#### Form **8879**

## IRS e-file Signature Authorization

OMB No. 1545-0074

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.

2012

 Declaration Control Number (DCN)
 20075220132780000079

 Taxpayer's name
 Social security number

 JOSHI BARUFKIN
 661−02−0752

Spouse's name Spouse's social security number 662-02-0752 ANSHU NAGESH Part I Tax Return Information-Tax Year Ending December 31, 2012 (Whole Dollars Only) 35,990. 1 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) ..... 2 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)..... 3 6,024 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a) 4 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, 2012, 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		
X Lauthorize KINNELON LIBRARY TCE	to enter or generate my PIN	12345
ERO firm name	<del></del>	Enter five numbers, but
as my signature on my tax year 2012 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2012 electronically filed income	e tax return. Check this box only	if you are
entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method.	The ERO must complete Part III	below.
Your signature ▶	Date ▶ 10/05/2	013
	-	
Spouse's PIN: check one box only		
X Lauthorize KINNELON LIBRARY TCE	to enter or generate my PIN	12345
ERO firm name	_	Enter five numbers, but
as my signature on my tax year 2012 electronically filed income tax return.		do not enter all zeros
I will enter my PIN as my signature on my tax year 2012 electronically filed income	e tax return. Check this box only	if you are
entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method.	•	•
Spouse's signature ▶	Date ▶ 10/05/2	
	<del></del>	
Dractitionar DIN Mathed Deturns C	anly continue heley	
Practitioner PIN Method Returns O	miy-continue below	
Part III Certification and Authentication-Practitioner PIN Metho	od Only	
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PII	v 2007	5298765
End of En Har ha. Enter your old digit En ha followed by your live digit our solected in	"	enter all zeros
Locatify that the above numeric entartic my DINI which is my signature for the toy year		
I certify that the above numeric entry is my PIN, which is my signature for the tax year for the taxpayer(s) indicated above. I confirm that I am submitting this return in accord	•	
and <b>Publication 1345</b> , Handbook for Authorized IRS e-file Providers of Individual Inco	•	o i radationor i na motilou
ERO's signature ► S12345678 KINNELON LIBRARY TCE	Date ► 10/05/2	013

