

<b>Prepared for</b>	ALBERT J ESTEVES	
	FRANZISKA KIRCHGAESSNER	
<b>Tax Summary</b>	Gross Income .....	\$ 241,816
	Adjusted Gross Income .....	\$ 241,816
	Total Deductions .....	\$ 70,806
	Total Taxable Income .....	\$ 171,010
	Total Tax .....	\$ 36,464
	Total Payments .....	\$ 36,471
	Refund Amount .....	\$ 7
	Amount You Owe .....	\$ 0
<b>Make check payable to</b>	United States Treasury	
<b>Mailing Address</b>		

**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](http://www.irs.gov/form8879).

# 2014

Submission Identification Number (SID) ▶ **406472-2015** -

Taxpayer's name <b>ESTEVES, ALBERT J.</b>	Social security number <b>120-60-2151</b>
Spouse's name <b>KIRCHGAESSNER, FRANZISKA</b>	Spouse's social security number <b>085-72-1281</b>

Part I Tax Return Information - Tax Year Ending December 31, 2014 (Whole Dollars Only)		
1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	<b>241,816</b>
2	Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	<b>36,464</b>
3	Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	<b>36,471</b>
4	Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	<b>7</b>
5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	

### 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, 2014, 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 ERO firm name to enter or generate my PIN **87353** as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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 ▶ **04/05/2015**

#### Spouse's PIN: check one box only

I authorize HR BLOCK ERO firm name to enter or generate my PIN **08101** as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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 ▶ **04/05/2015**

### 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. **40647214348**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 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 ▶ **04/05/2015**

**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 2014

## For Forms IT-201, IT-203, IT-214, NYC-208, 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](http://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, NYC- 208, Claim for New York City Enhanced 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 2014 Form IT-370.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, NYC-208, 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.	<u>241,816</u>
2	Refund (from Form IT-201, line 78, or IT-203, line 68)	2.	<u>320</u>
3	Amount you owe (from Form IT- 201, line 80, or IT- 203, line 70)	3.	<u>          </u>

### Part B — Declaration of taxpayer and authorizations for Forms IT-201, IT-203, IT-214, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2014 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 2014 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 2014 electronic return, and I authorize my financial institution to withdraw the amount from my account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. 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 2014 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 2014 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2014 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 2014 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: CHRISTIAN HALL Date: 04-09-2015

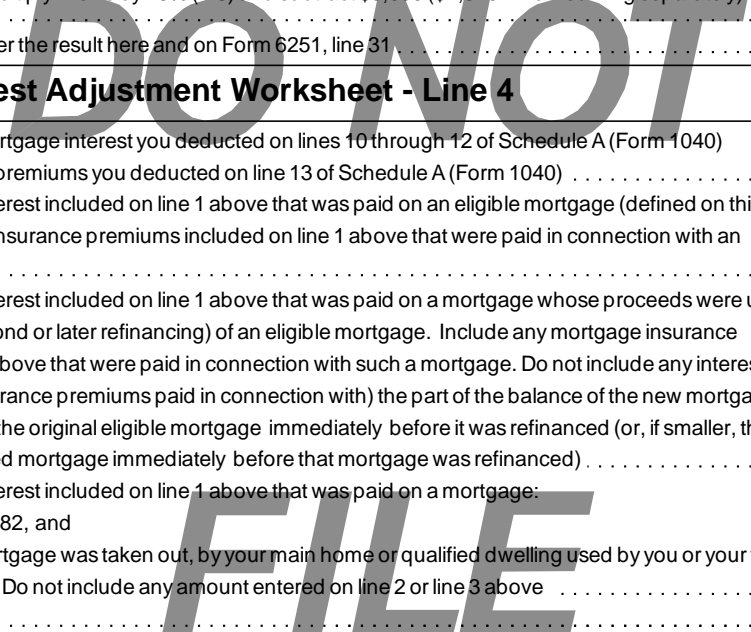
Print name: CHRISTIAN HALL

**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. \_\_\_\_\_
- 2a. Enter the amount from your (and your spouse's if filing jointly) Form 2555, line 45 and 50, or Form 2555- EZ, line 18 . . . 2a. \_\_\_\_\_
- b. Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . . 2b. \_\_\_\_\_
- c. Subtract line 2b from line 2a. If zero or less, enter - 0- . . . . . 2c. \_\_\_\_\_
- 3. Add lines 1 and 2c . . . . . 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), (as refigured for the AMT, if necessary), 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 64, here.
  - **All others:** If line 3 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.
- 5. **Tax on the amount on line 2c.** If line 2c is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,650 (\$1,825 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: \$328,500 if single or head of household, \$484,900 if married filing jointly or qualifying widow(er), or \$242,450 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: \$52,800 if single or head of household; \$82,100 if married filing jointly or qualifying widow(er); \$41,050 if married filing separately. . . . . 1. 82,100
- 2. Enter your alternative minimum taxable income (AMTI) from Form 6251, line 28. . . . . 2. 209,176
- 3. Enter: \$117,300 if single or head of household; \$156,500 if married filing jointly or qualifying widow(er); \$78,250 if married filing separately. . . . . 3. 156,500
- 4. Subtract line 3 from line 2. If zero or less, enter - 0- . . . . . 4. 52,676
- 5. Multiply line 4 by 25% (.25). . . . . 5. 13,169
- 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. 68,931
- 7. Minimum exemption amount for certain children under age 24 . . . . . 7. \$7250
- 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. \_\_\_\_\_

