,993.



▼ Enter your social security number
120-60-2151

62 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) Dollars
9,993.

Payments and refundable credits (see page 35)

63 Empire State child credit (attach Form IT-213)	63.		
64 NYS/NYC child and dependent care credit (attach Form IT-216)	64.	240.	If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see page 37). Staple them (and any other applicable forms) to the top of this page 4. See Step 11 on page 41 for the proper assembly of your four-page return and all attachments.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209)	65.		
66 NYS noncustodial parent EIC (attach Form IT-209)	66.		
67 Real property tax credit (attach Form IT-214)	67.		
68 College tuition credit (attach Form IT-272)	68.		
69 NYC school tax credit (also complete (F) on page 1; see page 35)	69.		
70 NYC earned income credit (attach Form IT-215 or IT-209)	70.		
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form)	71.		
72 Total New York State tax withheld	72.	5,274.	
73 Total New York City tax withheld	73.		
74 Total Yonkers tax withheld	74.		
75 Total estimated tax payments / Amount paid with Form IT-370	75.		
76 Total payments (add lines 63 through 75)	76.	5,514.	

Your refund / amount overpaid (see page 37)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77.	
78 Amount of line 77 to be refunded	78.	

Mark one refund choice: direct deposit (fill in line 82) debit card paper check

79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions) 79.

Amount you owe (see page 38)

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 this box <input checked="" type="checkbox"/> and fill in line 82	80.	4,479.
81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 38)	81.	

Account information

82 Account information for direct deposit or electronic funds withdrawal (see page 39).
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. 39)

82a Routing number	•	021000089	Electronic funds withdrawal effective date	04-09-2012
82b Account number	•	65221998	82c Account type	• <input checked="" type="checkbox"/> Checking • Savings

Third-party designee? (see instr.) Yes No

Print designee's name _____ Designee's phone no. _____ Personal identification number (PIN) _____

E-mail: _____

▼ Paid preparer must complete (see instructions)	▼ Taxpayer(s) must sign here ▼
Preparer's signature	Your signature
Date	Date
Preparer's NYTPRIN	For Information Only
Firm's name (or yours, if self-employed)	Your occupation: • SOFTWARE DEVELOPER
Address	Spouse's signature and occupation (if joint return):
Employer identification number	For Information Only
Mark an X if self employed	DIRECTOR PRODUCTI ▼ Daytime phone no.
E-mail:	Date 914-738-0158
	E-mail: AESTEVEES@GMAIL.COM

See instructions for where to mail your return.

You must file all four pages of this original scannable return with the Tax Department.



Claim for Child and Dependent Care Credit

2011

IT-216

New York State • New York City

Attach this form to Form IT-201 or IT-203.

Name(s) as shown on return

ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER

▼ Your social security number

120-60-2151

- 1 Have you already filed your 2011 New York State income tax return? Yes No X
 If Yes, you must file an amended New York State return and attach Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

A - Care provider's first name, middle initial, and last name	B - Address	C - Identifying number (SSN or EIN)	D - Amount paid (see instructions)
PRECIOUS MINDS CHILDRENS	17 HILLTOP AVENUE NEW ROCHELLE NY 10801	• 20-2843630	• 10,885.
		•	•

3 Qualifying persons you are claiming. List in order from youngest to oldest. (If you are claiming more than four qualifying persons, mark an X in the box and see instructions.)

A - First name and middle initial	B - Last name	C - Qualified expenses paid in 2011	D - Person with disability (see instr.)	E - Social security no.	F - Year of birth
NICOLAS	ESTEVES	• 10,885.	•	• 664-75-6596	• 2011
RAFAEL	ESTEVES	•	•	• 111-98-6187	• 2009
		•	•	•	•
		•	•	•	•

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 10,885.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheets? Yes X No
 Note: On line 5, if you are claiming expenses paid for a dependent child born in 1998, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2011, through the day preceding the child's 13th birthday.

- 5 Enter the **smallest** of:
 — line 3a above; or
 — federal Form 2441, line 3; or
 — 3,000 if one qualifying person, or 6,000 if two or more qualifying persons 5. 6,000.
 6 Enter your earned income (see instructions) 6. 82,105.
 7 If your filing status is ² Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7. 98,590.
 8 Enter the smallest of line 5, 6, or 7 8. 6,000.
 9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 187,853.
 10 Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instructions 10. .20
 11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) 11. 1,200.

2161111029



IT-216 (2011)

Dollars

12	Amount from line 11	12.	1,200.
13	Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		187,853.
	Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line	13.	0.200
14	Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see instructions)	14.	240.

