

Prepared For:

ALBERT J. ESTEVES AND FRANZISKA
KIRCHGAESSNER
04/06/2013

Today's Savings

- * By deducting your home mortgage interest, you reduced your taxes by an estimated: \$8,805.00
- * Claiming the Dependent Care Credit this year helped you reduce your federal taxes by: \$1,200.00
- * By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$603.00
- * 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 2012, your Marginal Tax Rate is 25% and your Effective Tax Rate is 12%.

Total Savings **\$10,608.00**

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	Yes	\$5,366.00	Refund	\$5,366.00	See the Filing Checklist for instructions.
Connecticut	Yes	(\$42.00)	Balance Due	(\$42.00)	See the Filing Checklist for mailing instructions.
New York	Yes	(\$2,678.00)	Balance Due	(\$2,678.00)	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®

2012 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2012	Year 2011	Change(\$)
Wages, salaries, tips	\$197,846	\$163,915	\$33,931
Taxable interest income	\$1,123	\$1,240	(\$117)
Ordinary dividend income	\$0	\$706	(\$706)
Business income (loss)	\$0	\$18,056	(\$18,056)
Taxable pensions	\$0	\$78	(\$78)
Unemployment compensation	\$0	\$2,734	(\$2,734)
Other income	\$0	\$2,400	(\$2,400)
Total income	\$198,969	\$189,129	\$9,840
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$198,969	\$187,853	\$11,116
TAXABLE INCOME			
Taxes	\$19,573	\$0	\$19,573
Deductible interest	\$32,640	\$0	\$32,640
Total itemized deductions	\$52,213	\$0	\$52,213
Standard deductions	\$11,900	\$11,600	\$300
Exemptions	\$15,200	\$14,800	\$400
Taxable income	\$131,556	\$123,549	\$8,007
TAX COMPUTATION			
Income tax	\$24,949	\$0	\$24,949
Tax before credits	\$24,949	\$23,067	\$1,882
CREDITS			
Child care credit	\$1,200	\$600	\$600
Total credits	\$1,200	\$600	\$600
Tax after credits	\$23,749	\$24,693	(\$944)
OTHER TAXES			
Self-employment tax	\$0	\$2,218	(\$2,218)
Tax on IRA and other plans	\$0	\$8	(\$8)
Total tax	\$23,749	\$24,693	(\$944)
PAYMENTS			
Federal withholding	\$29,115	\$23,279	\$5,836
Total payments	\$29,115	\$23,279	\$5,836
REFUND			
Overpayment	\$5,366	\$0	\$5,366
Refund due	\$5,366	\$0	\$5,366
AMOUNT DUE			
Amount owed with return	\$0	\$1,414	(\$1,414)

2012 Tax Return Summary

Federal Year over Year Comparison

OTHER COMPUTATIONS	Year 2012	Year 2011	Change(\$)
Alternative minimum taxable income	\$166,329	\$0	\$166,329
Total tax preferences and adjustments	\$19,573	\$0	\$19,573
Marginal tax bracket	25%	28%	
Effective tax bracket	12%		
Filing status	Married Filing Jointly		

**H&R Block Tax and Health Care Review for
ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER**

How We Arrived at Your Results

The Affordable Care Act requires most U.S. citizens and legal residents to have health insurance coverage. Consumers will be able to purchase health insurance through a state-based exchange unless you are able to enroll in an employer provided affordable insurance plan. If you do not have health insurance coverage, you may be subject to a tax penalty beginning in 2014.

To help pay for your health-insurance premiums, you might be eligible for:

- A subsidy (the government could advance a portion of your premium cost directly to the insurer)
- Medicaid assistance

Your eligibility is based on:

- Household income
- Family size

The information below is based on your 2012 return. It might differ from your actual amounts based on:

- Changes in your family size
- Additional household income
- Other factors

In certain situations, dependent(s) eligibility status could vary from the filers. Please visit the exchange for details.

Your Results

Eligibility Status: **NO SUBSIDY**

Approximate Monthly Cost: **FULL PREMIUM AMOUNT**

Potential Tax Penalty 2014: **\$1794.70/yr**

2015: **\$3589.39/yr**

To learn more about Health Care Reform and Taxes, visit: hrblock.com/healthcare

The information provided herein is only an estimate and does not constitute tax or legal advice or an official calculation of your potential subsidy, share of the premium payment, and/or tax penalty. You should use this estimate for informational purposes only and should not rely on it. This estimate is based on information from your 2012 tax return and/or information you provided to us. It could differ based on other factors. Consult your state exchange or your employer for further information.