**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.	55,006
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.	0
3. Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No. Stop here.</b> Your deduction is not limited. Enter the amount on line 1 above on line 29, Schedule A. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	3.	55,006
4. Multiply line 3 by 80% . . . . .	4.	44,005
5. Enter the amount for Form 1040, line 38 . . . . .	5.	241,816
6. Enter \$305,050 if married filing jointly or qualifying widow(er), \$279,650 if head of household, \$254,200 if single, \$152,525 if married filing separately . . . . .	6.	305,050
7. Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No. Stop here.</b> Your deduction is not limited. Enter the amount on line 1 above on line 29, Schedule A. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	7.	_____
8. Multiply line 7 by 3% (.03) . . . . .	8.	_____
9. Enter the <b>smaller</b> of line 4 or line 8 . . . . .	9.	_____
10. <b>Total Itemized Deductions.</b> 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"/> <b>No.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 13. <input type="checkbox"/> <b>Yes.</b> 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. <b>Qualified mortgage insurance premiums deduction.</b> 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)**

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



**Detach Coupon Below  
Before Mailing**



Separate here and mail voucher to DRS. Make a copy for your records.

Department of Revenue Services  
State of Connecticut  
(Rev. 12/14)

**CT-1040V  
2014 Connecticut Electronic Filing Payment Voucher**

<b>CT-1040V</b>	<b>CT-1040V</b>
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**Do not submit a paper copy of your Connecticut income tax return with this voucher.**

Your first name <b>ALBERT J ESTEVES</b>	Middle initial	Last name	Your SSN <b>120-60-2151</b>
If a joint return, spouse's first name <b>FRANZISKA KIRCHGAESSNER</b>	Middle initial	Last name	Spouse's SSN <b>085-72-1281</b>
Home address (number and street) <b>80 OLD BOSTON POST ROAD APT 9</b>	PO Box		<input type="checkbox"/> Check here if this is the first time you are filing a Connecticut income tax return.
City or town <b>NEW ROCHELLE NY</b>	State <b>NY</b>	ZIP Code <b>10801</b>	
1. Enter the amount enclosed . . . . . 1.			<b>122.00</b>

Make check payable to **Commissioner of Revenue Services**. Write your SSN (optional) and "2014 CT- 1040V efile" on your check.

**Mail to:**

DRS  
State of Connecticut  
PO Box 2921  
Hartford CT 06104-2921

412060215100857212810123120140000000122001

# H&R Block ADVANTAGE®



**H&R BLOCK**

**Prepared For:**

ALBERT J. ESTEVES AND FRANZISKA  
KIRCHGAESSNER

Date Prepared:

04/09/2015

**Prepared By:**

CHRISTIAN HALL  
HRB TAX GROUP INC  
880 Michigan Ave  
Baldwin, MI 49304-0000  
(231)745-4951

**For Year-round Service:**

HRB TAX GROUP INC  
163 W River Valley Dr  
Newaygo, MI 49337-0000  
(231)652-6704

hrblock.com

Online PIN : 66A31314

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
- \* By participating in a qualified retirement plan through your employer this year and making your contributions with pretax dollars, you reduced your taxes by: \$1,233.00
- \* 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 2014, your Marginal Tax Rate is 28% and your Effective Tax Rate is 15%.

**Total Savings..... \$10,372.00**

## Filing, Refund and Balance Due Information

Tax Return	efile	Refund / (Balance Due)	Summary		Message
Federal	Yes	\$7.00	Refund	\$7.00	Based on IRS acceptance of your tax return today, your direct deposit of \$7.00 should be available in your bank account within 21 days.
Connecticut	Yes	(\$122.00)	Balance Due	(\$122.00)	The check payable to Commissioner Of Revenue Services is due by April 15, 2015 for \$122.00. Mail check to: Department Of Revenue Services State Of Connecticut P.O. Box 2921 Hartford, CT 06104-2921
New York	Yes	\$320.00	Refund	\$320.00	Based on acceptance of your New York return today, New York will direct deposit your refund in the amount of \$320.00 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.

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.





## Filing, Refund and Balance Due Information

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<b>Tax Return</b>	<b>efile</b>	<b>Refund / (Balance Due)</b>	<b>Summary</b>	<b>Message</b>
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\*To check the status of your return 24 hours a day, log on to [www.hrblock.com/myreturnstatus](http://www.hrblock.com/myreturnstatus) or call toll-free 1-866-761-1040. Have the primary Social Security number and date of birth available.