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

ੈ 1040 Department U.S. In	t of the Tr	reasury - Internal Revenue Se ual Income Tax F	rvice (99) <b>Return</b>	201	<b>2</b>   OMI	B No. 15	45-0074	IRS Use	Only-Do r	not write	or s	taple in this space.	
For the year Jan. 1-Dec. 31,	2012, or	other tax year beginning		,2012, end	ing		,20			See	e se	parate instructions	5.
Your first name and in JOSHI BARU			Last name									ocial security nui -02-0752	mber
If a joint return, spous ANSHU NAGE		t name and initial	Last name									e's social security -02-0752	y no.
Home address (numb		street). If you have a F VE APT 9A	P.O. box, see in	structions	S.			Apt. no	).			ike sure the SSN(s nd on line 6c are c	
City, town or post office, state WYCKOFF NO		$^{\circ}$ code. If you have a foreign a $481-$	iddress, also comple	te spaces be	elow (see insti	ructions).				Check	here	ential Election Car if you, or your spouse if t \$3 to go to this fund. Ch	filing
Foreign country name	9		Foreign provi	nce/coun	ty	Fore	ign posta	al code			ox be	elow will not change your	
Filing Status Check only one box.	1 2 3	Single  Married filing jointly  Married filing separa and full name here.	tely. Enter spor			If t	he qualif		on is a d e.▶	child b	ut n	erson). (See instruction of your dependent child	
Exemptions	6a	X Yourself. If son	neone can clain	n you as a	a depende	nt, <b>do n</b> e	ot check	box 6a .			]	Boxes checked	on
	b	X Spouse ·····										6a and 6b	2
If more than	С	Dependents:		(2)	ependent	's (	<ol><li>Depe relation</li></ol>		<b>(4)√</b> if under a	child un ge 17 qu or child t (see ins	nder uali-	No. of children on 6c who:	
four depen- (1) Firs					security r		you		fying for	or child t (see ins	iax str.)	■lived with you	2
		BARUFKIN			02-07					X		did not live with vou due to divorce	_
instr. and ALIC	CE N	AGESH		663-	02-07	52DA	UGHTE	ER		X		or separation (see instr.)	0
check												Dependents on 6c not entered above	0
here ▶												Add numbers	
	nber of	exemptions claimed									<u></u>	on lines above▶	. 4
Income	7	Wages, salaries, tips,	etc. Attach Forr	n(s) W-2						.   7	,	35,99	90.
Attach	8a	Taxable interest. Atta	ch Schedule B	if required	1					8	-		
Attach Form(s) W-2 here.		Tax-exempt interest.		•		1	1				_		
Also attach Forms		Ordinary dividends. A					_ 1			9	а		
W-2G and		•				1	1				_		
1099-R if tax was withheld.		Taxable refunds, credi								10	0		
		Alimony received									- +		
		Business income or (lo								12			
If you did not		Capital gain or (loss).	,						Г	1:	-		
If you did not get a W-2,		Other gains or (losses								14	-+		
see instructions.		IRA distributions				i i	axable a			15			
		Pensions and annuitie	<del> </del>				axable a			· -			
		Rental real estate, roy		nins. S co	rporations						-		
		Farm income or (loss)								18	-		
Enclose, but do		Unemployment compe								19	-+		
not attach, any payment. Also,		Social security benefit	1 1			1	axable a				-		
please use		Other income. List typ	<u> </u>	see instr.	)					2	_		
Form 1040-V.		Combine the amounts		`	<i></i>	rough 2	1.This is	your <b>total</b>	incom		- 1	35,99	90.
		Educator expenses						,					
Adjusted	24	Certain business expe	nses of reservis	sts, perfoi	ming artis	ts,							
Gross		and fee-basis gov. offi											
Income	25	Health savings accour	nt deduction. At	tach Forr	n 8889	25							
	26	Moving expenses. Att	ach Form 3903			26							
	27	Deductible part of self-	employment ta	x. Attach	Schedule	SE <b>27</b>							
	28	Self-employed SEP, S	IMPLE, and qu	alified pla	ns	28							
	29	Self-employed health i	nsurance dedu	ction		29							
	30	Penalty on early withd	rawal of savings	s		30							
	31a	Alimony paid <b>b</b> Recipier	nt's SSN			318	а						
	32	IRA deduction				32							
	33	Student loan interest of	leduction			33	I						
	34	Tuition and fees. Attac	h Form 8917 .			34							
	35	Domestic production a	ctivities deduct	ion. Attac	h Form 89	03 35							
		Add lines 23 through 3								30	6		
		Subtract line 36 from I								3	7	35,99	90.