Your Enrollment Checklist

To register with your state exchange in the fall of 2013, you'll need:

- Valid e-mail for the person registering to create the account
- Family Size: **4**
- For each family member:
 - Legal name
 - Date of birth
 - Social Security Number (SSN)

<input type="checkbox"/>	2012 federal return - - We've listed your income from this year's return:	
	Job Income	+ \$ 197,846.00
	Self-Employment Income	+ \$ 0.00
	Other Income	+ \$ 1,123.00
	Adjustments	- \$ 0.00
	Total Household Income	\$ 198,969.00

Declaration Control Number (DCN)

00 - [] [] [] [] [] [] [] [] [] [] - 3

ALBERT J ESTEVES
FRANZISKA KIRCHGAESSNER

**Tax Return Signature/Consent to Disclosure
On-Line Self Select PIN without Direct Debit**

Perjury Statement

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.

Taxpayer's PIN:	<u>87353</u>	Date:	<u>04/06/2013</u>
Taxpayer's Date of Birth:	<u>04/27/1963</u>		
Taxpayer's Prior Year Adjusted Gross Income:	<u>187,853.</u>		
Taxpayer's Prior year PIN	<u>56845</u>		
Taxpayer's Electronic Filing PIN			
Spouse's PIN:	<u>08101</u>		
Spouse's Date of Birth:	<u>10/31/1972</u>		
Spouse's Prior Year Adjusted Gross Income:	<u>187,853.</u>		
Spouse's Prior year PIN			
Spouse's Electronic Filing PIN			

DO NOT

FILE

New York State E-File Signature Authorization for Tax Year 2012

For Forms IT-201, IT-203, IT-214, and NYC-210

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, IT-203, Nonresident and Part-Year Resident Income Tax Return, IT-214, Claim for Real Property Tax Credit, or NYC- 210, Claim for New York City School Tax Credit.

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.

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 2012 Form IT-370.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, and NYC-210).

Part A — Tax return information

1	Federal adjusted gross income (from Form IT- 201, line 19, or IT- 203, line 19)	1.	198,969
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.	2,678

Part B — Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2012 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 2012 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 2012 electronic return, and I authorize my financial institution to withdraw the amount from my account. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five (5) business days prior to the payment date.

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 2012 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 2012 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2012 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 2012 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

2012

Do not mail this form to Department of Revenue Services (DRS).

Keep this form as verification that electronic payment to DRS was requested for the 2012 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

0	6	4	7	9	5	9	3										
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of account

1

 1 = Checking; 2 = Savings

Amount of payment

																		4	2
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---

Type of return

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

Request payment date

0	4	/	0	8	/	1	3
---	---	---	---	---	---	---	---

Taxpayer's daytime telephone number

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

Prepared for	ALBERT J ESTEVES FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Gross Income</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 40%; text-align: right;">198,969</td> </tr> <tr> <td>Adjusted Gross Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">198,969</td> </tr> <tr> <td>Total Deductions</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">67,413</td> </tr> <tr> <td>Total Taxable Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">131,556</td> </tr> <tr> <td>Total Tax</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">23,749</td> </tr> <tr> <td>Total Payments</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">29,115</td> </tr> <tr> <td>Refund Amount</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">5,366</td> </tr> <tr> <td>Amount You Owe</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> </table>	Gross Income	\$	198,969	Adjusted Gross Income	\$	198,969	Total Deductions	\$	67,413	Total Taxable Income	\$	131,556	Total Tax	\$	23,749	Total Payments	\$	29,115	Refund Amount	\$	5,366	Amount You Owe	\$	0
Gross Income	\$	198,969																							
Adjusted Gross Income	\$	198,969																							
Total Deductions	\$	67,413																							
Total Taxable Income	\$	131,556																							
Total Tax	\$	23,749																							
Total Payments	\$	29,115																							
Refund Amount	\$	5,366																							
Amount You Owe	\$	0																							
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.

For the year Jan. 1 - Dec. 31, 2012, or other tax year beginning , 2012, ending , 20

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

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

Foreign country name Foreign province/state/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
 NICOLAS ESTEVES 664-75-6596 SON
 RAFAEL KIRCHGAESSNER 111-98-6187 SON
 Add numbers on lines above **4**
 d Total number of exemptions claimed **4**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 197,846.**
 8a Taxable interest. Attach Schedule B if required **8a 1,123.**
 b Tax-exempt interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a**
 b Qualified dividends **9b**
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**
 11 Alimony received **11**
 12 Business income or (loss). Attach Schedule C or C-EZ **12**
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. **13**
 14 Other gains or (losses). Attach Form 4797. **14**
 15a IRA distributions **15a** b Taxable amt **15b**
 16a Pensions and annuities **16a** b Taxable amt **16b**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**
 18 Farm income or (loss). Attach Schedule F. **18**
 19 Unemployment compensation **19**
 20a Social security benefits. **20a** b Taxable amount **20b**
 21 Other income. List type and amount **21**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. **22 198,969.**