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## 2014 Tax Return Summary

### Federal Year over Year Comparison

INCOME	Year 2014	Year 2013	Change(\$)
Wages, salaries, tips	\$240,933	\$227,476	\$13,457
Taxable interest income	\$348	\$596	(\$248)
Ordinary dividend income	\$535	\$802	(\$267)
Total income	\$241,816	\$228,874	\$12,942
<b>ADJUSTED GROSS INCOME</b>			
Total income less total adjustments	\$241,816	\$228,874	\$12,942
<b>TAXABLE INCOME</b>			
Taxes	\$22,366	\$0	\$22,366
Deductible interest	\$32,640	\$0	\$32,640
Total itemized deductions	\$55,006	\$0	\$55,006
Standard deductions	\$12,400	\$12,200	\$200
Exemptions	\$15,800	\$15,600	\$200
Taxable income	\$171,010	\$159,454	\$11,556
<b>TAX COMPUTATION</b>			
Income tax	\$35,130	\$0	\$35,130
Alternative minimum tax	\$1,334	\$0	\$1,334
Tax before credits	\$36,464	\$32,676	\$3,788
<b>CREDITS</b>			
Child care credit	\$0	\$1,200	(\$1,200)
Total credits	\$0	\$1,200	(\$1,200)
Tax after credits	\$36,464	\$31,476	\$4,988
<b>OTHER TAXES</b>			
Total tax	\$36,464	\$31,476	\$4,988
<b>PAYMENTS</b>			
Federal withholding	\$36,471	\$33,890	\$2,581
Total payments	\$36,471	\$33,890	\$2,581
<b>REFUND</b>			
Overpayment	\$7	\$2,414	(\$2,407)
Refund due	\$7	\$2,414	(\$2,407)
<b>OTHER COMPUTATIONS</b>			
Alternative minimum taxable income	\$209,176	\$0	\$209,176
Total tax preferences and adjustments	\$22,366	\$0	\$22,366
Marginal tax bracket	28%	28%	
Effective tax bracket	15%		
Filing status	Married Filing Jointly		

# IRS e-file Signature Authorization

# 2014

Department of the Treasury  
Internal Revenue Service

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5	Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	

### 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, 2014, 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 ERO firm name to enter or generate my PIN **87353** as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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 ▶ **04/05/2015**

#### Spouse's PIN: check one box only

I authorize HR BLOCK ERO firm name to enter or generate my PIN **08101** as my signature on my tax year 2014 electronically filed income tax return. Enter five digits, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2014 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 ▶ **04/05/2015**

### 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. **40647214348**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2014 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 ▶ **04/05/2015**

**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 2014

## For Forms IT-201, IT-203, IT-214, NYC-208, 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](http://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, NYC- 208, Claim for New York City Enhanced 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 2014 Form IT-370.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-203, IT-214, NYC-208, 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. _____	241,816
2 Refund (from Form IT-201, line 78, or IT-203, line 68) .....	2. _____	320
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, NYC-208, and NYC-210

Under penalty of perjury, I declare that I have examined the information on my 2014 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 2014 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 2014 electronic return, and I authorize my financial institution to withdraw the amount from my account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. 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 2014 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 2014 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2014 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 2014 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: CHRISTIAN HALL Date: 04-09-2015

Print name: CHRISTIAN HALL

For the year Jan. 1- Dec. 31, 2014, or other tax year beginning , 2014, 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  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately Enter spouse's SSN above & full name here.  
 4  Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this 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.  
 b  Spouse  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if qual. child <17 for child tax cr. (see inst)  
 If more than four dependents, see inst and check here   
 d Total number of exemptions claimed **4**

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

**Income**

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	240,933.
8a	Taxable interest. Attach Schedule B if required	348.
8b	Tax-exempt interest. Do not include on line 8a	
9a	Ordinary dividends. Attach Schedule B if required	535.
9b	Qualified dividends	
10	Taxable refunds, credits, or offsets of state and local income taxes	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here.	
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	
15b	Taxable amt	
16a	Pensions and annuities	
16b	Taxable amt	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20a	Social security benefits	
20b	Taxable amount	
21	Other income. List type and amount	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income.	241,816.

**Adjusted Gross Income**

Line	Description	Amount
23	Educator expenses	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	
25	Health savings account deduction. Attach Form 8889	
26	Moving expenses. Attach Form 3903	
27	Deductible part of self-employment tax. Attach Schedule SE	
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction	
30	Penalty on early withdrawal of savings	
31a	Alimony paid b Recipient's SSN	
32	IRA deduction	
33	Student loan interest deduction	
34	Tuition and fees. Attach Form 8917	
35	Domestic production activities deduction. Attach Form 8903	
36	Add lines 23 through 35	
37	Subtract line 36 from line 22. This is your adjusted gross income.	241,816.

**KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form 1040 (2014)

<b>Tax and Credits</b>	<b>38</b> Amount from line 37 (adjusted gross income)	<b>38</b>	<b>241,816.</b>
<b>Standard Deduction for -</b> • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	<b>39a</b> Check <input type="checkbox"/> You were born before January 2, 1950, if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. } <b>Total boxes checked</b> ▶ <b>39a</b> <input type="checkbox"/>		
	<b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>		
	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	<b>55,006.</b>
	<b>41</b> Subtract line 40 from line 38	<b>41</b>	<b>186,810.</b>
	<b>42</b> <b>Exemptions.</b> If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	<b>42</b>	<b>15,800.</b>
	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter - 0-	<b>43</b>	<b>171,010.</b>
	<b>44</b> <b>Tax.</b> Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	<b>35,130.</b>
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	<b>1,334.</b>
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	<b>36,464.</b>
<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>		
<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>		
<b>50</b> Education credits from Form 8863, line 19	<b>50</b>		
<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>		
<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>		
<b>53</b> Residential energy credit. Attach Form 5695	<b>53</b>		
<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>		
<b>55</b> Add in 48 through 54. These are your <b>total credits</b>	<b>55</b>		
<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter - 0-	<b>56</b>	<b>36,464.</b>	