BCA

Form 1040 (201	2)	į	JOSHI BARUFKIN & ANSHU NAGESH 661	-02-	0752	Page 2
Tax and	,		Amount from line 37 (adjusted gross income)		38	35,990.
Credits			Check You were born before Jan. 2, 1948, Blind. Total boxes			·
			if: Spouse was born before Jan. 2, 1948, Blind. checked ▶ 39a			
Standard		b	If your spouse itemizes on a separate return or you were a dual-status alien, check here			
Deduction for-	L	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin	ш	40	11,900.
• People who	Г	41	Subtract line 40 from line 38	,		24,090.
check anv		42	Exemptions. Multiply \$3,800 by the number on line 6d		-	15,200.
box on line 39a or 39b <b>or</b>		43	<b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0		-	8,890.
who can be claimed as a		44	Tax (see instructions). Check if any tax is from: <b>a</b> Form(s) 8814 <b>b</b> Form 4972 <b>c</b> 962 ele		44	888.
dependent, see		45	Alternative minimum tax (see instructions). Attach Form 6251			
instructions.			Add lines 44 and 45		<del> </del>	888.
All others:		46	Foreign tax credit. Attach Form 1116 if required		40	000.
Single or Married filing		47			-	
separately,		48	Credit for child and dependent care expenses. Attach Form 2441 48		-	
\$5,950 Married filing		49	Education credits from Form 8863, line 19		-	
jointly or		50	Retirement savings contributions credit. Attach Form 8880 50	0.0	-	
Qualifying widow(er),		51	, , , , , , , , , , , , , , , , , , , ,	88.		
\$11,900		52	Residential energy credits. Attach Form 5695 52			
Head of household,		53	Other credits from Form: <b>a</b> 3800 <b>b</b> 8801 <b>c</b> 53			2.2.2
\$8,700		54	Add lines 47 through 53. These are your <b>total credits</b>			888.
		55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	<b>&gt;</b>		
Other		56	Self-employment tax. Attach Schedule SE		56	
Taxes		57	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	<b>)</b>	57	
		58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if requ	ired	58	
		59a	Household employment taxes from Schedule H		59a	
		b	First-time homebuyer credit repayment. Attach Form 5405 if required		59b	
		60	Other taxes. Enter code(s) from instructions		60	
		61	Add lines 55 through 60. This is your <b>total tax</b>		61	
		62	Federal income tax withheld from Forms W-2 and 1099 62 2,5			
Payments		63	2012 estimated tax payments and amount applied from 2011 return 63			
If you have a	. L	64a	Earned income credit (EIC)	56.		
qualifying child attach Schedu	1, _ 1e _	b	Nontaxable combat			
EIC.		65	pay election [445] Additional child tax credit. Attach Form 8812	12.		
		66	American opportunity credit from Form 8863, line 8 66		-	
		67	Reserved 67		-	
		68	Amount paid with request for extension to file			
		69	Excess social security and tier 1 RRTA tax withheld 69			
		70	Credit for federal tax on fuels. Attach Form 4136 70		-	
		71	Credits from Form: a 2439 b Served C 8801 d 8885 71		-	
		72	Add lines 62, 63, 64a, and 65 through 71. These are your <b>total payments</b>		72	6,024.
Defensel		73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you <b>ov</b>		73	6,021.
Refund			Amount of line 73 you want <b>refunded to you.</b> If Form 8888 is attached, check here ▶		74a	6,021.
		r4a b	Routing number C Type: Checking Savi	nge L	14a	0,021.
Direct deposit?			Account	igs		
See instructions		d 75	number  Amount of line 73 you want applied to your 2013 estimated tax ▶ 75			
Amount		75 76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see inst.		76	
You Owe					76	
	Do	77	Estimated tax penalty (see instructions)	Vec	Complete	e below. X No
Third Party Designee	Desi	gnee's	Phone	Pe	. Complete ersonal identi	
	Hairi	,	no. ► ties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the b		umber (PIN) knowledge ar	nd .
Sign	belie	f, they	are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pre	parer has	any knowled	lge.
Here	YOU	ır sıgr	pature Date Your occupation		,	me phone number
Joint return? See instr.	, <del>_</del>		BUS DRIVER		-	555-2345
Keep a copy	Spo	ouse's	signature.If a joint return, <b>both</b> must sign. Date Spouse's occupation			RS sent you an Identity ion PIN,
for your records.					enter it	
			CUSTODIAN		(see in	1
	-		eparer's name Preparer's signature Date	Che	eck if	PTIN
	ARP	Fou	ndation Tax-Aide	self-	-employed	S24051405
Preparer's Fin	m's nai	ne	<b></b>	Firm's	EIN ►	
Use Only Fin	m's add	dress	•	Phone	e no.	
ĺ						

USChild Tax Credit, Federal Extension Payment, and Carryovers Worksheet2012Name: JOSHIBARUFKIN & ANSHUNAGESHSSN: 661-02-0752