Part-year New York State residents

15	Enter the amount from Form IT-203, line 40 If line 15 is equal to or more than line 14, stop. You do not have excess credit. If line 15 is less than line 14, continue on line 16 below.	15.	
16	Subtract line 15 from line 14. This is your excess child and dependent care credit	16.	
17	Enter the amount from Form IT- 203- ATT, line 29 (If you are not required to file Form IT- 203- ATT, leave blank and continue on line 18 below.) If line 17 is equal to or more than ln 16, stop. Do not continue with this worksheet. Enter the ln 16 amount on Form IT-203-ATT, line 30. If line 17 is less than ln 16, enter the ln 16 amount on Form IT- 203- ATT, ln 30, and continue on ln 18 below.	17.	
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18.	
19	Enter the amount from line 18, Column D, of the Part-year resident income allocation worksheet in the instructions for Form IT-203	19.	
20	Enter the amount from line 18, Column A, of the Part-year resident income allocation worksheet in the instructions for Form IT-203	20.	
21	Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	21.	
22	Multiply line 18 by line 21. Enter the result here and on Form IT- 203- ATT, line 9. This is the refundable portion of your New York State part- year resident child and dependent care credit.	22.	

New York City child and dependent care credit

If you were a resident of New York City at any time during 2011 and your federal adjusted gross income is \$30,000 or less (see Note under New York City credit on page 1 of the instructions) and you listed a child under 4 years old as of December 31, 2011, on line 3, complete line 23 and see page 4 of the instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old IT-201 filers:	23.	
24	Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)	24.	
25	Add lines 14 and 24; also enter this amount on Form IT- 201, line 64	25.	
26	Part- year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT- 201- ATT, line 9a	26.	

IT-203 filers:

27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT- 203, line 52b	27.	
28	Refundable portion of your part- year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT- 203- ATT, line 9a Part-year New York City resident filers only:	28.	
29	Enter the amount from Worksheet 1, line 10	29.	
30	Enter the amount from Worksheet 1, line 11	30.	

2162111029



Summary of W-2 Statements

2011

IT-2

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 Taxpayer's last name
ALBERT J ESTEVES

▼ Your social security number
120-60-2151

Spouse's first name and middle initial Spouse's last name
FRANZISKA KIRCHGAESSNER

▼ Spouse's social security number
085-72-1281

Box c Employer's name and full address (including ZIP code)
W-2 Record 1 ADRENALINE LLC NEW YORK NY 10014
 350 HUDSON ST FL 6

Box 12a Amount 223. C Box 15 State NY Box 16 State wages, tips, etc. (for NYS)

Box b Employer ID number (EIN) 13-4034220
 Box 12b Amount 2,400. W Box 17 NY State income tax withheld

This W-2 record is for (mark an X in one box):
 Taxpayer Spouse
 Box 1 Wages, tips, other compensation 82,105.
 Box 8 Allocated tips

Box 12c Amount Code Box 18 Local wages, tips, etc. (see inst.)
 Box 12d Amount Code Locality a
 Locality b Box 19 Local income tax withheld

Box 13 Statutory employee
 Box 14 a Amount Description Locality a Locality b Box 20 Locality name

Box 14 b Amount Description Locality a Locality b

Box 10 Dependent care benefits
 Box 14 c Amount Description

Box 11 Nonqualified plans

Corrected (W-2c)

Do not detach. Box c Employer's name and full address (including ZIP code)
W-2 Record 2 LORD TAYLOR NEW YORK NY 10018
 424 FIFTH AVENUE

Box 12a Amount Code Box 15 State NY Box 16 State wages, tips, etc. (for NYS)
 Box b Employer ID number (EIN) 20-5344961
 Box 12b Amount Code Box 17 NY State income tax withheld
 This W-2 record is for (mark an X in one box):
 Taxpayer Spouse
 Box 1 Wages, tips, other compensation 81,810.
 Box 8 Allocated tips

Box 12c Amount Code Box 18 Local wages, tips, etc. (see inst.)
 Box 12d Amount Code Locality a
 Locality b Box 19 Local income tax withheld

Box 13 Statutory employee
 Box 14 a Amount Description Locality a Locality b Box 20 Locality name

Box 14 b Amount Description Locality a Locality b

Box 10 Dependent care benefits
 Box 14 c Amount Description

Box 11 Nonqualified plans

Corrected (W-2c)



Credit Limit Worksheet

Name **ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER**

SSN **120-60-2151**

Credit Limit Worksheet - Form 2441, Line 10

1. Enter the amount from Form 1040, line 46, Form 1040A, line 28; or Form 1040NR, line 44. 1. 23,067.
2. Enter the amount from Form 1040, line 47, or Form 1040NR, line 45; Form 1040A filers, enter - 0- 2. 0.
3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less,
Stop; you cannot take this credit 3. 23,067.

Credit Limit Worksheet - Schedule R, Line 21

1. Enter the amount from Form 1040, line 46 or Form 1040A, line 28 1. _____
2. Enter the total of any amounts from Form 1040, line 47 and 48 or Form 1040A, line 29. 2. _____
3. Subtract line 2 from line 1. Enter this amount on Schedule R, line 21. But if zero or less, **STOP**, you cannot take this credit 3. _____

Credit Limit Worksheet - Form 8863, Line 23

Nonrefundable lifetime learning credit

1. Enter the amount from Form 8863, line 22 1. _____
2. Enter the amount from Form 1040, line 46, or Form 1040A, line 28 2. _____
3. Enter the total, if any, of your credits from:
 - Form 1040, lines 47, 48, and the amount from Schedule R entered on line 53
 - Form 1040A, lines 29 and 30 } 3. _____
4. Subtract line 3 from line 2 4. _____
5. **Nonrefundable lifetime learning credit.** Enter the **smaller** of line 1 or line 4 5. _____

