

Form CT-1040 EFW Connecticut Electronic Withdrawal Payment Record

2013

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 2013 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

																		9	0
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---

Type of return

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

Request payment date

0	4	/	1	5	/	1	4
---	---	---	---	---	---	---	---

Taxpayer's daytime telephone number

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

Prepared for	ALBERT J ESTEVES	
	FRANZISKA KIRCHGAESSNER	
Tax Summary		
	Gross Income	\$ 228,874
	Adjusted Gross Income	\$ 228,874
	Total Deductions	\$ 69,420
	Total Taxable Income	\$ 159,454
	Total Tax	\$ 31,476
	Total Payments	\$ 33,890
	Refund Amount	\$ 2,414
	Amount You Owe	\$ 0
Make check payable to	United States Treasury	
Mailing Address		

Instructions

STEP 1 - Sign and date Form 1040

Your Federal return has been electronically filed for you by your tax professional. Since you are filing your return electronically, you do not mail your return to the IRS.

STEP 2 - Receive your refund

You chose to receive your refund by direct deposit from the IRS.

You can check on the status of your refund if it has been at least 3 weeks by calling 1-800-829-4477 for IRS automated refund information and follow the recorded instructions. You should have a copy of your return available when calling. You will be asked for your filing status and the exact amount of your refund.

STEP 3 - Keep a copy

Your tax professional has sent you a copy of your return for your records. The IRS recommends that you keep a copy of your return for at least 3 years from the time you filed your return. Attach a copy of each W-2, W-2G, and Form 2439 to your return. Also attach any 1099-R, 1099-G, or 1099-SSA if tax was withheld.

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2013

Submission Identification Number (SID) ▶ **384582-2014** -

Taxpayer's name ESTEVEZ, ALBERT J.	Social security number 120-60-2151
Spouse's name KIRCHGAESSNER, FRANZISKA	Spouse's social security number 085-72-1281

Part I Tax Return Information - Tax Year Ending December 31, 2013 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	228,874
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	31,476
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	33,890
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4	2,414
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize HR BLOCK to enter or generate my PIN **87353**
ERO firm name **Enter five numbers, but do not enter all zeros**
 as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ **04/06/2014**

Spouse's PIN: check one box only

I authorize HR BLOCK to enter or generate my PIN **08101**
ERO firm name **Enter five numbers, but do not enter all zeros**
 as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ **04/06/2014**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN. **38458214348**
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ **04/06/2014**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

New York State E-File Signature Authorization for Tax Year 2013

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 2013 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.	228,874
2	Refund (from Form IT-201, line 78, or IT-203, line 68).	2.	665
3	Amount you owe (from Form IT- 201, line 80, or IT- 203, line 70).	3.	

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 2013 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 2013 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 2013 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 2013 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 2013 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2013 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 2013 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: JAMES TRUXTON Date: 04-11-2014

Print name: JAMES TRUXTON

Credit Limit Worksheet - Keep For Your Records

Name **ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER**

SSN **120-60-2151**

Schedule R, Line 21 - Credit Limit Worksheet

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 2441, Line 10

1. Enter the amount from Form 1040, line 46, Form 1040A, line 28; or Form 1040NR, line 44. 1. 32,676.
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. 32,676.

Nonbusiness Energy Property Credit Limit Worksheet - Line 29

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 29. If zero or less, **stop**; you cannot take the nonbusiness energy property credit 3. _____

Residential Energy Efficient Property Credit Limit Worksheet - Line 14

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. Enter the amount, if any, from Form 5695, line 30 3. _____
4. Enter the amount, if any, from line 12 of the Line 11 Worksheet in Pub. 972* if you are claiming the child tax credit 4. _____
5. Enter the amount, if any, from Form 8396, line 9 5. _____
6. Enter the amount, if any, from Form 8839, line 16 6. _____
7. Enter the amount, if any, from Form 8859, line 3 7. _____
8. Enter the amount, if any, from Form 8910, line 15 8. _____
9. Enter the amount, if any, from Form 8936, line 23 9. _____
10. Add lines 2 through 9 10. _____
11. Subtract line 10 from line 1. Also enter this amount on Form 5695, line 14. If zero or less, enter - 0- on Form 5695, lines 14 and 15 11. _____

* If you are not claiming the child tax credit, you do not need Pub. 972.

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.
 - ✓ Before completing this worksheet, complete Form 1040 through line 43.
 - ✓ 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.	159,454
2. Enter the amount from Form 1040, line 9b*	2.	802
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.	802
4. Add lines 2 and 3	4.	802
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.	802
7. Subtract line 6 from line 1. If zero or less, enter -0-	7.	158,652
8. Enter:		
\$36,250 if single or married filing separately,	}	
\$72,500 if married filing jointly or qualifying widow(er),		
\$48,600 if head of household.		
9. Enter the smaller of line 1 or line 8.	9.	72,500
10. Enter the smaller of line 7 or line 9.	10.	72,500
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.	802
13. Enter the amount from line 11.	13.	0
14. Subtract line 13 from line 12.	14.	802
15. Enter:		
• \$400,000 if single,	}	
• \$225,000 if married filing separately,		
• \$450,000 if married filing joint or qualifying widow(er), or		
• \$425,000 if head of household		
16. Enter the smaller of line 1 or line 15.	16.	159,454
17. Add lines 7 and 11.	17.	158,652
18. Subtract line 17 from line 16, if zero or less enter -0-	18.	802
19. Enter the smaller of line 14 or 18. This amount is taxed at 15%.	19.	802
20. Multiply line 19 by 15% (.15).	20.	120
21. Add lines 11 and 19.	21.	802
22. Subtract line 21 from line 12.	22.	
23. Multiply line 22 by 20% (.20).	23.	
24. 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.	24.	31,888
25. Add lines 20, 23, and 24.	25.	32,008
26. 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	26.	32,113
27. Tax on all taxable income. Enter the smaller of line 25 or line 26. 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.	27.	32,008