<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	<b>36,464.</b>	

<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	<b>36,471.</b>
	<b>65</b> 2014 estimated tax payments and amount applied from 2013 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b>	<b>66a</b>	
	<b>b</b> Nontaxable combat pay election <b>66b</b>	<b>66b</b>	
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Re-served <b>c</b> <input type="checkbox"/> Re-served <b>d</b> <input type="checkbox"/>	<b>73</b>		
<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	<b>36,471.</b>	

<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	<b>7.</b>
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	<b>76a</b>	<b>7.</b>
	Direct deposit? ▶ <b>b</b> Routing number <b>021000089</b> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings See instructions. ▶ <b>d</b> Account number <b>06479593</b>		
<b>77</b> Amount of line 75 you want <b>applied to your 2015 estimated tax</b> ▶	<b>77</b>		

<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

**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) 652-6704** Personal ID number (PIN) ▶ **22486**

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

<b>Print/Type preparer's name</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>CHRISTIAN HALL</b>		<b>04/09/2015</b>		<b>P00474340</b>
	Firm's name ▶ <b>HRB TAX GROUP INC</b>	Firm's EIN ▶ <b>43-1871840</b>			
Firm's address ▶ <b>BALDWIN, MI 49304</b>			Phone no. <b>(231) 745-4951</b>		

**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](http://www.irs.gov/schedulea).  
► Attach to Form 1040.

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**ALBERT J ESTEVES & FRANZISKA KIRCHGAESSNER**

Your social security number

**120-60-2151**

<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
<b>Medical and Dental Expenses</b>	1 Medical and dental expenses (see instructions) _____	1	
	2 Enter amount from Form 1040, line 38 . . . . . <b>2</b>		
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, 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	
<b>Taxes You Paid</b>	5 State and local (check only one box)		
	a <input checked="" type="checkbox"/> Income taxes, or	5	13,988.
	b <input type="checkbox"/> General sales taxes }		
	6 Real estate taxes (see instructions) . . . . .	6	8,378.
	<b>80 OLD BOSTON POST ROAD</b> . . . . . <b>8,378.</b>		
	7 Personal property taxes . . . . .	7	
	8 Other taxes. List type and amount _____	8	
	9 Add lines 5 through 8 . . . . .	9	22,366.
<b>Interest You Paid</b>	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.
<b>Gifts to Charity</b>	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 <b>must</b> attach Form 8283 if over \$500. . . . .	17	
	18 Carryover from prior year . . . . .	18	
	19 Add lines 16 through 18 . . . . .	19	
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) . . . . .	20	
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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 . . . . . <b>25</b>	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	
<b>Other Miscellaneous Deductions</b>	28 Other - from list in instructions. List type and amount ► _____	28	
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$152,525? <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	55,006.
	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) 2014

# Alternative Minimum Tax-Individuals

▶ Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

▶ Attach to Form 1040 or Form 1040NR.

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

**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	186,810.
2 Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> 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	22,366.
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 \$152,525 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 <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$242,450, see instructions.) . . . . .	28	209,176.

**Part II Alternative Minimum Tax (AMT)**

29 Exemption. (If you were under age 24 at the end of 2014, see instructions.)		
<b>IF your filing status is . . . . . AND line 28 is not over . . . . . THEN enter on line 29 . . . . .</b>		
Single or head of household . . . . . \$117,300 . . . . . \$52,800	}	
Married filing jointly or qualifying widow(er) 156,500 . . . . . 82,100		
Married filing separately . . . . . 78,250 . . . . . 41,050		
If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.	29	68,931.
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	140,245.
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 64 here. • <b>All others:</b> If line 30 is \$182,500 or less (\$91,250 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,650 (\$1,825 if married filing separately) from the result.	31	36,464.
32 Alternative minimum tax foreign tax credit (see instructions) . . . . .	32	
33 Tentative minimum tax. Subtract line 32 from line 31 . . . . .	33	36,464.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions) . . . . .	34	35,130.
35 <b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter - 0- . Enter here and on Form 1040, line 45 . . . . .	35	1,334.

**KBA For Paperwork Reduction Act Notice, see your tax return instructions.** Form **6251** (2014)



# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).

▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. **53**

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

**ALBERT J ESTEVES**

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

**120-60-2151**

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

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

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions)		<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	
3	If you were under age 55 at the end of 2014, and on the first day of <b>every</b> month during 2014, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,300 (\$6,550 for family coverage). <b>All others</b> , see instructions for the amount to enter	3	6,550.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter - 0-	5	6,550.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter	6	6,550.
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,550.
9	Employer contributions made to your HSAs for 2014	9	2,500.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	2,500.
12	Subtract line 11 from line 8. If zero or less, enter - 0-	12	4,050.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25	13	0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).			