Adjusted Gross Income
 23 Educator expenses **23**
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**
 25 Health savings account deduction. Attach Form 8889. **25**
 26 Moving expenses. Attach Form 3903 **26**
 27 Deductible part of self-employment tax. Attach Schedule SE. **27**
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid b Recipient's SSN **31a**
 32 IRA deduction **32**
 33 Student loan interest deduction **33**
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36**
 37 Subtract line 36 from line 22. This is your adjusted gross income. **37 198,969.**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2012)

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	198,969.
39a	Check <input type="checkbox"/> You were born before January 2, 1948, if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	52,213.
41	Subtract line 40 from line 38	41	146,756.
42	Exemptions. Multiply \$3,800 by the number on line 6d	42	15,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	131,556.
44	Tax Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	24,949.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	24,949.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credit. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add in 47 through 53. These are your total credits	54	1,200.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	23,749.

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, \$5,950
 - Married filing jointly or Qualifying widow(er), \$11,900
 - Head of household, \$8,700

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55 through 60. This is your total tax	61	23,749.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	29,115.
63	2012 estimated tax payments and amount applied from 2011 return	63	
64a	Earned income credit (EIC) NO	64a	
b	Nontaxable combat pay election 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Re-served c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	29,115.

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	5,366.
74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	5,366.
b	Routing number 021000089 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 06479593		
75	Amount of line 73 you want applied to your 2013 estimated tax	75	

Amount You Owe

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

Third Party Designee

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

Designee's name _____ Phone no. _____ Personal ID number (PIN)

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SOFTWARE DEVELO	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation DIRECTOR PRODUC	If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

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

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/form1040.

▶ Attach to Form 1040.

OMB No. 1545-0074

2012

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	11,777.		
5 State and local (check only one box):					
a <input checked="" type="checkbox"/> Income taxes, or					
b <input type="checkbox"/> General sales taxes					
6	Real estate taxes (see instructions) 80 OLD BOSTON POST ROAD 7,796.	6	7,796.		
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			19,573.
Interest You Paid		10	32,640.		
10	Home mortgage interest and points reported to you on Form 1098				
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 instructions				
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.)				
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.)				
22	Tax preparation fees	22			
23	Other expenses - investment, safe deposit box, etc. List type and amount	23			
24	Add lines 21 through 23	24			
25	Enter amount from Form 1040, line 38	25			
26	Multiply line 25 by 2% (.02)	26			
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
Other Miscellaneous Deductions		28			
28	Other - from list in instructions. List type and amount				
Total Itemized Deductions		29			52,213.
29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.				
30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

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

Schedule A (Form 1040) 2012

Child and Dependent Care Expenses

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
 ▶ Information about Form 2441 and its separate instructions is at www.irs.gov/form2441.



2441

2012

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

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	21,372.

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 2012 for the person listed in column (a)
First	Last		
RAFAEL	KIRCHGAESSNER	111-98-6187	10,686.
NICOLAS	ESTEVES	664-75-6596	10,686.

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** 82,574.

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** 115,272.

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** 198,969.

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

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0 — 15,000		.35	\$29,000 — 31,000		.27
15,000 — 17,000		.34	31,000 — 33,000		.26
17,000 — 19,000		.33	33,000 — 35,000		.25
19,000 — 21,000		.32	35,000 — 37,000		.24
21,000 — 23,000		.31	37,000 — 39,000		.23
23,000 — 25,000		.30	39,000 — 41,000		.22
25,000 — 27,000		.29	41,000 — 43,000		.21
27,000 — 29,000		.28	43,000 — No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2011 expenses in 2012, see the instructions **9** 1,200.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 24,949.

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.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.

▶ Attach to Form 1040 or Form 1040NR.

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.