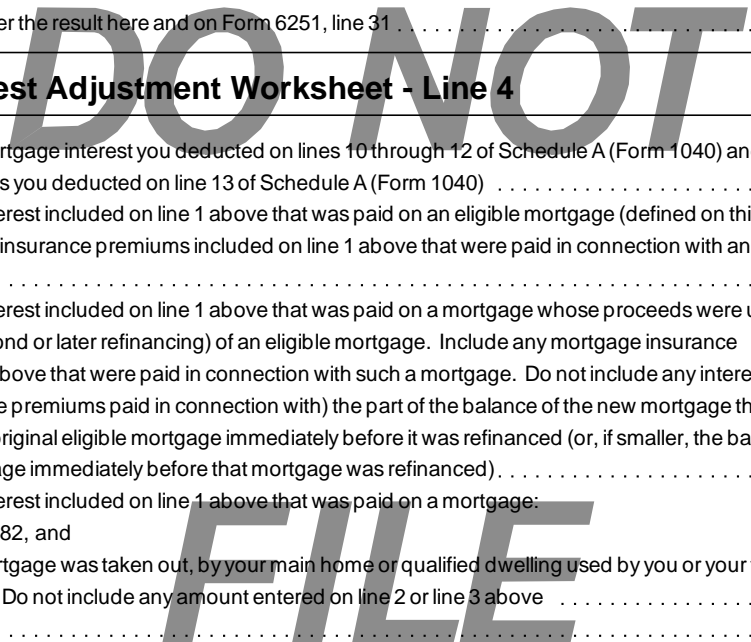
* If you are filing Form 2555 or 2555- EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

Foreign Earned Income Tax Worksheet - Line 31

Keep for Your Records

Before you begin: ✓ If Form 6251, line 30, is zero, do not complete this worksheet.

1. Enter the amount from Form 6251, line 30 1. _____
2. Enter the amount from your (and your spouse's if filing jointly) Form 2555, line 45 and 50, or Form 2555- EZ, line 18 2. _____
3. Add lines 1 and 2. Enter the result here and on Form 6251, line 36 3. _____
4. **Tax on the amount on line 3.**
 - If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Forms 2555 and 2555- EZ, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 54, here. 4. _____
 - **All others:** If line 3 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.
5. **Tax on the amount on line 2.** If line 2 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 2 by 26% (.26). Otherwise, multiply line 2 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result 5. _____
6. Subtract line 5 from line 4. Enter the result here and on Form 6251, line 31 6. _____



Home Mortgage Interest Adjustment Worksheet - Line 4

Keep for Your Records

1. Enter the total of the home mortgage interest you deducted on lines 10 through 12 of Schedule A (Form 1040) and any mortgage insurance premiums you deducted on line 13 of Schedule A (Form 1040) 1. _____
2. Enter the part, if any, of the interest included on line 1 above that was paid on an eligible mortgage (defined on this page). Include any mortgage insurance premiums included on line 1 above that were paid in connection with an eligible mortgage 2. _____
3. Enter the part, if any, of the interest included on line 1 above that was paid on a mortgage whose proceeds were used in a refinancing (including a second or later refinancing) of an eligible mortgage. Include any mortgage insurance premiums included on line 1 above that were paid in connection with such a mortgage. Do not include any interest paid on (or any mortgage insurance premiums paid in connection with) the part of the balance of the new mortgage that exceeded the balance of the original eligible mortgage immediately before it was refinanced (or, if smaller, the balance of any prior refinanced mortgage immediately before that mortgage was refinanced) 3. _____
4. Enter the part, if any, of the interest included on line 1 above that was paid on a mortgage:
 - Taken out before July 1, 1982, and
 - Secured, at the time the mortgage was taken out, by your main home or qualified dwelling used by you or your family (see definitions on this page). Do not include any amount entered on line 2 or line 3 above 4. _____
5. Add lines 2 through 4. 5. _____
6. Subtract line 5 from line 1 and enter the result on Form 6251, line 4 6. _____

Exemption Worksheet - Line 29

Keep for Your Records

Note. If Form 6251, line 28, is equal to or more than: \$314,900 if single or head of household, \$465,000 if married filing jointly or qualifying widow(er), or \$232,500 if married filing separately, your exemption is zero. DO NOT complete this worksheet; instead, enter the amount from Form 6251, line 28, on line 30 and go to line 31.