Chi	ild Tax Credit (CTC)					
	\$1,000 X 2 qualifying children	 1				2,000.
	Modified AGI is AGI plus excluded					
_	and excluded income from Puerto		. ,		35,990.	
3	Modified AGI limitation \$110,000 n				, , , , , , ,	
Ū	separately; all others \$75,000	0, ,, ,	,		110,000.	
1	Subtract line 3 from line 2. If -0-, g				110,000.	
	Round up to next \$1,000					
	Multiply line 5 by 5%					
	Maximum child tax credit. Subtra					
′						2,000.
_	You cannot take the credit if this a				888.	2,000.
	Amount from Form 1040, line 46, I				000.	
9	Credits for foreign tax, dependent					
	adoption, mortgage interest, DC file	rst-time homebuyers ar	nd residential energy			
		r Forms 8396, Mortgag time Homebuyers Cre	_			
	1 Foreign tax credit + depende	ent care credit + elderly	credit + education c	redit +		
	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 so	ial		
	security and Medicare taxes	listed on W2				
	<b>5</b> Add lines 3 and 4					
	6 Earned income credit and ex					
	8 Maximum child tax credit, lin					
	worksheet or Form 8812, lin			se of		
	figuring Forms 5695, 8396, 8	8839 and 8859. Use thi	is amount in place of	the child		
	tax credit amount asked for					
	9 Total of adoption credit, mor					
	credit, and residential energy	-				
40	<b>10</b> Add lines 1 and 9					888.
-	Subtract line 9 from line 8					888.
	ount paid with Federal extension	n (Form 4868 or 2350)				
	ryovers from 2012 to 2013					
	Section 179 expense disallowed, F	•				
2	Net operating loss from 2012 only,					
	Amt. carried forward from 2011. Li		e 21, or Form 1040N	R, line 21		
3	2012 charitable contributions. Orga		<u>,                                    </u>			
		Cash or oth	er property	Capi	ital Gain	
		50%	30%	30%	20%	
4	Investment interest expense, Form	n 4952, accumulative to	otal	· · · · · · · · · · · · · · · · · · ·		
5	Foreign tax credit from 2012 only,	Form 1116. Enter amo	unt carried back, if ar	ny		
6	Mortgage interest credit, Form 839	96				
			2010	2011	2012	
7	DC first-time homebuyer credit, Fo	orm 8859				
8	Prior year minimum tax credit, For	m 8801, cumulative tota	al			
9	AMT limited qualified electric vehic	cle credit from 2012 onl	y			
10	Nonrecaptured net section 1231 ld	osses				
	2008	2009	2010	2011	2012	

## 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.

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

Attachment

OMB No. 1545-0074

2012

▶ Information about Schedule 8812 and its separate instructions is at www.irs.gov/form1040. Sequence No. 47

Name(s) shown on return

JOSHI BARUFKIN & ANSHU NAGESH

Your social security number 661-02-0752

CAUT	If your deper	s part only for each dependent who has an ITIN and for whom you are claiming the child tax cred ident does not qualify for the credit, you cannot include that dependent in the calculation of this credit.		
		stions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, lintification Number) and that you indicated qualified for the child tax credit by checking column (4)		
Α		dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child me e separate instructions.	et the s	ubstantial
	Yes	☐ No		
В		pendent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child be separate instructions.	meet th	ne substantial
	Yes	☐ No		
С		dent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child me e separate instructions.	et the	substantial
	Yes	☐ No		
D	•	endent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child not be separate instructions.	neet the	substantial
Note	Yes If you have more the	☐ No nan four dependents identified with an ITIN and listed as a qualifying child for the child tax credit,	see the	instructions
Pa		I Child Tax Credit Filers		
га 1	1040 filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		
		Instructions for Form 1040, line 51).		
	1040A filers:	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the		
		Instructions for Form 1040A, line 33).	1	2,000.
	1040NR filers:	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.		
2		t from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48	2	888.
3		om line 1. If zero, <b>stop</b> ; you cannot take this credit	3	1,112.
4a b		see separate instructions)	-	
b				
5		line 4a more than \$3,000?		
		line 5 blank and enter -0- on line 6.		
	X Yes. Subtra	ct \$3,000 from the amount on line 4a. Enter the result		
6		unt on line 5 by 15% (.15) and enter the result	6	4,949.
		ve three or more qualifying children?		
	_	6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of		
		or line 6 on line 13. 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13.		
	_	vise, go to line 7.		

Schedul	e 8812 (Form 1040A or	51-02-075	52 Page <b>2</b>		
Part	Certain F	ilers Who Have Three or More Qualifying Childre	n		
7	Withheld social	security and Medicare taxes from Form(s) W-2, boxes 4 and 6.			
	If married filing jo	ointly, include your spouse's amounts with yours. If you			
	worked for a rail	road, see separate instructions	7		
8	1040 filers:	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.			
	1040A filers:	Enter -0	8		
	1040NR filers:	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.			
9	Add lines 7 and	8	9		
10	1040 filers:	Enter the total of the amounts from Form 1040, lines			
		64a and 69.			
	1040A filers:	Enter the total of the amount from Form 1040A, line			
		38a, plus any excess social security and tier 1 RRTA	10		
		taxes withheld that you entered to the left of line 41			
		(see separate instructions).			
	1040NR filers:	Enter the amount from Form 1040NR, line 65.			
11	Subtract line 10	from line 9. If zero or less, enter -0		. 11	
12	Enter the larger	of line 6 or line 11		. 12	
	Next, enter the	smaller of line 3 or line 12 on line 13.			
Part	<b>V</b> Additiona	al Child Tax Credit		<u> </u>	
13	This is your add	ditional child tax credit		. 13	1,112.
	-			Enter this	amount on
				Form 104	
					0A, line 39, or 0NR, line 63.
					. ,

