

**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).

**2013**

Submission Identification  
Number (SID)

▶ 20075220142670000177

Taxpayer's name  
JOSHI BARUFKIN

Social security number  
661-02-0752

Spouse's name  
ANSHU NAGESH

Spouse's social security number  
662-02-0752

**Part I Tax Return Information-Tax Year Ending December 31, 2013 (Whole Dollars Only)**

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) . . . . .	1	35,990.
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) . . . . .	2	
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) . . . . .	3	2,556.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) . . . . .	4	6,350.
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) . . . . .	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2013, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment 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 KINNELON PUBLIC LIBRARY to enter or generate my PIN 12345  
**ERO firm name** Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2013 electronically filed income tax return.

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

Your signature ▶ \_\_\_\_\_ Date ▶ 08/24/2014

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

I authorize KINNELON PUBLIC LIBRARY to enter or generate my PIN 12345  
**ERO firm name** Enter five numbers, but do not enter all zeros  
as my signature on my tax year 2013 electronically filed income tax return.

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

Spouse's signature ▶ \_\_\_\_\_ Date ▶ 08/24/2014

**Practitioner PIN Method Returns Only-continue below**

**Part III Certification and Authentication-Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 20075298765  
Do not enter all zeros

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

ERO's signature ▶ S24051405 KINNELON PUBLIC LIBRAR Date ▶ 08/24/2014

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

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, 2013, ending \_\_\_\_\_, 20

Your first name and initial **JOSHI BARUFKIN** Last name \_\_\_\_\_ See separate instructions.

Your social security number **661-02-0752**

If a joint return, spouse's first name and initial **ANSHU NAGESH** Last name \_\_\_\_\_ Spouse's social security number **662-02-0752**

Home address (number and street). If you have a P.O. box, see instructions. **876 KEALING AVE APT 9A** Apt. no. \_\_\_\_\_ **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **WYCKOFF NJ 07481-**

Foreign country name \_\_\_\_\_ Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**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

**Filing Status**

1  Single **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. ▶ \_\_\_\_\_

2  Married filing jointly (even if only one had income)

3  Married filing separately. Enter spouse's SSN above and full name here. ▶ \_\_\_\_\_

5  Qualifying widow(er) with dependent child

Check only one box.

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a

b  Spouse

**Boxes checked on 6a and 6b** **2**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instr.)	No. of children on 6c who:
<b>SAMUAL</b>	<b>BARUFKIN</b>	<b>664-02-0752</b>	<b>SON</b>	<input checked="" type="checkbox"/>	<b>lived with you</b>
<b>ALICE</b>	<b>NAGESH</b>	<b>663-02-0752</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	<b>did not live with you due to divorce or separation (see instructions)</b>
					<b>Dependents on 6c not entered above</b>

**Add numbers on lines above** **4**

d Total number of exemptions claimed **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **35,990.**

8a Taxable interest. Attach Schedule B if required **8a**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** Taxable amount

16a Pensions and annuities **16a** **16b** Taxable amount

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**

18 Farm income or (loss). Attach Schedule F **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **20b** Taxable amount

21 Other income. List type and amount **21**

22 Combine the amounts in the far right col for lines 7 through 21. This is your **total income** **22** **35,990.**

**Adjusted Gross Income**

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN ▶ **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **36**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **37** **35,990.**

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-55 for tax and credits.

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

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 56-61 for other taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 62-72 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 73-75 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 76-77 for amount you owe.

Third Party Designee

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

Sign Here

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

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

Paid Preparer Use Only

Print/Type preparer's name: AARP FOUNDATION TAX-AIDE; Preparer's signature; Date; Check if self-employed; PTIN: S24051405; Firm's name: KINNELON PUBLIC LIBRARY; Firm's EIN; Firm's address; Phone no.