1. Enter: \$51,900 if single or head of household; \$80,800 if married filing jointly or qualifying widow(er); \$40,400 if married filing separately. 1. 80,800
2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 28. 2. 196,234
3. Enter: \$115,400 if single or head of household; \$153,900 if married filing jointly or qualifying widow(er); \$76,950 if married filing separately. 3. 153,900
4. Subtract line 3 from line 2. If zero or less, enter -0- 4. 42,334
5. Multiply line 4 by 25% (.25). 5. 10,584
6. Subtract line 5 from line 1. If zero or less, enter -0-. If any of the three conditions under Certain Children Under Age 24 apply to you, complete lines 7 through 10. Otherwise, **stop here** and enter this amount on Form 6251, line 29, and go to Form 6251, line 30. ▶ 6. 70,216
7. Minimum exemption amount for certain children under age 24 7. \$7150
8. Enter your **earned income**, if any (see instructions) 8. _____
9. Add lines 7 and 8 9. _____
10. Enter the **smaller** of line 6 or line 9 here and on Form 6251, line 29, and go to Form 6251, line 30. ▶ 10. _____

Line 49 Worksheet

Keep for Your Records

1. Enter:	
• \$400,000 if single	}
• \$225,000 if married filing separately	
• \$450,000 if married filing jointly or qualifying widow(er)	
• \$425,000 if head of household	
	1. <u>450,000</u>
2. Enter the amount from Form 6251, line 45	2. _____
3. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; but do not enter less than - 0- . If you did not complete either worksheet for the regular tax and you are filing Form 2555 or Form 2555- EZ, enter the amount from line 3 of the Foreign Earned Income Tax Worksheet in the Form 1040 instructions (as figured for the regular tax)	3. <u>158,652</u>
4. Add line 2 and line 3	4. <u>158,652</u>
5. Subtract line 4 from line 1 and enter the result here and on line 49, but do not enter less than - 0-	5. <u>291,348</u>

DO NOT

FILE

Itemized Deductions Worksheet - Line 29 (keep for your records)

1. Add amounts from Schedule A, lines 4, 9, 15, 19, 20, 27 and 28		1.	<u>53,820</u>
2. Enter the total amount included on line 1 above for medical and dental expenses, investment interest expense, casualty or theft losses of personal use property, casualty and theft losses from income-producing property, and gambling losses		2.	<u>0</u>
3. Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. Stop here. Your deduction is not limited. Enter the amount on line 1 above on line 29, Schedule A. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1		3.	<u>53,820</u>
4. Multiply line 3 by 80%	4.		<u>43,056</u>
5. Enter the amount for Form 1040, line 38	5.		<u>228,874</u>
6. Enter \$300,000 if married filing jointly or qualifying widow(er), \$275,000 if head of household, \$250,000 if single, \$150,000 if married filing separately	6.		<u>300,000</u>
7. Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. Stop here. Your deduction is not limited. Enter the amount on line 1 above on line 29, Schedule A. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7.		
8. Multiply line 7 by 3% (.03)	8.		
9. Enter the smaller of line 4 or line 8		9.	
10. Total Itemized Deductions. Subtract line 9 from line 1. Enter the result here and on line 29, Schedule A		10.	

DO NOT

Qualified Mortgage Insurance Premiums Deduction Worksheet - Line 13

1. Enter the total premiums you paid in 2013 for qualified mortgage insurance for a contract issued after December 31, 2006.		1.	
2. Enter the amount from Form 1040, line 38	2.		
3. Enter \$100,000 (\$50,000 if married filing separately)	3.		
4. Is the amount on line 2 more than the amount on line 3? <input type="checkbox"/> No. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 13. <input type="checkbox"/> Yes. Subtract line 3 from line 2. If the result is not a multiple of \$1,000 (\$500 if married filing separately), increase it to the next multiple of \$1,000 (\$500 if married filing separately). For example, increase \$425 to \$1,000, increase \$2,025 to \$3,000; or if married filing separately, increase \$425 to \$500, increase \$2,025 to \$2,500, etc.	4.		
5. Divide line 4 by \$10,000 (\$5,000 if married filing separately). Enter the result as a decimal. If the result is 1.0 or more, enter 1.0	5.		
6. Multiply line 1 by line 5	6.		
7. Qualified mortgage insurance premiums deduction. Subtract line 6 from line 1. Enter the result here and on Schedule A, line 13	7.		

FILE

Worksheet - Amounts from Form 8829 and Schedule E (Part Business/Part Personal)

Transferred From Schedule C, Form 8829:	
Line 10 Mortgage interest on Form 1098	_____
Mortgage interest other than Form 1098	_____
Line 11 Real estate taxes	_____
Transferred From Schedule E (Part Business/Part Personal):	
Line 12 Mortgage interest	_____
Line 13 Other interest	_____
Line 16 Real estate taxes	_____

H&R Block ADVANTAGE[®]



H&R BLOCK

Prepared For:

ALBERT J. ESTEVES AND FRANZISKA
KIRCHGAESSNER

Date Prepared:

04/11/2014

Prepared By:

CHRIS HALL
H AND R BLOCK
880 Michigan Ave
Baldwin, MI 49304-0000
(231)745-4951

For Year-round Service:

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(231)745-4951

hrblock.com
Online PIN : 229C56C3

I appreciate your business and thank you for trusting me to be your tax partner. My business continues to grow through recommendations from clients like you and I'd be honored to help anyone you recommend to me.

Today's Savings

- * By deducting your home interest deduction, you reduced your taxes by an estimated: \$9,139.00
- * 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: \$1,172.00
- * 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 2013, your Marginal Tax Rate is 28% and your Effective Tax Rate is 14%.

Total Savings. \$11,511.00

Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	Yes	\$2,414.00	Refund	\$2,414.00	Based on IRS acceptance of your tax return today, your direct deposit of \$2,414.00 should be available in your bank account within 21 days.
Connecticut	Yes	(\$90.00)	Balance Due	(\$90.00)	Connecticut will direct debit your account for the balance due amount of \$90.00.
New York	Yes	\$665.00	Refund	\$665.00	Based on acceptance of your New York return today, New York will direct deposit your refund in the amount of \$665.00 to your bank account. Refund timing varies by state, ask your Tax Professional for more information.