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

14a	Total distributions you received in 2014 from all HSAs (see instructions)		1,538.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,538.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,538.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter - 0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	0.
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here	▶ <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.	17b	

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

Department Of Revenue Services  
State Of Connecticut  
P.O. Box 2921  
Hartford CT 06104-2921

Fold here #10 envelope

Department Of Revenue Services  
State Of Connecticut  
P.O. Box 2921  
Hartford CT 06104-2921

Fold here for 6x9 envelope

Fold here #10 envelope

**2014 STATE TAX RETURN FILING INSTRUCTIONS**

CONNECTICUT

**FOR THE YEAR ENDING**  
December 31, 2014

<b>Prepared for</b>	ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER																								
<b>Tax Summary</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Gross Income .....</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 30%; text-align: right;">241,816</td> </tr> <tr> <td>Adjusted Gross Income .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">241,816</td> </tr> <tr> <td>Total Deductions .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Total Taxable Income .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">241,816</td> </tr> <tr> <td>Total Tax .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">5,444</td> </tr> <tr> <td>Total Payments .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">5,322</td> </tr> <tr> <td>Refund Amount .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">0</td> </tr> <tr> <td>Amount You Owe .....</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">122</td> </tr> </table>	Gross Income .....	\$	241,816	Adjusted Gross Income .....	\$	241,816	Total Deductions .....	\$	0	Total Taxable Income .....	\$	241,816	Total Tax .....	\$	5,444	Total Payments .....	\$	5,322	Refund Amount .....	\$	0	Amount You Owe .....	\$	122
Gross Income .....	\$	241,816																							
Adjusted Gross Income .....	\$	241,816																							
Total Deductions .....	\$	0																							
Total Taxable Income .....	\$	241,816																							
Total Tax .....	\$	5,444																							
Total Payments .....	\$	5,322																							
Refund Amount .....	\$	0																							
Amount You Owe .....	\$	122																							
<b>Make check payable to</b>	Commissioner of Revenue Services																								
<b>Mailing Address</b>	Department of Revenue Services P.O. Box 2921 Hartford, CT 06104-2921																								
<b>Special Instructions</b>	<p>PAY BALANCE DUE ON YOUR TAXES Complete your check or money order for \$122. Do not send cash and do not forget to sign the check. Enclose CT-1040V with your check. Write your Social Security number(s), daytime phone number, 2014, and Form CT-1040NR/PY on your check or money order (U.S. funds only).</p> <p>MAIL PAYMENT &amp; FORM CT-1040V TO: Mailing Address listed above. To retain the proof of mailing, we recommend using certified mail to send your form(s). When mailing to an address without a P.O. box, you may also use: Airborne Express, DHL Worldwide Express, FedEx, or UPS.</p> <p>KEEP A COPY Click on Main Menu and then E-File or Print to print your return. Attach your copy of each W-2, W-2G, 1099R or 1099G with withholding. Keep with your records for three years.</p>																								

**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** completed pages of CT-1040 NR/PY and Schedule CT-CHET. Send all four pages of your completed return, the completed Schedule CT-CHET, and any supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2014 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.**

1402110298

**Form CT-1040NR/PY - 2014, Page 1 of 4**  
 Connecticut Nonresident and Part-Year Resident Income Tax Return

Other taxable year, beginning: 2014 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.	241816
2. Additions to federal adjusted gross income (from Schedule 1, Line 41)	2.	0
3. Add Line 1 and Line 2	3.	241816
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 52)	4.	0
5. <b>Connecticut adjusted gross income:</b> Line 4 subtracted from Line 3.	5.	241816
6. Income from Connecticut sources (from Schedule CT-SI, Line 30)	6.	101197
7. Greater of Line 5 or Line 6. If less than zero, "0" is entered on Line 12.	7.	241816
8. Income tax	8.	13009
9. Line 6 divided by Line 5. If Line 6 is equal to or greater than Line 5, 1.0000 is entered.	9.	0.4185
10. Line 9 multiplied by Line 8	10.	5444
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.	5444
13. Connecticut alternative minimum tax (from Form CT-6251)	13.	0
14. Add Line 12 and Line 13.	14.	5444
15. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	15.	0
16. <b>Connecticut income tax:</b> Line 15 subtracted from Line 14. If less than zero, "0" is entered.	16.	5444
17. Individual use tax (from Schedule 3, Line 62) If no tax is due, "0" is entered.	17.	0
18. <b>Total tax:</b> Add Line 16 and Line 17.	18.	5444