<p>1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2012 (see instructions) ▶ <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family</p> <p>2 HSA contributions you made for 2012 (or those made on your behalf), including those made from January 1, 2013, through April 15, 2013, that were for 2012. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)</p> <p>3 If you were under age 55 at the end of 2012, and on the first day of every month during 2012, you were, or were considered, an eligible individual with the same coverage, enter \$3,100 (\$6,250 for family coverage). All others, see instructions for the amount to enter</p> <p>4 Enter the amount you and your employer contributed to your Archer MSAs for 2012 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2012, also include any amount contributed to your spouse's Archer MSAs</p> <p>5 Subtract line 4 from line 3. If zero or less, enter -0-</p> <p>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 2012, see the instructions for the amount to enter</p> <p>7 If you were age 55 or older at the end of 2012, married, and you or your spouse had family coverage under an HDHP at any time during 2012, enter your additional contribution amount (see instructions)</p> <p>8 Add lines 6 and 7</p> <p>9 Employer contributions made to your HSAs for 2012</p> <p>10 Qualified HSA funding distributions</p> <p>11 Add lines 9 and 10</p> <p>12 Subtract line 11 from line 8. If zero or less, enter -0-</p> <p>13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25</p> <p>Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">2</td> <td style="width: 65%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td style="text-align: right;">6,250.</td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td style="text-align: right;">6,250.</td> </tr> <tr> <td style="text-align: center;">6</td> <td></td> <td style="text-align: right;">6,250.</td> </tr> <tr> <td style="text-align: center;">7</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">8</td> <td></td> <td style="text-align: right;">6,250.</td> </tr> <tr> <td style="text-align: center;">9</td> <td style="text-align: right;">1,800.</td> <td></td> </tr> <tr> <td style="text-align: center;">10</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">11</td> <td></td> <td style="text-align: right;">1,800.</td> </tr> <tr> <td style="text-align: center;">12</td> <td></td> <td style="text-align: right;">4,450.</td> </tr> <tr> <td style="text-align: center;">13</td> <td></td> <td style="text-align: right;">0.</td> </tr> </table>	2			3		6,250.	4			5		6,250.	6		6,250.	7			8		6,250.	9	1,800.		10			11		1,800.	12		4,450.	13		0.
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10																																					
11		1,800.																																			
12		4,450.																																			
13		0.																																			

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.

<p>14a Total distributions you received in 2012 from all HSAs (see instructions)</p> <p>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)</p> <p>c Subtract line 14b from line 14a</p> <p>15 Unreimbursed qualified medical expenses (see instructions)</p> <p>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</p> <p>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"/></p> <p>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</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">14a</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">2,166.</td> </tr> <tr> <td style="text-align: center;">14b</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">14c</td> <td></td> <td style="text-align: right;">2,166.</td> </tr> <tr> <td style="text-align: center;">15</td> <td></td> <td style="text-align: right;">2,166.</td> </tr> <tr> <td style="text-align: center;">16</td> <td></td> <td style="text-align: right;">0.</td> </tr> <tr> <td style="text-align: center;">17b</td> <td></td> <td></td> </tr> </table>	14a		2,166.	14b			14c		2,166.	15		2,166.	16		0.	17b		
14a		2,166.																	
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14c		2,166.																	
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16		0.																	
17b																			

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



H&R BLOCK®

2012 STATE TAX RETURN FILING INSTRUCTIONS

CONNECTICUT

FOR THE YEAR ENDING
December 31, 2012

Prepared for	ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table> <tr><td>Gross Income</td><td>\$</td><td>198,969</td></tr> <tr><td>Adjusted Gross Income</td><td>\$</td><td>198,969</td></tr> <tr><td>Total Deductions</td><td>\$</td><td>0</td></tr> <tr><td>Total Taxable Income</td><td>\$</td><td>198,969</td></tr> <tr><td>Total Tax</td><td>\$</td><td>4,334</td></tr> <tr><td>Total Payments</td><td>\$</td><td>4,292</td></tr> <tr><td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr><td>Amount You Owe</td><td>\$</td><td>42</td></tr> </table>	Gross Income	\$	198,969	Adjusted Gross Income	\$	198,969	Total Deductions	\$	0	Total Taxable Income	\$	198,969	Total Tax	\$	4,334	Total Payments	\$	4,292	Refund Amount	\$	0	Amount You Owe	\$	42
Gross Income	\$	198,969																							
Adjusted Gross Income	\$	198,969																							
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Total Taxable Income	\$	198,969																							
Total Tax	\$	4,334																							
Total Payments	\$	4,292																							
Refund Amount	\$	0																							
Amount You Owe	\$	42																							
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>																								

Do not send THIS SHEET with your return.

Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 20a through 20g, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** four pages of your completed return and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2012 Form CT-1040NR/PY" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2922
Hartford CT 06104-2922

For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2988
Hartford CT 06104-2988
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 27a through 27d have been completed. You **MUST** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send THIS SHEET with your return.

1202110290

Form CT-1040NR/PY - 2012, Page 1 of 4
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2012 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