* The Department of Treasury Offset Program may take an offset against your tax refund to pay child support, state tax or other debt. You can contact the agency by calling 800-304-3107.

* Refund timing is based on the IRS Refund Cycle chart. Actual date may vary. Projected date based on normal processing and assumes your return does not require further review by the IRS.

* To check the status of your return 24 hours a day, log on to www.hrblock.com/myreturnstatus or call toll-free 1-866-761-1040. Have the primary Social Security number and date of birth available.

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.

2013 Tax Return Summary

Federal Year over Year Comparison

INCOME	Year 2013	Year 2012	Change(\$)
Wages, salaries, tips	\$227,476	\$197,846	\$29,630
Taxable interest income	\$596	\$1,123	(\$527)
Ordinary dividend income	\$802	\$0	\$802
Total income	\$228,874	\$198,969	\$29,905
ADJUSTED GROSS INCOME			
Total income less total adjustments	\$228,874	\$198,969	\$29,905
TAXABLE INCOME			
Taxes	\$21,180	\$0	\$21,180
Deductible interest	\$32,640	\$0	\$32,640
Total itemized deductions	\$53,820	\$0	\$53,820
Standard deductions	\$12,200	\$11,900	\$300
Exemptions	\$15,600	\$15,200	\$400
Taxable income	\$159,454	\$131,556	\$27,898
TAX COMPUTATION			
Income tax	\$32,008	\$0	\$32,008
Alternative minimum tax	\$668	\$0	\$668
Tax before credits	\$32,676	\$24,949	\$7,727
CREDITS			
Child care credit	\$1,200	\$1,200	\$0
Total credits	\$1,200	\$1,200	\$0
Tax after credits	\$31,476	\$23,749	\$7,727
OTHER TAXES			
Total tax	\$31,476	\$23,749	\$7,727
PAYMENTS			
Federal withholding	\$33,890	\$29,115	\$4,775
Total payments	\$33,890	\$29,115	\$4,775
REFUND			
Overpayment	\$2,414	\$5,366	(\$2,952)
Refund due	\$2,414	\$5,366	(\$2,952)
OTHER COMPUTATIONS			
Alternative minimum taxable income	\$196,234	\$0	\$196,234
Total tax preferences and adjustments	\$21,180	\$0	\$21,180
Marginal tax bracket	28%	28%	
Effective tax bracket	14%		
Filing status	Married Filing Jointly		

Your Results - Not Eligible



Here is your helpthful information.

helpth is here.

Helpth is help understanding health insurance. And not just any help. Friendly, unbiased help from H&R Block at no additional cost.

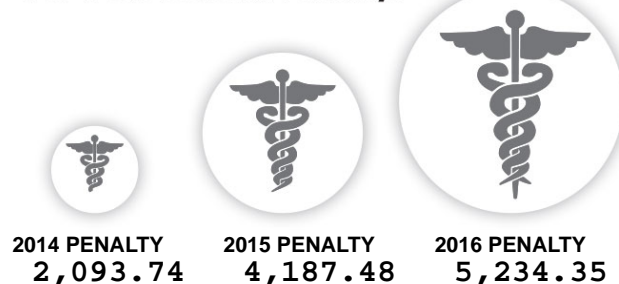
The ACA is legislation that says almost everyone must have health insurance or potentially pay a tax penalty. The government will help lower the cost of health insurance by providing savings through Advance Tax Credits to those individuals and families that qualify.

Depending on factors like your income and household size, you might qualify for the Advance Tax Credit to help pay for health insurance. These savings can be applied to the health plan of your choice.

Key Dates for Marketplace Enrollment:

- Open enrollment for 2014: 10/1/13 - 3/31/14
- Open enrollment for 2015: 10/1/14 - 1/15/15
- Year-round enrollment exceptions for qualifying events include marriage, birth of child or job changes

Per Year Federal Penalty:



The information provided herein is only an estimate for informational purposes only 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. Your situation could differ based on other factors. To learn more about your health care options, visit Helpth.com.

Now the name you trust for all your tax needs now also offers friendly, unbiased help when it comes to choosing health insurance.

Learn more about Health Care Reform and Taxes visit: **helpth.com**

View your personalized health care summary by registering for, or signing in at: hrblock.com/myaccount
800-HRBLOCK

IRS e-file Signature Authorization

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. This is not a tax return.

▶ Keep this form for your records.

▶ Information about Form 8879 and its instructions is at www.irs.gov/form8879.

2013

Submission Identification Number (SID) ▶ **384582-2014** -

Taxpayer's name ESTEVEZ, ALBERT J.	Social security number 120-60-2151
Spouse's name KIRCHGAESSNER, FRANZISKA	Spouse's social security number 085-72-1281

Part I Tax Return Information - Tax Year Ending December 31, 2013 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	228,874.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	31,476.
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	33,890.
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 13a)	4	2,414.
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize HR BLOCK to enter or generate my PIN **87353**
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ **COPY ONLY** Date ▶ **04/06/2014**

Spouse's PIN: check one box only

I authorize HR BLOCK to enter or generate my PIN **08101**
ERO firm name Enter five numbers, but do not enter all zeros
 as my signature on my tax year 2013 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2013 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ **COPY ONLY** Date ▶ **04/06/2014**

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six- digit EFIN followed by your five- digit self- selected PIN. **38458214348**
 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2013 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ **04/06/2014**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

New York State E-File Signature Authorization for Tax Year 2013

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 2013 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.	228,874
2	Refund (from Form IT-201, line 78, or IT-203, line 68).	2.	665
3	Amount you owe (from Form IT- 201, line 80, or IT- 203, line 70).	3.	