Schedule 8812 (Form 1040A or 1040) 2012

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

### **Earned Income Credit**

#### **Qualifying Child Information**

1040	1040A	<b>←</b>	
104	0		
ifuina ahi	L J	EIC	

OMB No. 1545-0074

2012

Attachment Sequence No. **43** 

Department of the Treasury Internal Revenue Service (99) ► Complete & attach to Form 1040A or 1040 only if you have a qualifying child.

Information about Sch EIC (Form 1040A or 1040) & its instructions is at www.irs.gov/form1040.

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 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.

Qı	ualifying Child Information	Ch	ild 1	Ch	ild 2	Child 3		
1	Child's name	First name	Last name	First name	Last name	First name	Last name	
	If you have more than three qualifying children, you only have to list three to get	SAMUAL		ALICE				
	the maximum credit.	BARUFKI	N	NAGESH				
2	Child's SSN							
	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 2012. If your child was born and died in 2012 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.	664-0	2-0752	663-0	2-0752			
3	Child's year of birth		2006		2003	Year		
	omia s year or birtir	If born after 199 was younger the	3 <b>and</b> the child an you (or your jointly), skip lines	If born after a was younger	1993 <b>and</b> the child than you (or your ng jointly), skip lines	If born after was younge	1993 <b>and</b> the child or than you (or your ing jointly), skip lines go to line 5.	
4 a	Was the child under age 24 at the end of	Yes.	No.	Yes.	No.	Yes.	No.	
	2012, a student, and younger than you (or		_	<u> </u>	_		<u> </u>	
	your spouse, if filing jointly)?	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	
b	Was the child permanently and totally		_		_		_	
	disabled during any part of 2012?	Yes.	No.	Yes.	No.	Yes.	No.	
			The child is not a		The child is not a		The child is not a	
		Go to line 5.	qualifying child.	Go to line 5.	qualifying child.	Go to line 5.	qualifying child.	
5	Child's relationship to you							
	(for example, son, daughter, grandchild,							
	niece, nephew, foster child, etc.)	SON		DAUGH	TER			
6	Number of months child lived with							
	you in the United States during 2012							
	<ul> <li>If the child lived with you for more</li> </ul>							
	than half of 2012 but less than 7 months, enter "7."							
	If the child was born or died in 2012							
	and your home was the child's home	12	months	1	2 months		months	
	for more than half the time he or she	Do not enter m	nore than 12	Do not enter	more than 12	Do not ente	r more than 12	
	was alive during 2012, enter "12".	months.		months.		months.		

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

Schedule EIC (Form 1040A or 1040) 2012

Name: JOSHI BARUFKIN & ANSHU NAGESH

661-02-0752 **Figure Your Credit** 35,990. Amount from Form 1040 or 1040A, line 7, 1040EZ, line 1..... Enter the amount included in line 1 that was received a by penal institution inmates for their work. b as a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan. 2 Taxable scholarship or fellowship grant not reported on Form(s) W2...... 35,990. 3 Line 1 minus line 1a, line 1b, and line 2. 4a 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..... Nontaxable combat pay included? Taxpayer Spouse Both No Nontaxable combat pay ..... 35990. 35,990. Earned income ..... 2356. 6 Credit from EIC table on line 5 income ..... 35990. Adjusted gross income ..... 8 Credit from EIC table on line 7 income, if line 7 greater than • \$7,799 (\$12,999 if married filing jointly) and no qualifying children • \$17,099 (\$22,299 if married filing jointly) 2356. and 1 or more qualifying children..... Earned inc. credit. If line 7 is less than \$7,800 (\$13,000, \$17,100, \$22,300), line 6.