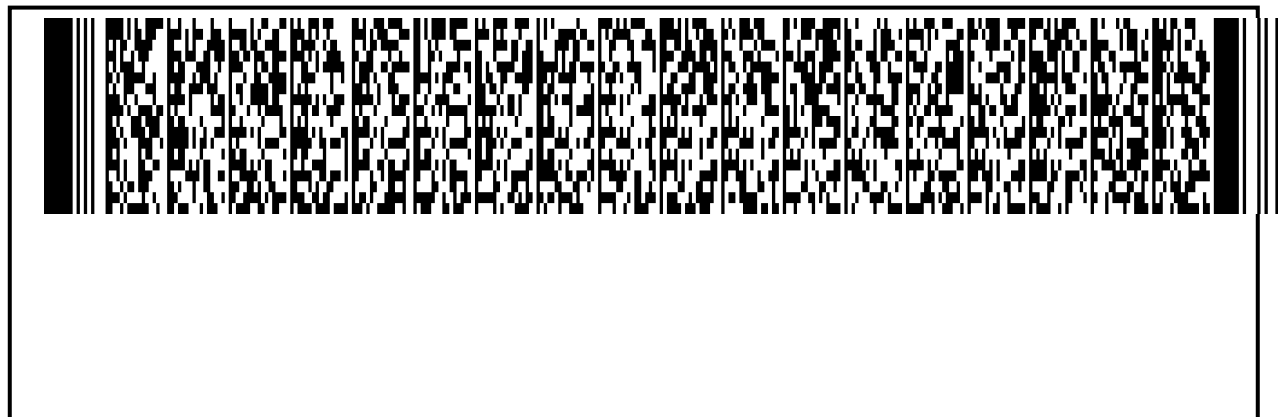
80 OLD BOSTON POST ROAD APT 9 N CT-2210

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.	198969
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	198969
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.	198969
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	82574
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	198969
8. Income Tax	8.	10443
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.4150
10. Line 9 multiplied by Line 8	10.	4334
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.	4334
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	4334
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.	4334
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.	4334

CLIP DO NOT SEND HERE WITH OR 1099 FORMS



1202110290

1202110290

19. Amount from Line 18

19. • 4334

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	•	82574	•	4292
20b.	-	-		•	0	•	0
20c.	-	-		•	0	•	0
20d.	-	-		•	0	•	0
20e.	-	-		•	0	•	0
20f.	-	-		•	0	•	0
20g.	-	-		•	0	•	0

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

20. Total Connecticut income tax withheld: Amounts in Column C. 20. 4292

21. All 2012 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. 4292

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 2013 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. 42

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. 42

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

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
62. Individual use tax: Add Lines 62a, 62b, and 62c.	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

Taxpayer email

AESTEVEES@GMAIL.COM

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 28 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	82,574
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	82,574

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

16. Educator expenses	▶	16	
17. Certain business expenses of reservists, performing 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	82,574

This reflects the information on the federal 1040 as of November 16, 2012. Check the DRS website at www.ct.gov/DRS for any updates.

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 32.

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: _____

2012 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2012

Prepared for	ALBERT J ESTEVES and 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;">198,969</td> </tr> <tr> <td>Adjusted Gross Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">198,969</td> </tr> <tr> <td>Total Deductions</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">40,436</td> </tr> <tr> <td>Total Taxable Income</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">156,533</td> </tr> <tr> <td>Total Tax</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">10,403</td> </tr> <tr> <td>Total Payments</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">7,485</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;">2,678</td> </tr> </table>	Gross Income	\$	198,969	Adjusted Gross Income	\$	198,969	Total Deductions	\$	40,436	Total Taxable Income	\$	156,533	Total Tax	\$	10,403	Total Payments	\$	7,485	Refund Amount	\$	0	Amount You Owe	\$	2,678
Gross Income	\$	198,969																							
Adjusted Gross Income	\$	198,969																							
Total Deductions	\$	40,436																							
Total Taxable Income	\$	156,533																							
Total Tax	\$	10,403																							
Total Payments	\$	7,485																							
Refund Amount	\$	0																							
Amount You Owe	\$	2,678																							
Make check payable to	New York State Income Tax																								
Mailing Address	NYS Personal Income Tax Processing Center P.O. Box 4124 Binghamton, NY 13902-4124																								
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>PAY BALANCE DUE ON YOUR TAXES Complete your check or money order for \$2678. Do not send cash and do not forget to sign the check. Enclose NY IT 201-V with your check. Write your Social Security number(s), daytime phone number, 2012, and Form NY IT-201 on your check or money order (U.S. funds only).</p> <p>MAIL PAYMENT & FORM NY IT 201-V TO: Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.</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>																								

For the full year January 1, 2012, through December 31, 2012, or fiscal year beginning and ending

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

Your first name and middle initial ALBERT
Your last name (for a joint return, enter spouse's name on line below) J ESTEVES
Your date of birth (mm-dd-yyyy) 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 (mm-dd-yyyy) 10-31-1972
Spouse's SSN 085-72-1281

Mailing address (see instructions, page 12) (number and street or rural route) 80 OLD BOSTON POST ROAD
Apartment number 9
NY 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 (see instructions, page 12) (number and street or rural route)
Apartment number
School district code number 428

City, village, or post office
State NY
ZIP code
Decedent information
Taxpayer's date of death
Spouse's date of death

A Filing status
(mark an X in one box):

- ① Single
- ② Married filing joint return (enter spouse's social security number above)
- ③ Married filing separate return (enter spouse's social security number above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

B Did you itemize your deductions on your 2012 federal income tax return? Yes No

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

H Dependent exemption information (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
NICOLAS	ESTEVES	SON	664-75-6596	12-16-2011
RAFAEL	KIRCHGAESSNER	SON	111-98-6187	08-12-2009

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

E (1) Did you or your spouse maintain living quarters in NYC during 2012? (see page 13) Yes No

(2) Enter the number of days spent in NYC in 2012 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months **you** lived in NYC in 2012

(2) Number of months **your spouse** lived in NYC in 2012.