CLIP DO NOT SEND HERE OR 1099 FORMS



1402110298

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19. Amount from Line 18

19. •

5444

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	• 101197	•	5322
20b. -	• 0	•	0
20c. -	• 0	•	0
20d. -	• 0	•	0
20e. -	• 0	•	0
20f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)	20f.		0
20. <b>Total Connecticut income tax withheld:</b> Amounts in Column C.	20.		5322
21. All 2014 estimated tax payments and any overpayments applied from a prior year	21.		0
22. Payments made with Form CT-1040 EXT	22.		0
22a. Claim of right credit (from Form CT-1040CRC, Line 6)	22a.		0
23. <b>Total payments:</b> Add Lines 20, 21, 22 and 22a.	23.		5322
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 <b>applied to your 2015 estimated tax</b>	25.		0
26. CHET contribution (from Schedule CT-CHET, Line 4)	26.		0
26a.Total contributions of refund to designated charities (from Schedule 4, Line 63)	26a.		0
27. <b>Refund:</b> Lines 25, 26, and 26a subtracted from Line 24.	27.		0
<b>If you have not elected to direct deposit, the refund may be issued by debit card or check.</b>			
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	
28. <b>Tax due:</b> If Line 19 is more than Line 23, Line 23 subtracted from Line 19.	28.		122
29. If late: Penalty entered. Line 28 multiplied by 10% (.10).	29.		0
30. If late: Interest entered.			0
Line 28 multiplied by number of months or fraction of a month late, then by 1% (.01).			30.
31. Interest on underpayment of estimated tax (from Form CT-2210.)	31.		0
32. <b>Total amount due:</b> Add Lines 28 through 31.	32.		122

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.

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
•		• 04092015	• 2317454951
Firm's name, address, and ZIP code		Preparer's SSN or PTIN	
• 880 MICHIGAN AVE BALDWIN MI 49304		P00474340	
		FEIN	
		431871840	

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)
•	•	•

KEEP A COPY FOR YOUR RECORDS SIGN HERE

**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. <b>Total additions:</b> 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. <b>Total subtractions:</b> 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. MR	63f.	0
63g. CBS	63g.	0
63. <b>Total Contributions:</b> Add Lines 63a through 63g.	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.

Complete in blue or black ink only.

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

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	101,197
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	101,197 <sup>00</sup>

**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 27. . . . . ▶	29	
30. <b>Income from Connecticut sources:</b> Subtract Line 29 from Line 15. Enter the amount here and on <b>Form CT- 1040NR/PY</b> , Line 6 . . . . . ▶	30	101,197 <sup>00</sup>

**Employee Apportionment Worksheet -** Complete Lines A through G only when the income from employment is earned both inside and outside Connecticut and the exact amount of Connecticut income is not known. **Do not complete Lines A through G if you know the exact amount of your Connecticut- sourced income.** See instructions, Page 32.

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

Basis, if other than working days: \_\_\_\_\_

**Form CT-6251**  
**Connecticut Alternative Minimum Tax Return - Individuals**

**2014**

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

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

1. Federal alternative minimum taxable income: See instructions.	▶ 1.	209,176	00
2. Additions to federal alternative minimum taxable income: See instructions.	▶ 2.		00
3. Add Line 1 and Line 2.	3.	209,176	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 \$242,450, see instructions.	▶ 5.	209,176	00
6. Enter \$82,100 if filing jointly or qualifying widow(er); \$52,800 if single or head of household; or \$41,050 if filing separately.	6.	82,100	00
7. Enter \$156,500 if filing jointly or qualifying widow(er); \$117,300 if single or head of household; or \$78,250 if filing separately.	7.	156,500	00
8. Subtract Line 7 from Line 5. If zero or less, enter "0" here and on Line 9.	8.	52,676	00
9. Multiply Line 8 by 25% (.25).	9.	13,169	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 2014, see instructions.	▶ 10.	68,931	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.	140,245	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 <b>and</b> : <ul style="list-style-type: none"> <li>● You filed federal Form 2555 or Form 2555- EZ, see the Line 12 instructions for the amount to enter.</li> <li>● You completed Part III of federal Form 6251, complete Part II of this form and enter the amount from Line 52 here.</li> </ul> <b>All others:</b> If Line 11 is \$182,500 or less (\$91,250 or less if filing separately), multiply Line 11 by 26% (.26). Otherwise, multiply Line 11 by 28% (.28) and subtract \$3,650 (\$1,825 if filing separately) from the result.	▶ 12.	36,464	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.	36,464	00
15. Multiply Line 14 by 19% (.19).	15.	6,928	00
16. Multiply Line 5 by 5.5% (.055).	16.	11,505	00
17. Connecticut minimum tax: Enter the lesser of Line 15 or Line 16.	17.	6,928	00
18. Apportionment factor: <b>Residents</b> , enter 1.0000; <b>nonresidents</b> and <b>part-year residents</b> , see instructions.	▶ 18.	0.4838	
19. Apportioned Connecticut minimum tax: Multiply Line 17 by Line 18.	19.	3,352	00
20. Connecticut income tax from Form CT- 1040, Line 6, or Form CT- 1040NR/PY, Line 10.	▶ 20.	5,444	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. <b>Residents and part-year residents only</b> from Schedule A, Line 61.	▶ 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®**

**2014 STATE TAX RETURN FILING INSTRUCTIONS**

NEW YORK

**FOR THE YEAR ENDING**  
December 31, 2014

**Prepared for** ALBERT J ESTEVES and FRANZISKA KIRCHGAESSNER

<b>Tax Summary</b>	Gross Income .....	\$	241,816
	Adjusted Gross Income .....	\$	241,816
	Total Deductions .....	\$	32,442
	Total Taxable Income .....	\$	207,374
	Total Tax .....	\$	8,346
	Total Payments .....	\$	8,666
	Refund Amount .....	\$	320
	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.