© 2012 CCH Small Firm Services. All rights reserved.

Otherwise the smaller of line 6 or line 8 .....

2,356. USWEIC\$2

2356.

Name: JOSHI BARUFKIN & ANSH		2011	SSN: 661-02-0752
Gross Income	2010	2011	2012
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.
Adjustments to Income			
Adjusted gross income			35,990.
Itemized or Standard Deductions			
Medical expense deduction			
Taxes			
Interest			
Contributions			
Miscellaneous deductions			
Other itemized deductions			
Total deductions			11,900.
Exemptions			15,200.
Taxable Income	0	0	8,890.
Tax (2012 - 1040, line 44)	0	0	888.
Alternative minimum tax	-	-	
Other taxes			
Credits and Payments			
Credits			888.
			2,556.
Withholding			3,468.
			3,100:
Estimated tax payments			
Other payments			6,912.
Total credits and payments			0,912.
Tax liability after credits			
Estimated tax penalty			6 024
Refund or (Balance Due)	0 0 0	0 0 0	6,024.
Federal marginal tax bracket	0.0 %	0.0 %	10.0
Tax preparation fee			
State refund or (balance due)			N.T. 002
1st resident state refund (balance due)			NJ 993.
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 2012:			

W-2 DETAIL REPORT - 2012

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St 	State Wages	State With.	Locality	Local With.
UNITED AIRLINES UNITED AIRLINES	66-9990752 66-9990752	X X	22810 13180  35990	2281 275  2556	958 554  1512	331 191  522	NJ NJ	22810 13180  35990	684 260  944		