G Enter your 2-character special condition code if applicable (see page 13)

If applicable, also enter your second 2-character special condition code

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



Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	197,846.
2	Taxable interest income	2	1,123.
3	Ordinary dividends	3	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	
5	Alimony received	5	
6	Business income or loss (submit a copy of federal Schedule C or C- EZ, Form 1040)	6	
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	
8	Other gains or losses (submit a copy of federal Form 4797)	8	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of fed Schedule E, Fm 1040)	11	
12	Rental real estate included in line 11	12	
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation	14	
15	Taxable amount of social security benefits (also enter on line 27)	15	
16	Other income (see page 14) Identify:	16	
17	Add lines 1 through 11 and 13 through 16	17	198,969.
18	Total federal adjustments to income (see page 14) Identify:	18	
19	Federal adjusted gross income (subtract line 18 from line 17)	19	198,969.

New York additions (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	
22	New York's 529 college savings program distributions (see page 15)	22	
23	Other (see page 16) Identify:	23	
24	Add lines 19 through 23	24	198,969.

New York subtractions (see page 19)

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 19)	26	
27	Taxable amount of social security benefits (from line 15)	27	
28	Interest income on U.S. government bonds	28	
29	Pension and annuity income exclusion (see page 19)	29	
30	New York's 529 college savings program deduction/earnings	30	
31	Other (see page 20) Identify:	31	
32	Add lines 25 through 31	32	
33	New York adjusted gross income (subtract line 32 from line 24)	33	198,969.

Standard deduction or itemized deduction (see page 24)

34	Enter your standard deduction (table on page 24) or your itemized deduction (from Form IT-201-D)		
	Mark an X in the appropriate box: <input type="checkbox"/> Standard - or- <input checked="" type="checkbox"/> Itemized	34	40,436.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	158,533.
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	2,000.
37	Taxable income (subtract line 36 from line 35)	37	156,533.



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

38	Taxable income (from line 37 on page 2)	38	156,533.
39	NYS tax on line 38 amount (see page 25 and Tax Computation on pages 57, 58, and 59)	39	10,403.
40	NYS household credit (page 25, table 1, 2, or 3)	40	
41	Resident credit (see page 26)	41	
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43	Add lines 40, 41, and 42	43	
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	10,403.
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46	Total New York State taxes (add lines 44 and 45)	46	10,403.

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

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

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

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Voluntary contributions (see page 30)

60a	Return a Gift to Wildlife	60a	
60b	Missing/Exploited Children Fund	60b	
60c	Breast Cancer Research Fund	60c	
60d	Alzheimer's Fund	60d	
60e	Olympic Fund (\$2 or \$4; see page 30)	60e	
60f	Prostate Cancer Research Fund	60f	
60g	9/11 Memorial	60g	
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	
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	10,403.

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62 Enter amount from line 61. 62 10,403.

Payments and refundable credits (see page 31)

63 Empire State child credit 63

64 NYS/ NYC child and dependent care credit 64 240.

65 NYS earned income credit (EIC) 65

66 NYS noncustodial parent EIC 66

67 Real property tax credit 67

68 College tuition credit 68

69 NYC school tax credit (also complete F on page 1; see page 31) 69

70 NYC earned income credit 70

71 Other refundable credits (Form IT-201-ATT, line 18) 71

72 Total **New York State** tax withheld 72 7,485.

73 Total **New York City** tax withheld 73

74 Total **Yonkers** tax withheld 74

75 Total estimated tax payments and amount paid with Form IT-370. 75

76 **Total payments** (add lines 63 through 75) 76 7,725.

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

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

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

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

79 Amount of line 77 that you want applied to your **2013** estimated tax (see instructions) 79

80 Amount you **owe** (if line 76 is less than line 62, subtract line 76 from line 62).
 To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. 80 2,678.

See pages 33 and 34 for information about your three refund choices.

See page 37 for the proper assembly of your return.

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

82 Other penalties and interest (see pages 35). 82

83 Account information for direct deposit or electronic funds withdrawal (see page 35).
 If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see page 35).

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

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 36) Date Amount

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

▼ **Paid preparer must complete** (see instr.) ▼

Preparer's signature Date Preparer's NYTPRN

Firm's name (or yours, if self-employed) Preparer's PTIN or SSN

Address Employer identification no.