2014

Resident Income Tax Return

New York State • New York City • Yonkers

For the full year January 1, 2014, through December 31, 2014, or fiscal year beginning . . .

14

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

and ending . . . .

Form fields for personal information: Your first name (ALBERT), Spouse's first name (FRANZISKA), Mailing address (80 OLD BOSTON POST ROAD), City (NEW ROCHELLE), State (NY), ZIP code (10801), etc.

- A Filing status (mark an X in one box): 1 Single, 2 Married filing joint return (checked), 3 Married filing separate return, 4 Head of household, 5 Qualifying widow(er) with dependent child

- B Did you itemize your deductions on your 2014 federal income tax return? (checked)
C Can you be claimed as a dependent on another taxpayer's federal return? (checked)
D1 Did you have a financial account located in a foreign country? (checked)

- D2 Yonkers residents and Yonkers part-year residents only: (1) Did you receive a property tax freeze credit? (checked)
D3 Did you receive a family tax relief credit? (checked)
E (1) Did you or your spouse maintain living quarters in NYC during 2014? (checked)
F NYC residents and NYC part-year residents only: (1) Number of months you lived in NYC in 2014
G Enter your 2-character special condition code if applicable

H Dependent exemption information (see page 14)

Table with 6 columns: First name, MI, Last name, Relationship, Social security number, Date of birth (mmdyyy). Rows include REFAEL ESTEVES and NICOLAS ESTEVES.

If more than 7 dependents, mark an X in the box. [ ]



For office use only

Your social security number  
120-60-2151

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	240,933	00
2	Taxable interest income	2	348	00
3	Ordinary dividends	3	535	00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C- EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of fed Schedule E, Fm 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 14) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	241,816	00
18	Total federal adjustments to income (see page 14) Identify:	18		00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	241,816	00

**New York additions** (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		00
22	<b>New York's</b> 529 college savings program distributions (see page 15)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	241,816	00

**New York subtractions** (see page 16)

25	Taxable refs, credits, or offsets of state & local income taxes (from ln 4)	25		00
26	Pensions of NYS & local govts & the fed government (see page 16)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 16)	29		00
30	<b>New York's</b> 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	241,816	00

**Standard deduction or itemized deduction** (see page 18)

34	Enter your <b>standard deduction</b> (table on page 18) or your <b>itemized deduction</b> (from Form IT- 201- D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or- <input checked="" type="checkbox"/> Itemized	34	32,442	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	209,374	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18)	36	2,000	00
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	207,374	00



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 19)

38	Taxable income (from line 37 on page 2)	38	207,374	00
39	NYS tax on line 38 amount (see page 19 and Tax computation on pages 51, 52, and 53)	39	13,790	00
40	NYS household credit (page 19, table 1, 2, or 3)	40		00
41	Resident credit (see page 20)	41	5,444	00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43	Add lines 40, 41, and 42	43	5,444	00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	8,346	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	<b>Total New York State taxes</b> (add lines 44 and 45)	46	8,346	00

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

47	NYC resident tax on line 38 amount (see page 20)	47		00
48	NYC household credit (page 20, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52		00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
55	Yonkers resident income tax surcharge (see page 22)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	<b>Total New York City and Yonkers taxes / surcharges</b> (add lines 54 through 57)	58		00
59	<b>Sales or use tax</b> (see page 23; do not leave line 59 blank)	59	0	00

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and tax surcharges.

**Voluntary contributions** (see page 24)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 24)	60e		00
60f	Prostate and Testicular Cancer Research Fund and Education Fund	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60	<b>Total voluntary contributions</b> (add lines 60a through 60j)	60		00
61	<b>Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions</b> (add lines 46, 58, 59, and 60)	61	8,346	00



Your social security number  
120-60-2151

62 Enter amount from line 61. . . . . **62** 8,346 00

**Payments and refundable credits** (see page 25)

63	Empire State child credit . . . . .	63		00
64	NYS/NYC child and dependent care credit . . . . .	64		00
65	NYS earned income credit (EIC) . . . . .	65		00
66	NYS noncustodial parent EIC . . . . .	66		00
67	Real property tax credit . . . . .	67		00
68	College tuition credit . . . . .	68		00
69	NYC school tax credit (also complete F on page 1; see page 25) . . . . .	69		00
70	NYC earned income credit . . . . .	70		00
70a	NYC enhanced real property tax credit . . . . .	70a		00
71	Other refundable credits (Form IT-201-ATT, line 18) . . . . .	71		00
72	Total <b>New York State</b> tax withheld . . . . .	72	8,666	00
73	Total <b>New York City</b> tax withheld . . . . .	73		00
74	Total <b>Yonkers</b> tax withheld . . . . .	74		00
75	Total estimated tax payments and amount paid with Form IT-370 . . . . .	75		00
76	<b>Total payments</b> (add lines 63 through 75) . . . . .	76	8,666	00

Submit your wage and tax statements with your return (see page 27).

**Your refund, amount you owe, and account information** (see pages 27 through 30)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) . . . . . **77** 320 00

78 Amount of line 77 to be refunded  
Mark one refund choice:  direct deposit (fill in line 83) -or-  debit card -or-  paper check . . . . . **78** 320 00

79 Amount of line 77 that you want applied to your 2015 estimated tax (see instructions) . . . . . **79** 00

See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. . . . . **80** 00

See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) . . . . . **81** 00

See page 31 for the proper assembly of your return.