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 2013 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 2013 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 2013 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 2013 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 2013 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2013 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 2013 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: JAMES TRUXTON Date: 04-11-2014

Print name: JAMES TRUXTON

For the year Jan. 1- Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

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

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/state/country Foreign postal code

Filing Status

1 Single **4** Head of household (with qualifying person). (See instructions.)
 2 Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this
 3 Married filing separately Enter spouse's SSN above & full name here. child's name here.
 5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a. } Boxes checked on 6a and 6b **2**
 b Spouse } No. of children on 6c who:
 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) lived with you **2**
 If more than four dependents, see inst and check here **REFAEL KIRCHGAESSNER** **111-98-6187** **SON** **did not live with you due to divorce or separation (see inst)**
NICOLAS ESTEVES **664-75-6596** **SON** **Dependents on 6c not entered above**
 d Total number of exemptions claimed **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **227,476.**
 8a Taxable interest. Attach Schedule B if required **8a** **596.**
 Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
 b Tax-exempt interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a** **802.**
 b Qualified dividends **9b** **802.**
 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**
 If you did not get a W-2, see instructions.
 14 Other gains or (losses). Attach Form 4797. **14**
 15a IRA distributions **15a** **15b**
 16a Pensions and annuities **16a** **28,843.** **16b** Taxable amt **ROLLOVER** **16b** **0.**
 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** **20b** 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** **228,874.**

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** **228,874.**

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2013)

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	228,874.
	39a Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <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	53,820.
	41 Subtract line 40 from line 38	41	175,054.
	42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	15,600.
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	159,454.
	44 Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	32,008.
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	668.
	46 Add lines 44 and 45	46	32,676.
	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	31,476.

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, \$6,100
 - Married filing jointly or Qualifying widow(er), \$12,200
 - Head of household, \$8,950

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 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
	61 Add lines 55 through 60. This is your total tax	61	31,476.

Payments	62 Federal income tax withheld from Forms W-2 and 1099	62	33,890.
	63 2013 estimated tax payments and amount applied from 2012 return	63	
	64a Earned income credit (EIC)	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"/> 8885 d <input type="checkbox"/>	71	
	72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	33,890.

If you have a qualifying child, attach Schedule EIC.

Refund	73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	2,414.
	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	2,414.
Direct deposit? See instructions.	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 2014 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 **HR BLOCK** Phone no. **(231) 745-4951** Personal ID number (PIN) **21116**

Sign Here 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 For Info Only-Do not file	Date	Your occupation SOFTWARE DEVELO	Daytime phone number
Spouse's signature. If a joint return, both must sign. For Info Only-Do not file	Date	Spouse's occupation DIRECTOR PRODUC	If the IRS sent you an ID Protection PIN, enter it here (see inst.)

Print/Type preparer's name CHRIS HALL	Preparer's signature	Date 04/11/2014	Check <input type="checkbox"/> if self-employed	PTIN P00474340
Firm's name H AND R BLOCK			Firm's EIN 20-3378859	
Firm's address BALDWIN, MI 49304			Phone no. (231) 745-4951	

**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/schedulea.
► Attach to Form 1040.

OMB No. 1545-0074

2013

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER

Your social security number

120-60-2151

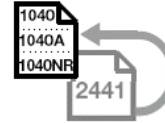
Caution. Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1 Medical and dental expenses (see instructions) _____	1		
	2 Enter amount from Form 1040, line 38 2			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter - 0-	4		
Taxes You Paid	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	13,106.	
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions) 80 OLD BOSTON POST ROAD 8,074.	6	8,074.	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount _____	8		
	9 Add lines 5 through 8	9	21,180.	
	Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	32,640.
		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 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	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 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20		
Job Expenses and Certain Miscellaneous Deductions	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		
	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	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 Other - from list in instructions. List type and amount ► _____	28		
Total Itemized Deductions	29 Is Form 1040, line 38, over \$150,000? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	53,820.	
	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) 2013

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.



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	26,400.

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 2013 for the person listed in column (a)
First Last		
REFAEL KIRCHGAESSNER	111-98-6187	13,200.
NICOLAS ESTEVES	664-75-6596	13,200.

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	95,641.																																																										
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	131,835.																																																										
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	228,874.																																																										
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20																																																										
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9 Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions	9	1,200.																																																										
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	32,676.																																																										
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.

Alternative Minimum Tax-Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

2013

Attachment
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER	Your social security number 120-60-2151
--	---

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	175,054.
2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter - 0-	2	
3 Taxes from Schedule A (Form 1040), line 9	3	21,180.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6 If Form 1040, line 38, is \$150,000 or less, enter - 0- . Otherwise, see instructions	6	()
7 Tax refund from Form 1040, line 10 or line 21	7	()
8 Investment interest expense (difference between regular tax and AMT)	8	
9 Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11 Alternative tax net operating loss deduction.	11	()
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock (7% of gain excluded under section 1202)	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K- 1 (Form 1041), box 12, code A)	15	
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19 Passive activities (difference between AMT and regular tax income or loss)	19	
20 Loss limitations (difference between AMT and regular tax income or loss)	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	()
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$238,550, see instructions.)	28	196,234.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2013, see instructions.)		
IF your filing status is AND line 28 is not over THEN enter on line 29		
Single or head of household \$115,400 \$51,900	}	
Married filing jointly or qualifying widow(er) 153,900 80,800		
Married filing separately 76,950 40,400		
If line 28 is over the amount shown above for your filing status, see instruction.	29	70,216.
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter - 0- here and on lines 31, 33, and 35, and go to line 34.	30	126,018.
31 • If you are filing Form 2555 or 2555- EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 60 here. • All others: If line 30 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.	31	32,676.
32 Alternative minimum tax foreign tax credit (see instructions)	32	
33 Tentative minimum tax. Subtract line 32 from line 31	33	32,676.
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	32,008.
35 AMT. Subtract line 34 from line 33. If zero or less, enter - 0- . Enter here and on Form 1040, line 45	35	668.