**US Child Tax Credit, Federal Extension Payment, and Carryovers Worksheet 2013**

Name: JOSHI BARUFKIN & ANSHU NAGESH

SSN: 661-02-0752

**Child Tax Credit (CTC)**

1	\$1,000 X <input type="text" value="2"/> qualifying children		2,000.
2	Modified AGI is AGI plus excluded income from Forms 2555 (EZ) and 4563, and excluded income from Puerto Rico	35,990.	
3	Modified AGI limitation \$110,000 married filing jointly; \$55,000 married filing separately; all others \$75,000	110,000.	
4	Subtract line 3 from line 2. If -0-, go to line 7		
5	Round up to next \$1,000		
6	Multiply line 5 by 5%		
7	<b>Maximum child tax credit.</b> Subtract line 6 from line 1. You cannot take the credit if this amount is -0-		2,000.
8	Amount from Form 1040, line 46, Form 1040A, line 28, or Form 1040NR, line 43	818.	
9	Credits for foreign tax, dependent care, elderly, education, retirement savings, adoption, mortgage interest, DC first-time homebuyers and residential energy		

**CTC Worksheet for Forms 8396, Mortgage Interest Credit, Form 8839, Adoption Credit, Form 8859, DC First-time Homebuyers Credit, and Form 5695, Residential Energy Credits**

1	Foreign tax credit + dependent care credit + elderly credit + education credit + retirement savings credit		
2	Amount from line 7 above		
3	Social security or RR tier 1 + Medicare		
4	Form 1040, line 27 + line 59; or Form 1040NR, line 54 + uncollected social security and Medicare taxes listed on W2		
5	Add lines 3 and 4		
6	Earned income credit and excess FICA/RRTA		
7	Subtract line 6 from line 5		
8	Maximum child tax credit, line 7 above, minus the larger of line 7 of this worksheet or Form 8812, line 6. This is the child tax credit for the purpose of figuring Forms 5695, 8396, 8839 and 8859. Use this amount in place of the child tax credit amount asked for on these forms		
9	Total of adoption credit, mortgage interest credit, DC first-time homebuyer credit, and residential energy credits as refigured		
10	Add lines 1 and 9		
10	Subtract line 9 from line 8		818.
11	<b>Child tax credit</b>		818.

**Amount paid with Federal extension (Form 4868 or 2350)**

**Carryovers from 2013 to 2014**

1	Section 179 expense disallowed, Form 4562, accumulative total														
2	Net operating loss from 2013 only, Form 1045 Amt. carried forward from 2012. Listed on Form 1040, line 21, or Form 1040NR, line 21														
3	2013 charitable contributions. Organization limit:														
		<table border="1"> <tr> <th colspan="2">Cash or other property</th> <th colspan="2">Capital Gain</th> </tr> <tr> <td>50%</td> <td>30%</td> <td>30%</td> <td>20%</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Cash or other property		Capital Gain		50%	30%	30%	20%					
Cash or other property		Capital Gain													
50%	30%	30%	20%												
4	Investment interest expense, Form 4952, accumulative total														
5	Foreign tax credit from 2013 only, Form 1116. Enter amount carried back, if any														
6	Mortgage interest credit, Form 8396														
		<table border="1"> <tr> <td>2011</td> <td>2012</td> <td>2013</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	2011	2012	2013										
2011	2012	2013													
7	DC first-time homebuyer credit, Form 8859														
8	Prior year minimum tax credit, Form 8801, cumulative total														
9	AMT limited qualified electric vehicle credit from 2013 only														
10	Nonrecaptured net section 1231 losses														
		<table border="1"> <tr> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> <td>2013</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	2009	2010	2011	2012	2013								
2009	2010	2011	2012	2013											

**SCHEDULE 8812**  
**(Form 1040A**  
**or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Child Tax Credit**

▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Information about Schedule 8812 and its separate instructions is at**  
**www.irs.gov/schedule8812.**

1040  
1040A  
1040NR

8812

OMB No. 1545-0074

**2013**

Attachment  
Sequence No. 47

Name(s) shown on return

JOSHI BARUFKIN & ANSHU NAGESH

Your social security number

661-02-0752

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.  
If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

**A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.

Yes  No

**Note.** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).				
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).				
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).				
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.				
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48			<b>2</b>	818.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit			<b>3</b>	1,182.
<b>4a</b>	Earned income (see separate instructions)	<b>4a</b>	35,990.		
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>4b</b>			
<b>5</b>	Is the amount on line 4a more than \$3,000?				
	<input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.				
	<input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	<b>5</b>	32,990.		
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result			<b>6</b>	4,949.
	<b>Next.</b> Do you have three or more qualifying children?				
	<input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13.				
	<input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.				