82 Other penalties and interest (see pages 29) . . . . . **82** 00

83 Account information for direct deposit or electronic funds withdrawal (see page 29). 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 29) . . . . .

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 30) . . . . . Date  Amount  00

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

▼ <b>Paid preparer must complete</b> (see instr.) ▼ Preparer's signature <b>CHRISTIAN HALL</b> Firm's name (or yours, if self-employed) <b>HRB TAX GROUP INC</b> Address <b>880 MICHIGAN AVE                  BALDWIN MI 49304</b> E-mail:	Date <b>04-09-2015</b> Preparer's NYTPRIN <b>12244376</b> Preparer's PTIN or SSN <b>P00474340</b> Employer identification number <b>43-1871840</b> NYTPRIN excl. code
---	--

▼ <b>Taxpayer(s) must sign here</b> ▼ Your signature <b>For Info Only - Do Not File</b> Your occupation <b>SOFTWARE DEVELOPER</b> Spouse's signature and occupation (if joint return) <b>For Info Only DIRECTOR PRODUCTI</b> Date Daytime phone number <b>914-738-0158</b> E-mail: <b>AESTEVEES@GMAIL.COM</b>
---

See instructions for where to mail your return.

201004141029



2014

Resident Itemized Deduction Schedule

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		00
2	Taxes you paid (federal Schedule A, line 9). . . . .	2	22,366	00
3	Interest you paid (federal Schedule A, line 15). . . . .	3	32,640	00
4	Gifts to charity (federal Schedule A, line 19). . . . .	4		00
5	Casualty and theft losses (federal Schedule A, line 20). . . . .	5		00
6	Job expenses /miscellaneous deductions (federal Schedule A, line 27) . . . . .	6		00
7	Other miscellaneous deductions (federal Schedule A, line 28). . . . .	7		00
8	Enter amount from federal Schedule A, line 29. . . . .	8	55,006	00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions). . . . .	9	13,988	00
10	Subtract line 9 from line 8. . . . .	10	41,018	00
11	Addition adjustments (see instructions). . . . .	11		00
12	Add lines 10 and 11 . . . . .	12	41,018	00
13	Itemized deduction adjustment (see instructions). . . . .	13	8,576	00
14	Subtract line 13 from line 12. . . . .	14	32,442	00
15	College tuition itemized deduction (see Form IT-272). . . . .	15		00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT- 201, line 34). . . . .	16	32,442	00

201005141029





**2014**

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 Amount reported on New York State return		B Amount sourced to and taxed by other taxing authority	
	Whole dollars only		Whole dollars only	
1 Wages, salaries, tips, etc. . . . .	1	240,933.00	1	101,197.00
2 Taxable interest income . . . . .	2	348.00	2	.00
3 Ordinary dividends . . . . .	3	535.00	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	4	.00	4	.00
5 Alimony received . . . . .	5	.00	5	.00
6 Business income or loss . . . . .	6	.00	6	.00
7 Capital gain or loss . . . . .	7	.00	7	.00
8 Other gains or losses . . . . .	8	.00	8	.00
9 Taxable amount of IRA distributions . . . . .	9	.00	9	.00
10 Taxable amount of pensions and annuities . . . . .	10	.00	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	11	.00	11	.00
12 Farm income or loss . . . . .	12	.00	12	.00
13 Unemployment compensation . . . . .	13	.00	13	.00
14 Taxable amount of social security benefits . . . . .	14	.00	14	.00
15 Other income . . . . .	15	.00	15	.00
16 Add lines 1 through 15. . . . .	16	241,816.00	16	101,197.00
17 Total federal adjustments to income . . . . .	17	.00	17	.00
18 Federal adjusted gross income (subtract line 17 from line 16) . . . . .	18	241,816.00	18	101,197.00
19 New York adjustments (see instructions) . . . . .	19	.00	19	
20 New York adjusted gross income (line 18 and add or subtract line 19; see instructions) . . . . .	20	241,816.00	20	101,197.00
21 Capital gain portion of lump-sum distributions (see instr.) . . . . .	21	.00	21	.00
22 Add lines 20 and 21. . . . .	22	241,816.00	22	101,197.00

(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 imposed on this year's return for the other state or local government (see instructions). 24 5,444 .00

If the taxes were paid on a group (composite) return, then mark an **X** in the box

Enter the group's EIN  

25 New York State tax payable (see instructions) 25 13,790 .00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) 26 0.4185

27 Multiply line 25 by line 26 27 5,771 .00

28 Enter amount from line 24 or line 27, whichever is less (see instructions). 28 5,444 .00

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 .00

30 Add lines 28 and 29 30 5,444 .00

**Part 3 - Application of Credit**

31 Tax due before credits (see instructions) 31 13,790 .00

32 Other credits that you applied before this credit (see instructions) 32 .00

33 Subtract line 32 from line 31 33 13,790 .00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) 34 5,444 .00

**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 5,322 .00

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 .00

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) 37 122 .00