KBA For Paperwork Reduction Act Notice, see your tax return instructions. Form **6251** (2013)

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555- EZ, enter the amount from line 3 of the worksheet in the instructions for line 31		36	126,018.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555- EZ, see instructions for the amount to enter	37	802.	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38		
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	802.	
40	Enter the smaller of line 36 or line 39	40	802.	
41	Subtract line 40 from line 36	41	125,216.	
42	If line 41 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result ▶	42	32,556.	
43	Enter: <ul style="list-style-type: none"> • \$72,500 if married filing jointly or qualifying widow(er), • \$36,250 if single or married filing separately, or • \$48,600 if head of household. 	43	72,500.	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax , enter the amount from Form 1040, line 43; but do not enter less than -0-	44	158,652.	
45	Subtract line 44 from line 43. If zero or less, enter - 0-	45	0.	
46	Enter the smaller of line 36 or line 37	46	802.	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47		
48	Subtract line 47 from line 46	48	802.	
49	Enter the amount from the Line 49 Worksheet in the instructions	49	291,348.	
50	Enter the smaller of line 48 or line 49	50	802.	
51	Multiply line 50 by 15% (.15) ▶	51	120.	
52	Add lines 47 and 50	52	802.	
If lines 52 and 36 are the same, skip lines 53 through 57 and go to line 58. Otherwise, go to line 53.				
53	Subtract line 52 from line 46	53		
54	Multiply line 53 by 20% (.20) ▶	54		
If line 38 is zero or blank, skip lines 55 through 57 and go to line 58. Otherwise, go to line 55.				
55	Add lines 41, 52, and 53	55		
56	Subtract line 55 from line 36	56		
57	Multiply line 56 by 25% (.25) ▶	57		
58	Add lines 42, 51, 54, and 57	58	32,676.	
59	If line 36 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result	59	32,765.	
60	Enter the smaller of line 58 or line 59 here and on line 31. If you are filing Form 2555 or 2555- EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	60	32,676.	



H&R BLOCK®

2013 STATE TAX RETURN FILING INSTRUCTIONS

CONNECTICUT

FOR THE YEAR ENDING
December 31, 2013

Prepared for	ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER																								
Tax Summary	<table> <tr><td>Gross Income</td><td>\$</td><td>228,874</td></tr> <tr><td>Adjusted Gross Income</td><td>\$</td><td>228,874</td></tr> <tr><td>Total Deductions</td><td>\$</td><td>0</td></tr> <tr><td>Total Taxable Income</td><td>\$</td><td>228,874</td></tr> <tr><td>Total Tax</td><td>\$</td><td>5,112</td></tr> <tr><td>Total Payments</td><td>\$</td><td>5,022</td></tr> <tr><td>Refund Amount</td><td>\$</td><td>0</td></tr> <tr><td>Amount You Owe</td><td>\$</td><td>90</td></tr> </table>	Gross Income	\$	228,874	Adjusted Gross Income	\$	228,874	Total Deductions	\$	0	Total Taxable Income	\$	228,874	Total Tax	\$	5,112	Total Payments	\$	5,022	Refund Amount	\$	0	Amount You Owe	\$	90
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Adjusted Gross Income	\$	228,874																							
Total Deductions	\$	0																							
Total Taxable Income	\$	228,874																							
Total Tax	\$	5,112																							
Total Payments	\$	5,022																							
Refund Amount	\$	0																							
Amount You Owe	\$	90																							
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 "2013 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.

1302110299

Form CT-1040NR/PY - 2013, Page 1 of 4
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2013 and ending:

N S Y FJ N FS 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.	228874
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	228874
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.	228874
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	95641
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	228874
8. Income tax	8.	12232
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.4179
10. Line 9 multiplied by Line 8	10.	5112
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.	5112
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	5112
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.	5112
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.	5112

CLIP DO NOT SEND HERE WITH OR 1099 FORMS



1302110299

1302110299

19. Amount from Line 18

19. •

5112

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	• 95641	•	5022
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.	5022
21. All 2013 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.	5022
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 2014 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				27e. Debit card
27e. Debit card				27e.
28. Tax due: If Line 19 is more than Line 23, Line 23 subtracted from Line 19.				28. 90
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).				29. 0
30. If late: Interest entered.				
Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).				30. 0
31. Interest on underpayment of estimated tax (from Form CT-2210.)				31. 0
32. Total amount due: Add Lines 28 through 31.				32. 90

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	Home/cell telephone number
• For Information Only - Do Not File		•	9147380158
Spouse's signature (if joint return)		Date	Daytime telephone number
• For Information Only - Do Not File		•	• 9147380158
Paid preparer's signature		Date	Telephone number
•		• 04112014	• 2317454951
Preparer's SSN or PTIN		P00474340	
Firm's name, address, and ZIP code			FEIN
• 880 MICHIGAN AVE BALDWIN MI 49304			203378859

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

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

AESTEVEVES@GMAIL.COM

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	95,641
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	95,641 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, 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	95,641 ⁰⁰

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: _____

Form CT-6251
Connecticut Alternative Minimum Tax Return - Individuals

2013

You must attach this form to the back of **Form CT- 1040** or **Form CT- 1040NR/PY**. Complete in blue or black ink only.