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

Schedule 8812 (Form 1040A or 1040) 2013

**Part III Certain Filers Who Have Three or More Qualifying Children**

<p><b>7</b> Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier I RRTA taxes, see separate instructions .....</p>	<b>7</b>			
<p><b>8 1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.</p> <p><b>1040A filers:</b> Enter -0-.</p> <p><b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.</p>	<b>8</b>			
<p><b>9</b> Add lines 7 and 8 .....</p>	<b>9</b>			
<p><b>10 1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.</p> <p><b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).</p> <p><b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.</p>	<b>10</b>			
<p><b>11</b> Subtract line 10 from line 9. If zero or less, enter -0- .....</p>				<b>11</b>
<p><b>12</b> Enter the <b>larger</b> of line 6 or line 11 .....</p> <p>Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.</p>				<b>12</b>

**Part IV Additional Child Tax Credit**

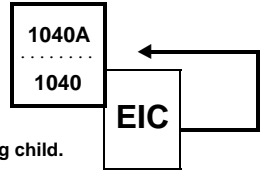
<b>13</b> This is your additional child tax credit .....	<b>13</b>		1,182.	
--	-----------	--	--------	--

1040	Enter this amount on Form 1040, line 65, Form 1040A, line 39, or Form 1040NR, line 63.
1040A	
1040NR	

**SCHEDULE EIC**  
(Form 1040A or 1040)

**Earned Income Credit**

Qualifying Child Information



OMB No. 1545-0074

**2013**

Department of the Treasury  
Internal Revenue Service (99)

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Information about Sch EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).**

Attachment  
Sequence No. **43**

Name(s) shown on return

JOSHI BARUFKIN & ANSHU NAGESH

Your social security number  
661-02-0752

**Before you begin:**

- See the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information**

	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you only have to list three to get the maximum credit.	First name Last name SAMUAL BARUFKIN	First name Last name ALICE NAGESH	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 38a and 38b, or Form 1040, lines 64a and 64b, unless the child was born and died in 2013. If your child was born and died in 2013 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	664-02-0752	663-02-0752	
<b>3 Child's year of birth</b>	Year <u>2007</u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2004</u> <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 1994 and the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4a</b> Was the child under age 24 at the end of 2013, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <b>Go to line 5. Go to line 4b.</b>
<b>b</b> Was the child permanently and totally disabled during any part of 2013?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. <b>Go to line 5.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. <b>Go to line 5.</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. The child is not a qualifying child. <b>Go to line 5.</b>
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	SON	DAUGHTER	
<b>6 Number of months child lived with you in the United States during 2013</b> • If the child lived with you for more than half of 2013 but less than 7 months, enter "7." • If the child was born or died in 2013 and your home was the child's home for more than half the time he or she was alive during 2013, enter "12".	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040A or 1040) 2013

Name: JOSHI BARUFKIN & ANSHU NAGESH

SSN: 661-02-0752

**Figure Your Credit**

<b>1</b> Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1 .....	35,990.
Enter the amount included in line 1 that was received	
<b>a</b> by penal institution inmates for their work .....	
<b>b</b> as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. This amount should be shown in box 11 of Form W2 and should be included in line 1 above .....	
<b>2</b> Taxable scholarship or fellowship grant not reported on Form(s) W2 .....	
<b>3</b> Line 1 minus line 1a, line 1b, and line 2 .....	35,990.
<b>4a</b> If you were self-employed or reported income and expenses on Schedules C or CEZ as a statutory employee, see instructions. If a member of the clergy, check <input type="checkbox"/> .....	

	Nontaxable combat pay included?				
	Taxpayer	Spouse	Both	No	
Nontaxable combat pay .....					
<b>5</b> Earned income .....				35990.	35,990.
<b>6</b> Credit from EIC table on line 5 income .....				2612.	
<b>7</b> Adjusted gross income .....				35990.	
<b>8</b> Credit from EIC table on line 7 income, if line 7 greater than					
• \$7,999 (\$13,349 if married filing jointly) and no qualifying children					
• \$17,549 (\$22,899 if married filing jointly) and 1 or more qualifying children .....				2612.	
<b>9</b> <b>Earned inc. credit.</b> If line 7 is less than \$8,000 (\$13,350, \$17,550, \$22,900), line 6. Otherwise the smaller of line 6 or line 8 .....				2612.	2,612.