### NJ-1040 (2012)

PAGE 2



### BARUFKIN JOSHI & NAGESH ANSHU

661020752 1045

RESIDENCY STATUS IF YOU WERE A NJ RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NJ RESIDENCY **FROM** TO

<ol> <li>SIN</li> <li>MAF</li> <li>MAF</li> <li>HEA</li> <li>QUA</li> </ol>	RRIED/CU COUPLE FILING JOINT RETURN  RRIED/CU COUPLE FILING SEPARATE RETURN  AD OF HOUSE HOLD  ALIFYING WIDOW(ER)/SURVIVING CU PARTNER  K BOXES FOR EXEMPTIONS  R SPOUSE/ CU PARTNER	EXEMPTIONS 6. REGULAR 7. AGE 65 OR OVER 8. BLIND OR DISABLED 9. NUMBER OF QUALIFIED DEPEN 10. NUMBER OF OTHER DEPENDE 11. DEPENDENTS ATTENDING COI 12A. TOTAL (LINE 12A - ADD LINES 12B. TOTAL (LINE 12B - ADD LINES	NTS LLEGE S 6, 7, 8, AND 11)	2 0 0 2 0 0 2 2 2		
	IDENTS INFORMATION FROM LINES 9 AND 10 (ATTA	CH RIDER IF MORE THAN FOUR)				
A ВА В NA С	LAST NAME, FIRST NAME, MIDDLE INITIAL A BARUFKIN SAMUAL B NAGESH ALICE SOCIAL SECURITY NUMBER 664-02-0752 2006 663-02-0752 2003					
D						
DO YO	RNATORIAL ELECTIONS FUND U WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THI IT RETURN, DOES YOUR SPOUSE/CU PARTNER WIS		YES X YES X	NO NO		
	WAGES, SALARIES, TIPS, AND OTHER EMPLOYEE COMPENSATION (					
14.	35,990 .					
15A.	TAXABLE INTEREST INCOME(SEE INSTRUCTIONS)	ENCLOSE FED SCH B IF OVER \$1,500	)	0.		
	TAX EXEMPT INTEREST INCOME. (SEE INSTRUCTIONS) (ENCLOSE S	CHEDULE) DO NOT INCLUDE ON LINE 15A		0.		
16.	DIVIDENDS			0.		
17.	NET PROFITS FROM BUSINESS (SCHEDULE NJ-BUS-1, PART 1, LINE -		ORM 1040)	0.		
18. 19.	NET GAINS FROM DISPOSITION OF PROPERTY(SCH PENSIONS, ANNUITIES, AND IRA WITHDRAWS (SEE	•		0.		
19. 20.	DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME (SCH. NJ-BUS-1, PA			0.		
21.	(ENCLOSE SCH. NJK-1 OR FEDERAL SCH. K-1) NET PRO RATA SHARE OF S CORPORATION INCOM	F (SCH. NJ-BUS-1, PART III, LINE 4)	00 5505041 0041 1/4	0.		
22.	NET GAIN OR INCOME FROM RENTS, ROYALTIES, P			0.		
23.	NET GAMBLIING WINNINGS (SEE INSTRUCTIONS)	, <u></u>	300 1,17.111 17, 2.112 1,	0 .		
24.	ALIMONY AND SEPARATE MATINENCE PAYMENTS I	RECEIVED		0.		
25.	OTHER (ENCLOSE SCHEDULE) (SEE INSTRUCTIONS	S)		0.		
26.	TOTAL INCOME (ADD LINES 14, 15A, 16 THROUGH 2	5)		35,990 .		
27A.	PENSION EXCLUSION (SEE INSTRUCTIONS)			0.		
27B.	OTHER RETIREMENT INCOME EXCLUSION (SEE WO	ORKSHEET AND INSTRUCTIONS)		0.		
27C.	TOTAL EXCLUSION AMOUNT (ADD LINE 27A AND LIN	· ·		0.		
28.	NEW JERSEY GROSS INCOME (SUBTRACT LINE 270			35,990 .		
29.	TOTAL EXEMPTION AMOUNT (SEE INSTRUCTIONS TO CAL		INSTRUCTIONS)	5,000 .		
30.	MEDICAL EXPENSES (SEE WORKSHEET AND INSTR	RUCTIONS)		0.		
31.	ALIMONY AND SEPARATE MATINENCE PAYMENTS			0.		
	32. QUALIFIED CONSERVATION CONTRIBUTION					
33. 34.	HEALTH ENTERPRIZE ZONE DEDUCTION  ALTERNATIVE BUSINESS CALCULATION AD JUSTME	INT (SCHEDULE NURS 2 LINE 40)		0.		
34. 35.	ALTERNATIVE BUSINESS CALCULATION ADJUSTME TOTAL EXEMPTIONS AND DEDUCTIONS (ADD LINES			5,000 .		
36.	TAXABLE INCOME (SUBTRACT LINE 35 FROM LINE 2		RY	30,990 .		
	TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION	2,736 .				



#### BARUFKIN JOSHI & NAGESH ANSHU

661020752 1045

4

37B.	FILL IN THE OVAL IF YOU WERE A NEW JERSEY HOMEOWNER ON OCTOBER 1, 2012		
37C.	PROPERTY TAX DEDUCTION (SEE INSTRUCTIONS)	0	
38.	NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 37C FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY	30,990	
39.	TAX (FROM TAX TABLES.)	472	
40.	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS		
41.	CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS	0	
41A.	JURISDICTION CODE (SEE INSTRUCTIONS)		
42.	BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 39)	472	
43.	SHELTERED WORKSHOP TAX CREDIT	0	
44. 45. 46.	BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42) USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WORKSHEET AND INSTRUCTION) IF NO USE TAX, ENTER ZERO PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX	472 0 0	•
46A.	FILL IN IF FORM 2210 IS ENCLOSED		
47.	TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)	472	
48.	TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)	944	
49.	PROPERTY TAX CREDIT (SEE INSTRUCTIONS)	50	•
50.	NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2011 TAX RETURN	0	•
51.	NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTIONS)	471	•
51B.	FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT		
51C.	FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT	_	
52.	EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0	•
53.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS) (ENCLOSE FORM NJ-2450)	0	•
54.	EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTIONS)(ENCLOSE FORM NJ-2450)	0	•
55.	TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)	1,465	•
56.	IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 58, 59, 60, 61, 62 AND OR 64 AND ADDING THIS TO YOUR PAYMENT	0	•
57.	IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT	993	•
	DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:		
58.	YOUR 2013 TAX	0	•
59.	NEW JERSEY ENDANGERED WILDLIFE FUND	0	•
60.	NEW JERSEY CHILDRENS TRUST FUND	0	•
61.	NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND	0	•
62.	NEW JERSEY BREAST CANCER REASEACH FUND	0	•
63.	U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND	0	•
64.	OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION)	0	•
64C.	DESIGNATION CODE	_	
65.	TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)	0	•
66.	REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)	993	