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

Part I - Read the instructions before you complete this form.

1. Federal alternative minimum taxable income: See instructions.	▶ 1.	196,234	00
2. Additions to federal alternative minimum taxable income: See instructions.	▶ 2.		00
3. Add Line 1 and Line 2.	3.	196,234	00
4. Subtractions from federal alternative minimum taxable income: See instructions.	▶ 4.		00
5. Adjusted federal alternative minimum taxable income: Subtract Line 4 from Line 3. If filing separately and Line 5 is more than \$238,550, see instructions.	▶ 5.	196,234	00
6. Enter \$80,800 if filing jointly or qualifying widow(er); \$51,900 if single or head of household; or \$40,400 if filing separately.	6.	80,800	00
7. Enter \$153,900 if filing jointly or qualifying widow(er); \$115,400 if single or head of household; or \$76,950 if filing separately.	7.	153,900	00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	42,334	00
9. Multiply Line 8 by 25% (.25).	9.	10,584	00
10. Exemption: Subtract Line 9 from Line 6. If zero or less, enter "0." If you were under age 24 at the end of 2013, see instructions.	▶ 10.	70,216	00
11. Subtract Line 10 from Line 5. If more than zero, go to Line 12. If zero or less, enter "0" here and on Line 23 and skip Lines 12 through 22.	11.	126,018	00
12. If Lines 2 and 4 above are zero, enter the amount from federal Form 6251, Line 31, here. If you entered an amount on Lines 2 or 4 above and : <ul style="list-style-type: none"> • You filed federal Form 2555 or Form 2555- EZ, see the Line 12 instructions for the amount to enter. • You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 48 here. All others: If Line 11 is \$179,500 or less (\$89,750 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,590 (\$1,795 if filing separately) from the result.	▶ 12.	32,676	00
13. Alternative minimum tax foreign tax credit from federal Form 6251, Line 32	▶ 13.		00
14. Adjusted federal tentative minimum tax: Subtract Line 13 from Line 12.	14.	32,676	00
15. Multiply Line 14 by 19% (.19).	15.	6,208	00
16. Multiply Line 5 by 5.5% (.055).	16.	10,793	00
17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	6,208	00
18. Apportionment factor: Residents , enter 1.0000; nonresidents and part-year residents , see instructions.	▶ 18.	0.4874	
19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	3,026	00
20. Connecticut income tax from Form CT- 1040, Line 6, or Form CT- 1040NR/PY, Line 10.	▶ 20.	5,112	00
21. Net Connecticut minimum tax: Subtract Line 20 from Line 19. If zero or less, enter "0."	21.		00
22. Credit for alternative minimum tax paid to qualifying jurisdictions. Residents and part-year residents only from Schedule A, Line 57.	▶ 22.		00
23. Subtract Line 22 from Line 21. Enter the amount here and on Form CT- 1040, Line 9, or Form CT- 1040NR/PY, Line 13.	▶ 23.		00



H&R BLOCK®

2013 STATE TAX RETURN FILING INSTRUCTIONS

NEW YORK

FOR THE YEAR ENDING
December 31, 2013

Prepared for ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER

Tax Summary	Gross Income	\$	228,874
	Adjusted Gross Income	\$	228,874
	Total Deductions	\$	34,836
	Total Taxable Income	\$	192,038
	Total Tax	\$	7,659
	Total Payments	\$	8,084
	Refund Amount	\$	665
	Amount You Owe	\$	0

Make check payable to

Mailing Address

Special Instructions RETURN STATUS
Your tax professional has received your NY IT-201 and electronically filed your return.

For the full year January 1, 2013, through December 31, 2013, 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 J		Your last name (for a joint return , enter spouse's name on line below) 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)	
Taxpayer's permanent home address (see instructions, pg 12) (number and street or rural route)				Apartment number	School district name NEW ROCHELLE
City, village, or post office		State NY	ZIP code	Decedent information	School district code number 428
				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 2013 federal income tax return? Yes No

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

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 2013? (see page 13) Yes No

(2) Enter the number of days spent in NYC in 2013 (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 2013

(2) Number of months **your spouse** lived in NYC in 2013.

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

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

H Dependent exemption information (see page 14)

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

Your social security number
120-60-2151

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	227,476.
2	Taxable interest income	2	596.
3	Ordinary dividends	3	802.
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	228,874.
18	Total federal adjustments to income (see page 14) Identify:	18	
19	Federal adjusted gross income (subtract line 18 from line 17)	19	228,874.

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	228,874.

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	228,874.

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)	34	34,836.
Mark an X in the appropriate box: <input type="checkbox"/> Standard - or- <input checked="" type="checkbox"/> Itemized		35	194,038.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	36	2,000.
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	37	192,038.
37	Taxable income (subtract line 36 from line 35)		



Name(s) as shown on page 1
ALBERT J ESTEVES

Your social security number
120-60-2151

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

38	Taxable income (from line 37 on page 2)	38	192,038.
39	NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	12,771.
40	NYS household credit (page 25, table 1, 2, or 3)	40	
41	Resident credit (see page 26)	41	5,112.
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	
43	Add lines 40, 41, and 42	43	5,112.
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	7,659.
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46	Total New York State taxes (add lines 44 and 45)	46	7,659.