## W-2 DETAIL REPORT - 2013

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
UNITED AIRLINES	66-9020752	X	22810	2281	1414	331	NJ	22810	684		
UNITED AIRLINES	66-9020752	X	13180	275	817	191	NJ	13180	260		
			-----	-----	-----	---		-----	---		
			35990	2556	2231	522		35990	944		

Name: JOSHI BARUFKIN & ANSHU NAGESH

SSN: 661-02-0752

Gross Income	2011	2012	2013
Wages and salaries .....			35,990.
Interest and dividends .....			
Business income .....			
Sale of assets - gain or loss .....			
Pension and IRA distributions .....			
Rents, royalties, etc .....			
Unemployment and social security .....			
Other income .....			
Total gross income .....			35,990.
<b>Adjustments to Income</b> .....			
<b>Adjusted gross income</b> .....			35,990.
<b>Itemized or Standard Deductions</b>			
Medical expense deduction .....			
Taxes .....			
Interest .....			
Contributions .....			
Miscellaneous deductions .....			
Other itemized deductions .....			
Total deductions .....			12,200.
<b>Exemptions</b> .....			15,600.
Taxable Income .....	0	0	8,190.
<b>Tax (2013 - 1040, line 44)</b> .....	0	0	818.
Alternative minimum tax .....			
Other taxes .....			
<b>Credits and Payments</b>			
Credits .....			818.
Withholding .....			2,556.
EIC and Additional Child Tax Credit .....			3,794.
Estimated tax payments .....			
Other payments .....			
Total credits and payments .....			7,168.
Tax liability after credits .....			
Estimated tax penalty .....			
<b>Refund or (Balance Due)</b> .....			6,350.
Federal marginal tax bracket .....	0.0 %	0.0 %	10.0 %
Tax preparation fee .....			
<b>State refund or (balance due)</b>			
1st resident state refund (balance due) .....			NJ 1,044.
2nd resident state refund (balance due) .....			
1st part-year state refund (balance due) .....			
2nd part-year state refund (balance due) .....			
1st nonresident state refund (balance due) .....			
2nd nonresident state refund (balance due) .....			
3rd nonresident state refund (balance due) .....			
4th nonresident state refund (balance due) .....			
5th nonresident state refund (balance due) .....			

NOTES FOR 2013:

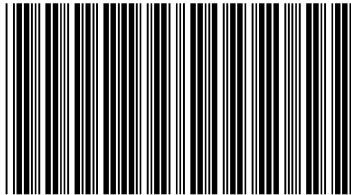
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040MP02130

BARUFKIN JOSHI & NAGESH ANSHU

661020752

1045

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN 2
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 2
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10) 2

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER

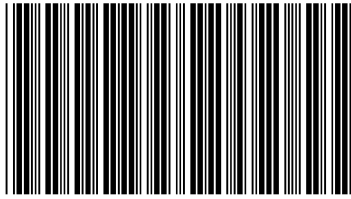
DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows include BARUFKIN SAMUAL and NAGESH ALICE.

GUBERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN, DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES X NO

Main tax schedule table with 36 rows. Includes categories like WAGES, TAXABLE INTEREST INCOME, DIVIDENDS, and TAXABLE INCOME. Values range from 5000 to 35990.



040MP03130

BARUFKIN JOSHI & NAGESH ANSHU

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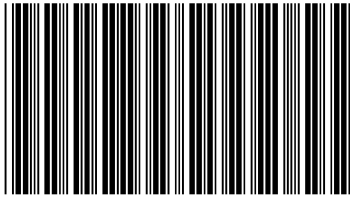
1045