E-mail: Mark an X if self employed

▼ **Taxpayer(s) must sign here** ▼

Your signature

For Information Only

Your occupation

SOFTWARE DEVELOPER

Spouse's signature and occupation (if joint return)

For Information Only

DIRECTOR PRODUCTI Daytime phone number

Date 914-738-0158

E-mail: AESTEVESES@GMAIL.COM

201004121029



See instructions for where to mail your return.

Submit this form with Form IT- 201. See instructions for completing Form IT- 201- D in the instructions for Form IT- 201.

Name(s) as shown on your Form IT-201	Your social security number
ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER	120-60-2151

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)	1	
2	Taxes you paid (federal Schedule A, line 9)	2	19,573.
3	Interest you paid (federal Schedule A, line 15)	3	32,640.
4	Gifts to charity (federal Schedule A, line 19)	4	
5	Casualty and theft losses (federal Schedule A, line 20)	5	
6	Job expenses / miscellaneous deductions (federal Schedule A, line 27)	6	
7	Other miscellaneous deductions (federal Schedule A, line 28)	7	
8	Enter amount from federal Schedule A, line 29	8	52,213.
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	11,777.
10	Subtract line 9 from line 8	10	40,436.
11	Addition adjustments (see instructions)	11	
12	Add lines 10 and 11	12	40,436.
13	Itemized deduction adjustment (see instructions)	13	
14	Subtract line 13 from line 12	14	40,436.
15	College tuition itemized deduction (see Form IT-272)	15	
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT- 201, line 34)	16	40,436.

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2012

Claim for Child and Dependent Care Credit
New York State • New York City

Submit this form with 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 New York State income tax return? Yes [] No [X]
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

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

Table with 4 columns: A- Care provider's first name, middle initial, and last name; B- Address; C- Identifying number (SSN or EIN); D- Amount paid (see instructions). Row 1: PRECIOUS MINDS CHILDRENS 17 HILLTOP AVENUE NEW ROCHELLE NY 10801, 20-2843630, 21,372.

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.) []

Table with 6 columns: A- First name and middle initial; B- Last name; C- Qualified expenses paid; D- Person with disability (see instr.); E- Social security no.; F- Date of birth (mm-dd-yyyy). Rows: NICOLAS ESTEVES 10,686. [] 664-75-6596 12-16-2011; RAFAEL KIRCHGAESSNER 10,686. [] 111-98-6187 08-12-2009.

Note: If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any. 3a 21,372.

4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes [X] No []

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

6 Enter your earned income (see instructions). 6 82,574.

7 If your filing status is [] Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions). 7 115,272.

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. 9 198,969.

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.

216001121029



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).		198,969.
	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	15	
	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.		
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.)	17	
	If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT- 203- ATT, line 30, and continue on line 18 below.		
18	Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	
19	Enter the amount from line 19, Column D, of the Part-year resident income allocation worksheet in the instructions for Form IT-203.	19	
20	Enter the amount from line 19, 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 the tax year **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, 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.	23	
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IT-201 filers:

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	28	

Part-year New York City resident filers only:

29	Enter the amount from Worksheet 1, line 10	29	
30	Enter the amount from Worksheet 1, line 11	30	



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. 24,949.
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. 24,949.

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. _____

DO NOT

Credit Limit Worksheet - Form 8863 - Line 19

Nonrefundable Credit Worksheet

1. Enter the amount from line 18, Form 8863 1. _____
2. Lines 2 -7 are reserved for future use
8. Enter the amount from line 9, Form 8863 8. _____
9. Add lines 1 and 8 9. _____
10. Enter the amount from:
Form 1040, line 46; or
Form 1040A, line 28 10. _____
11. Enter the amount from:
Form 1040 lines 47 and 48; and the amount
from Schedule R included on Form 1040, line 53 11. _____
12. Subtract line 11 from line 10. 12. _____
13. Enter the smaller of line 9 or line 12 here and
on Form 8863, line 19 13. _____

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Credit Limit Worksheet - Form 5695, Line 31

1. Enter the amount from Form 1040, line 46, or Form 1040NR, line 44 1. _____
2. Enter the total, if any, of your credits from Form 1040, lines 47 through 50, and Schedule R, line 22;
or Form 1040NR, lines 45 through 47 2. _____
3. Subtract line 2 from line 1. Also enter this amount on Form 5695, line 31. If zero or less,
stop; you cannot take the nonbusiness energy property credit 3. _____

Child Tax Credit Worksheet - 2012

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. 2 198,969

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. 4 198,969

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 89,000

7. Multiply the amount on line 6 by 5% (.05). Enter the result. 7 4,450

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 39; or Form 1040NR, line 63. 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 32			+	
Form 8834, line 23			+	
Form 8910, line 22			+	
Form 8936, line 23			+	
Schedule R, line 22			+	
Enter the total.				10

11. Are you claiming any of the following credits?
 • Mortgage interest credit, Form 8396. • Adoption credit, Form 8839.
 • Residential energy efficient property credit, Form 5695, Part I.
 • District of Columbia first-time homebuyer credit. Form 8859.
 No. Enter the amount from line 10. 11
 Yes. Complete the Line 11 Worksheet to figure the amount to enter here.