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.

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	
60i	Teen Health Education	60i	
60j	Veterans Remembrance	60j	
60	Total voluntary contributions (add lines 60a through 60j)	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	7,659.



Your social security number
120-60-2151

62 Enter amount from line 61. 62 7,659.

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	8,084.
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	8,324.

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	665.
78	Amount of line 77 to be refunded Mark one refund choice: <input checked="" type="checkbox"/> direct deposit (fill in line 83) -or- <input type="checkbox"/> debit card -or- <input type="checkbox"/> paper check	78	665.
79	Amount of line 77 that you want applied to your 2014 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 <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	
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	

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

See page 35 for payment options.

See page 37 for the proper assembly of your return.

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 021000089 83c Account number 06479593

84 Electronic funds withdrawal (see page 36) Date Amount

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

▼ Paid preparer must complete (see instr.) ▼ Preparer's signature JAMES TRUXTON Firm's name (or yours, if self-employed) H AND R BLOCK Address 880 MICHIGAN AVE BALDWIN MI 49304 E-mail:	Date 04-11-2014 Preparer's NYTPRIN 12005985 Preparer's PTIN or SSN P00181918 Employer identification no. 20-3378859 Mark an X if self-employed <input type="checkbox"/>
---	--

▼ Taxpayer(s) must sign here ▼ Your signature For Information Only Your occupation SOFTWARE DEVELOPER Spouse's signature and occupation (if joint return) For Info Only DIRECTOR PRODUCTI Date <input type="text"/> Daytime phone number 914-738-0158 E-mail: FKIRCHGAESSNER@HOTMAIL.COM
--



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	21,180.
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	53,820.
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	13,106.
10	Subtract line 9 from line 8	10	40,714.
11	Addition adjustments (see instructions)	11	
12	Add lines 10 and 11	12	40,714.
13	Itemized deduction adjustment (see instructions)	13	5,878.
14	Subtract line 13 from line 12	14	34,836.
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	34,836.



Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

Name(s) as shown on return ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER	Identifying number as shown on return 120-60-2151
--	--

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 - Income and adjustments (see instructions)	A		B	
	Amount reported on New York State return		Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc.	1	227,476.	1	95,641.
2 Taxable interest income	2	596.	2	
3 Ordinary dividends	3	802.	3	
4 Taxable refunds, credits, or offsets of state and local income taxes.	4		4	
5 Alimony received	5		5	
6 Business income or loss	6		6	
7 Capital gain or loss.	7		7	
8 Other gains or losses	8		8	
9 Taxable amount of IRA distributions.	9		9	
10 Taxable amount of pensions and annuities.	10		10	
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11		11	
12 Farm income or loss.	12		12	
13 Unemployment compensation	13		13	
14 Taxable amount of social security benefits.	14		14	
15 Other income	15		15	
16 Add lines 1 through 15	16	228,874.	16	95,641.
17 Total federal adjustments to income.	17		17	
18 Federal adjusted gross income (subtract line 17 from line 16).	18	228,874.	18	95,641.
19 New York adjustments (see instructions).	19		19	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions).	20	228,874.	20	95,641.
21 Capital gain portion of lump-sum distributions (see instr.).	21		21	
22 Add lines 20 and 21	22	228,874.	22	95,641.

(continued on page 2)



Part 2 - Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

23	Enter the two- letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions)	23	CT	
	Also enter the locality name, if applicable: Locality name:			
24	Enter the amount of income tax computed on this year's return for the other state or local government (see instructions)	24		5,112.
25	New York State tax payable (see instructions)	25		12,771.
26	Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions)	26		0.4179
27	Multiply line 25 by line 26	27		5,337.
28	Enter amount from line 24 or line 27, whichever is less (see instructions)	28		5,112.
29	Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29		
30	Add lines 28 and 29	30		5,112.

Part 3 - Application of Credit

31	Tax due before credits (see instructions)	31		12,771.
32	Other credits that you applied before this credit (see instructions)	32		
33	Subtract line 32 from line 31	33		12,771.
34	Enter the amount from line 30 or line 33, whichever is less (see instructions)	34		5,112.

Part 4 - Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT- 201, IT- 203, or IT- 205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

35	Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)	35		5,022.
36	Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36		
37	Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37		90.
38	Mark an X in the box if the taxes paid to the other jurisdiction were paid on a group return			<input type="checkbox"/>

Enter the group's EIN



2013

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
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- 1 Have you already filed your New York State income tax return? Yes No
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.)

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	26,400.

- 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	D- Person with disability (see instr.)	E- Social security no.	F- Date of birth (mm-dd-yyyy)
NICOLAS	ESTEVES	13,200.	<input type="checkbox"/>	664-75-6596	12-16-2011
REFAEL	KIRCHGAESSNER	13,200.	<input type="checkbox"/>	111-98-6187	08-12-2009
			<input type="checkbox"/>		
			<input type="checkbox"/>		

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** 26,400.

- 4 Can you claim an exemption for all the qualified persons listed on line 3 and any additional sheet(s)? Yes 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 **5** Whole dollars only 6,000.
6 Enter your earned income (see instructions). **6** 95,641.
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** 131,835.
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** 228,874.
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.

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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).		228,874.
	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	