37A	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 29)	37A.	2736 .
37B.	FILL IN OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2013	37B.	.
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 32)	37C.	.
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	38.	30990 .
39.	TAX (FROM TAX TABLES, PAGE 52)	39.	472 .
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS	40.	.
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	41.	.
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)	41A.	.
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	42.	472 .
43.	SHELTERED WORKSHOP TAX CREDIT	43.	.
44.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)	44.	472 .
45.	USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 35) IF NO USE TAX, ENTER ZERO	45.	.
46.	PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	46.	.
46A.	FILL IN IF FORM 2210 IS ENCLOSED	46A.	.
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	47.	472 .
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	48.	944 .
49.	PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 32)	49.	50 .
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2012 TAX RETURN	50.	.
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)	51.	522 .
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT	51B.	.
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	51C.	.
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	52.	.
53.	EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	53.	.
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)	54.	.
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	55.	1516 .
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE <small>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT</small>	56.	.
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:	57.	1044 .
58.	YOUR 2014 TAX	58.	.
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	59.	.
60.	NEW JERSEY CHILDREN'S TRUST FUND	60.	.
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	61.	.
62.	NEW JERSEY BREAST CANCER RESEARCH FUND	62.	.
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	63.	.
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)	64.	.
64C.	DESIGNATION CODE	64C.	.
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	65.	.
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	66.	1044 .

**DIRECT DEPOSIT INFORMATION**

dd1.	REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)	dd1.	4
dd2.	ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)	dd2.	.
dd3.	FILL IN THE CHECK BOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES	dd3.	.
dd4.	ROUTING NUMBER	dd4.	.
dd5.	ACCOUNT NUMBER	dd5.	.
dnm	DO NOT MAIL INDICATOR	dnm.	.
pa.	POWER OF ATTORNEY INDICATOR	pa.	.
pdr.	PRESIDENTIAL DISASTER RELIEF INDICATOR	pdr.	.

NJ - 1040  
2013  
Page 1



040MP01130

STATE OF NEW JERSEY INCOME TAX – RESIDENT RETURN

For Privacy Act Notification, See Instructions  
For Tax Year Jan. – Dec. 2013 or Other Tax Year

Beginning \_\_\_\_\_, 2013 Month Ending \_\_\_\_\_  
On-line Federal Extension Confirmation # \_\_\_\_\_

BARUFKIN JOSHI & NAGESH ANSHU

876 KEALING AVE APT 9A

WYCKOFF

NJ 07481

0270

1045 12

661020752 662020752

S24051405

.00



Under the penalties of perjury, I declare that I have examined this income tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Pay amount on Line 56 in full. Write Social Security number(s) on check or money order and make payable to: STATE OF NEW JERSEY – TGI

Mail your return in the envelope provided and affix the appropriate mailing label.

If you have an amount due on Line 56, enclose your check and NJ-1040-V payment voucher with your return and use the label for **PO Box 111**.

If not, use the label for **PO Box 555**. You may also pay by e-check or credit card. See instruction page 11.

> \_\_\_\_\_  
Your Signature Date

> \_\_\_\_\_  
Spouse/CU Partner's Signature (If filed jointly both must sign)

If enclosing copy of death certificate for deceased taxpayer, check box (See instruction page 13)

Paid Preparer's Signature

Federal Identification Number

S24051405

Firm's Name KINNELON PUBLIC LIBRARY

Federal Employer Identification Number

Name(s) as shown on Form NJ-1040 BARUFKIN JOSHI & NAGESH ANSHU	Your Social Security Number 661-02-0752
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**PART I NET PROFITS FROM BUSINESS** List the net profit (loss) from business(es). See instructions.

	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	JOSHI BARUFKIN	661-02-0752	
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 17. If loss, make no entry on Line 17.)		4.

**PART II DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME** List the distributive share of income (loss) from partnership(s). See instructions.

	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.			
2.			
3.			
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 20. If loss, make no entry on Line 20.)		4.

**PART III NET PRO RATA SHARE OF S CORPORATION INCOME** List the pro rata share of income (loss) from S Corporation(s). See instructions.

	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Loss)
1.			
2.			
3.			
4.	Net Pro Rata Share of S Corporation Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21. If loss, make no entry on Line 21.)		4.

**PART IV NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS** List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions.  
 Type of Property: 1-Rental real estate 2-Royalties 3-Patents 4-Copyrights

	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type - Enter number from list above	Income or (Loss)
1.				
2.				
3.				
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22. If loss, make no entry on Line 22.)			4.

**NJ**

**Dependents Information**

**2013**

**Name:** JOSHI BARUFKIN & ANSHU NAGESH

**SSN:** 661-02-0752

First name	MI	Last name	SSN	Birth year
SAMUAL		BARUFKIN	664-02-0752	2007
ALICE		NAGESH	663-02-0752	2004