#### **DIRECT DEPOSIT INFORMATION**

REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)

ACCOUNT TYPE ('C' for CHECKING, 'S' FOR SAVINGS)

FILL IN THE CHECK BOX IF REFUND IS GOING OUTSIDE THE UNITED STATES

ROUTING NUMBER

ACCOUNT NUMBER

DO NOT MAIL INDICATOR
POWER OF ATTORNEY INDICATOR
PRESIDENTIAL DISASTER RELIEF INDICATOR

#### NJ-1040 2012

#### STATE OF NEW JERSEY INCOME TAX - RESIDENT RETURN

For Privacy Act Notification, See Instructions
For Tax Year Jan. - Dec. 2012 or Other Tax Year

Beginning		, 20	Month Ending	20	
Beginning, 20 Month Ending20					

PAGE 1

BARUFKIN JOSHI & NAGESH ANSHU

876 KEALING AVE APT 9A

WYCKOFF NJ 07481-0000 0270

1045 12 0

661020752

662020752

S24051405



Under the penalties of perjury, I decla	Pay amount on Line 56 in full.		
and to the best of my knowledge and	Write Social Security number(s)		
, ,			on check or money order and make
declaration is based on all information	payable to: STATE OF NEW JERSEY - TGI		
			Mail your return in the envelope provided and
<b>&gt;</b>		<u> </u>	affix the appropriate mailing label.If you have
Your Signature	Date	Spouse/CU Partner's Signature (If filing jointly, both must sign)	an amount due on Line 56, enclose your
If enclosing copy of death certificate for	or deceased taxpayer, check bo	x (See instructions)	check and NJ-1040-V payment voucher with
Paid Preparer's Signature		Federal Identification Number	your return and use the label for
Taid Freparer 9 digitatore		\$24051405	PO Box 111.
		524031403	If not, use the label for PO Box 555.
Firm's Name		Federal Employer Identification Number	You may also pay by e-check or credit card.
			See instructions.

SCHEDULE NJ-BUS-1

# **NEW JERSEY GROSS INCOME TAX BUSINESS INCOME SUMMARY SCHEDULE**

2012

	(Form NJ-1040) Ime(s) as shown on Form NJ-1040				Your Social Security Number	er
				-		
B.	ARUFKIN JOSHI & NAGESH ANSHU				661-02-0752	
P	ART I NET PROFITS FROM BUSINESS		List the net profit	(loss) from busin	ness(es). See instructions.	
	Business Name		Social Security Federal		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 L	_ine 17.)		4.		
P	ART II DISTRIBUTIVE SHARE OF PARTNERSHIP	INCOME	List the distributions.		ne (loss) from partnership(s).	
	Partnership Name		Federal	EIN	Share of Partnership Income or (Loss)	
1.						
2.						
<ol> <li>4.</li> </ol>	Distributive Share of Partnership Income or (Loss). (Ac (Enter here and on Line 20. If loss, make no entry on L	•	•	4.		
	ART III NET PRO RATA SHARE OF S CORPORATI		List the pro rata	share of income	(loss) from S Corporation(s).	
	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). (Enter here and on Line 21. If loss, make no entry on L	,	1, 2, and 3.)	4.		
P	ART IV  NET GAINS OR INCOME FROM RENTS, ROYALTIES, PATENTS, AND COPYRIGHTS	s	rents, royalties, p	patents, and copy	ess net loss, derived from or in the for rights. See instructions. estate 2-Royalties 3-Patents 4-Copy	
	Source of Income or Loss. If rental real estate, enter physical address of property.		ecurity Number/	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 L	_ine 22.)	<u>.</u>	4.		

# **Dependents Information**

2012

Name: JOSHI BARUFKIN & ANSHU NAGESH SSN: 661-02-0752

Name. COBILL BARGIRIN			33N. 001 02	
First name	МІ	Last name	SSN	Birth year
SAMUAL ALICE		BARUFKIN NAGESH	664-02-0752 663-02-0752	2006
② 2012 CCH Small Firm Services. All rights reserve	ad.	NJDEP\$\$1		