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 39; or Form 1040NR, line 63, only if you answered "Yes" on line 13.
 • First, complete your Form 1040 through line 64a (also complete line 69), Form 1040A through line 38a, or Form 1040NR through line 62 (also complete line 65).
 • Then, use Form 8812 to figure any additional child tax credit.

2012

**Instructions for Form IT-201-V
Payment Voucher for E-Filed Income Tax Returns**

Who must use a payment voucher?

If you e- filed a New York State income tax return (on Form IT-201 or Form IT-203) and you owe tax, you must submit this payment voucher, Form IT-201-V below, if you pay by check or money order. If you authorized the Tax Department to withdraw the payment from your bank account (electronic funds withdrawal) or paid by credit card, do not file Form IT-201-V.

Also use Form IT-201-V if you previously filed your income tax return (Form IT-201, Form IT-203, Form IT-201-X, or Form IT-203-X) and want to make a payment for that return.

To find out more about your payment options, visit the Tax Department's Web site (at www.tax.ny.gov).

When do I file?

You must pay the amount you owe by April 15, 2013, to avoid interest and penalties.

How do I prepare my payment?

Make your check or money order payable to **New York State Income Tax** for the full amount you owe and write your social security number and **2012 Income Tax** on it.

How do I prepare the payment voucher?

Enter your name, social security number (SSN), and address in the spaces provided; if you filed a joint return, include your spouse's name and SSN in the spaces provided. Do not include your spouse's name and SSN if you filed separate returns or if you filed Form IT-203-C.

Foreign addresses - Enter the information in the following order: city, province or state, and then country (all in the City, village, or post office box). Follow the country's practice for entering the postal code. **Do not abbreviate the country name.**

Enter the amount of your payment in the space provided (enter only whole dollar amounts). Detach the payment voucher at the line indicated below.

Enclose your check or money order with your voucher. Please do not staple or clip your check to your voucher. Detach any check stubs.

Fee for payments returned by banks - The law allows the Tax Department to charge a \$50 fee when a check, money order, or electronic payment is returned by a bank for nonpayment. However, if an electronic payment is returned as a result of an error by the bank or the department, department won't charge the fee. If your payment is returned, we will send a separate bill for \$50 for each return or other tax document associated with the returned payment.

Where do I send my payment and payment voucher?

Send your payment and this payment voucher to :

**NYS PERSONAL INCOME TAX
PROCESSING CENTER
PO BOX 4124
BINGHAMTON NY 13902-4124**

Private delivery services

If you choose, you may use a private delivery service, instead of the U.S. Postal Service, to mail in your form and tax payment. However, if, at a later date, you need to establish the date you filed or paid your tax, you cannot use the date recorded by a private delivery service unless you used a delivery service that has been designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance. (Currently designated delivery services are listed in Publication 55, Designated Private Delivery Service. See Need help? on the on page 2 of these instructions for information on obtaining forms and publications.) If you have used a designated private delivery service and need to establish the date you filed your form, contact that private delivery service for instructions on how to obtain written proof of the date your form was given to the delivery service for delivery. If you use **any** private delivery service, whether it is a designated service or not, send the forms covered by these instructions to: JPMorgan Chase, NYS Tax Processing - Estimated Tax, 33 Lewis Rd., Binghamton NY 13905-1040.

▼ Detach here ▼

2012 **Payment Voucher for E-Filed Income Tax Returns**

New York State Department of Taxation and Finance

IT-201-V

Make your check or money order payable to **New York State Income Tax** for the full amount you owe and write your social security number and **2012 Income Tax** on it. Mail voucher and payment to: NYS Personal Income Tax, Processing Center, PO Box 4124, Binghamton NY 13902-4124.

Your first name and middle initial ALBERT J	Your last name (for a joint rtn, enter sp's name on line below) ESTEVESES	Your social security number (SSN) 120-60-2151
Spouse's first name & middle initial FRANZISKA	Spouse's last name KIRCHGAESSNER	Spouse's SSN (enter only if filing a joint rtn) 085-72-1281
Mailing address (number and street or rural route; see instructions) 80 OLD BOSTON POST ROAD		Apartment number 9
City, village or post office NEW ROCHELLE	State NY	ZIP code 10801
E-mail: AESTEVESES@GMAIL.COM		

Dollars Cents

Balance due 2,678 . 00

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