Nonrefundable American opportunity credit

6. Enter the amount from Form 8863, line 15 6. _____
7. Enter the amount from Form 1040, line 46, or Form 1040A, line 28. 7. _____
8. Enter the total, if any, of your credits from:
 - Form 1040, lines 47, 48, and the amount from Schedule R entered on line 53, and the amount from line 5 above
 - Form 1040A, lines 29 and 30, and the amount from line 5 above } 8. _____
9. Subtract line 8 from line 7 9. _____
10. **Nonrefundable American opportunity credit.** Enter the **smaller** of line 6 or line 9 10. _____
11. **Nonrefundable education credits.** Add line 5 and line 10. Enter here and on Form 8863, line 23 11. _____

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

- Before you begin:**
- ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 - ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555- EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet	1.		123,549
2. Enter the amount from Form 1040, line 9b*	2.	706	
3. Are you filing Schedule D?*			
<input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-	3.	0	
<input checked="" type="checkbox"/> No. Enter the amount from Form 1040, line 13	4.	706	
4. Add lines 2 and 3	4.	706	
5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-	5.	0	
6. Subtract line 5 from line 4. If zero or less, enter -0-	6.	706	
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	122,843	
8. Enter:			
\$34,500 if single or married filing separately,	}		
\$69,000 if married filing jointly or qualifying widow(er),		8.	69,000
\$46,250 if head of household.			
9. Enter the smaller of line 1 or line 8.	9.	69,000	
10. Enter the smaller of line 7 or line 9.	10.	69,000	
11. Subtract line 10 from line 9. This amount is taxed at 0%.	11.	0	
12. Enter the smaller of line 1 or 6.	12.	706	
13. Enter the amount from line 11.	13.	0	
14. Subtract line 13 from line 12.	14.	706	
15. Multiply line 14 by 15% (.15).	15.		106
16. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.	16.		22,961
17. Add lines 15 and 16.	17.		23,067
18. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet	18.		23,137
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555- EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet.	19.		23,067

* If you are filing Form 2555 or 2555- EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Child Tax Credit Worksheet - 2011

Name(s) **ALBERT J ESTEVES**

SSN **120-60-2151**

1. Number of qualifying children: **2** x \$1,000. Enter the result. 1 2,000

2. Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37. 2 187,853

3. **1040 filers.** Enter the total of any -
 • Exclusion of income from Puerto Rico, and
 • Amounts from Form 2555, lines 45 and 50; Form 2555- EZ, line 18; and Form 4563, line 15.
1040A and 1040NR Filers. Enter - 0- . 3 0

4. Add lines 2 and 3. Enter the total. 4 187,853

5. Enter the amount shown below for your filing status.
 • Married filing jointly - \$110,000
 • Single, head of household, or qualifying widow(er) - \$75,000
 • Married filing separately - \$55,000 5 110,000

6. Is the amount on line 4 more than the amount on line 5?
 No. Leave line 6 blank. Enter - 0- on line 7.
 Yes. Subtract line 5 from line 4.
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 6 78,000

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 3,900

8. Is the amount on line 1 more than the amount on line 7?
 No. ^(STOP) You cannot take the child tax credit on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48. You also cannot take the additional child tax credit on Form 1040, line 65; Form 1040A, line 42; or Form 1040NR, line 62. Complete the rest of your Form 1040, 1040A, or Form 1040NR.
 Yes. Subtract line 7 from line 1. Enter the result. Go to line 9. 8

9. Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 44. 9

10. Add the following amounts from:
Form 1040 or Form 1040A or Form 1040NR

Line 47	-----	Line 45	+	
Line 48	Line 29	Line 46	+	
Line 49	Line 31	-----	+	
Line 50	Line 32	Line 47	+	
Form 5695, line 14			+	
Form 8834, line 23			+	
Form 8910, line 22			+	
Form 8936, line 15			+	
Schedule R, line 22			+	
Enter the total.				10

11. Are you claiming any of the following credits?
 • Mortgage interest credit, Form 8396.
 • Residential energy efficient property credit, Form 5695, Part II.
 • District of Columbia first-time homebuyer credit. Form 8859.
 No. Enter the amount from line 10.
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here. 11

12. Subtract line 11 from line 9. Enter the result. 12

13. Is the amount on line 8 of this worksheet more than the amount on line 12?
 No. Enter the amount from line 8.
 Yes. Enter the amount from line 12. **This is your child tax credit.** 13
 See the **NOTE** below.
 Enter this amount on Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48.

Note: You may be able to take the additional child tax credit on Form 1040, line 65; Form 1040A, line 42; or Form 1040NR, line 62, only if you answered "Yes" on line 13.
 • First, complete your Form 1040 through line 64a (also complete line 69), Form 1040A through line 41a, or Form 1040NR through line 61 (also complete line 64).
 • Then, use Form 8812 to figure any additional child tax credit.